

**Tickets Provided by  
Agency Report**
**A Public Document**

 TICKETS PROVIDED BY  
AGENCY REPORT

<b>1. Agency Name</b> Los Angeles County		Date Stamp	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (if applicable) Board of Supervisors - First District			
Street Address 500 West Temple Street, Suite 856, Los Angeles, CA 90012			
Area Code/Phone Number (213) 974-4111	E-mail Molina@lacbos.org	<input type="checkbox"/> Amendment (Must explain in Part 5.)	
Agency Contact (name and title) Joanie Paul - Ticket Administrator		Date of Original Filing: _____ (month, day, year)	

**2. Event For Which Tickets Were Distributed**

Date(s) of Event: 10 / 23 / 2010 Description of Event: LA Philharmonic Performance at Disney Hall.  
 \_\_\_\_\_ Face Value of Ticket: \$ 100.00  
 Agency Event ☐ Yes ☒ No (Identify source of tickets below.)  
 Name of Outside Source of Ticket(s) Provided to Agency: LA Philharmonic  
 Number of Tickets Received: 2 Ticket(s) Provided to Agency: ☒ Gratuitously ☐ Pursuant to Contract

**3. Agency Official(s) Receiving Ticket(s)** (use a continuation sheet for additional names)

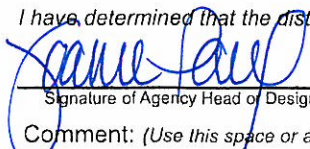
Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

**4. Individual or Organization Receiving Ticket(s)** (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Supervisor Gloria Molina  
 Name of Individual or Organization: LA County Foster Youth - See Attachment A Number of Tickets: 2  
 Description of Organization: Los Angeles County Department of Children and Family Services  
 Address of Organization: 4024 North Durfee Avenue, El Monte CA 91732  
 Number and Street City State Zip Code  
 Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
See Attachment A

**5. Verification**

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.


 Signature of Agency Head or Designee Joanie Paul Ticket Administrator 02/23/2011  
 Print Name Title (month, day, year)  
 Comment: (Use this space or an attachment for any additional information including amendment explanation.)

**LOS ANGELES PHILHARMONIC PERFORMANCES AT DISNEY HALL  
OCTOBER 2010**

DATE OF EVENT	NAME	# OF TICKET S	FACE VALUE OF EACH TICKET	ADDRESS	PURPOSE OF DISTRIBUTION
10/23/11	LA County Foster Youth	1	\$100.00	Confidential	5.3 h) Promoting public and private facilities available for County resident use. 5.3 j) Encouraging or recognizing significant academic, athletic or public achievements by County students, residents or businesses.
	Foster Parents / Caregivers	1		Confidential	

**TOTAL TICKETS                      2**

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Agency Contact (name and title) Joanie Paul - Ticket Administrator		Date of Original Filing: _____ (month, day, year)	

**2. Event For Which Tickets Were Distributed**

Date(s) of Event: 10/31/2010 Description of Event: LA Philharmonic Performance at Disney Hall.  
 \_\_\_\_\_ Face Value of Ticket: \$ 100.00

Agency Event ☐ Yes ☒ No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: LA Philharmonic

Number of Tickets Received: 2 Ticket(s) Provided to Agency: ☒ Gratuitously ☐ Pursuant to Contract

**3. Agency Official(s) Receiving Ticket(s)** (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

**4. Individual or Organization Receiving Ticket(s)** (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Supervisor Gloria Molina

Name of Individual or Organization: LA County Foster Youth - See Attachment A Number of Tickets: 2

Description of Organization: Los Angeles County Department of Children and Family Services

Address of Organization: 4024 North Durfee Avenue, El Monte CA 91732  
 Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)

See Attachment A

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Joanie Paul Ticket Administrator 02/23/2011  
 Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

**LOS ANGELES PHILHARMONIC PERFORMANCES AT DISNEY HALL  
OCTOBER 2010**

DATE OF EVENT	NAME	# OF TICKET S	FACE VALUE OF EACH TICKET	ADDRESS	PURPOSE OF DISTRIBUTION
10/31/10	LA County Foster Youth	1	\$100.00	Confidential	5.3 h) Promoting public and private facilities available for County resident use.
	Foster Parents / Caregivers	1		Confidential	5.3 j) Encouraging or recognizing significant academic, athletic or public achievements by County students, residents or businesses.
<b>TOTAL TICKETS</b>		<b>2</b>			



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Agency Contact (name and title) Joanie Paul - Ticket Administrator		Date of Original Filing: _____ (month, day, year)	

**2. Event For Which Tickets Were Distributed**

Date(s) of Event: 10 / 23 / 2010      Description of Event: LA Philharmonic Performance at Disney Hall.  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Face Value of Ticket: \$ 100.00

Agency Event    ☐ Yes    ☒ No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: LA Philharmonic

Number of Tickets Received: 2      Ticket(s) Provided to Agency: ☒ Gratuitously    ☐ Pursuant to Contract

**3. Agency Official(s) Receiving Ticket(s)** (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

**4. Individual or Organization Receiving Ticket(s)** (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Supervisor Gloria Molina

Name of Individual or Organization: LA County Foster Youth - See Attachment A      Number of Tickets: 2

Description of Organization: Los Angeles County Department of Children and Family Services

Address of Organization: 4024 North Durfee Avenue,      El Monte      CA      91732  
 Number and Street      City      State      Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)

See Attachment A

**5. Verification**

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Joanie Paul      Joanie Paul      Ticket Administrator      02/23/2011  
 Signature of Agency Head or Designee      Print Name      Title      (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

**LOS ANGELES PHILHARMONIC PERFORMANCES AT DISNEY HALL  
OCTOBER 2010**

DATE OF EVENT	NAME	# OF TICKET S	FACE VALUE OF EACH TICKET	ADDRESS	PURPOSE OF DISTRIBUTION
10/23/10	LA County Foster Youth	1	\$100.00	Confidential	5.3 h) Promoting public and private facilities available for County resident use.
	Foster Parents / Caregivers	1		Confidential	5.3 j) Encouraging or recognizing significant academic, athletic or public achievements by County students, residents or businesses.
<b>TOTAL TICKETS</b>		<b>2</b>			

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Agency Contact (name and title) Joanie Paul - Ticket Administrator		Date of Original Filing: _____ (month, day, year)	

**2. Event For Which Tickets Were Distributed**

Date(s) of Event: 10 / 31 / 2010      Description of Event: LA Philharmonic Performance at Disney Hall.  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_      Face Value of Ticket: \$ 93.00

Agency Event    ☐ Yes    ☒ No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: LA Philharmonic

Number of Tickets Received: 2      Ticket(s) Provided to Agency: ☒ Gratuitously    ☐ Pursuant to Contract

**3. Agency Official(s) Receiving Ticket(s)** (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

**4. Individual or Organization Receiving Ticket(s)** (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Supervisor Gloria Molina

Name of Individual or Organization: LA County Foster Youth - See Attachment A      Number of Tickets: 2


Description of Organization: Los Angeles County Department of Children and Family Services

Address of Organization: 4024 North Durfee Avenue,      El Monte      CA      91732  
 Number and Street      City      State      Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
See Attachment A

**5. Verification**

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	Joanie Paul	Ticket Administrator	02/23/2011
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

**LOS ANGELES PHILHARMONIC PERFORMANCES AT DISNEY HALL  
OCTOBER 2010**

DATE OF EVENT	NAME	# OF TICKET S	FACE VALUE OF EACH TICKET	ADDRESS	PURPOSE OF DISTRIBUTION
10/31/10	LA County Foster Youth	1	\$93.00	Confidential	5.3 h) Promoting public and private facilities available for County resident use.
	Foster Parents / Caregivers	1		Confidential	5.3 j) Encouraging or recognizing significant academic, athletic or public achievements by County students, residents or businesses.

**TOTAL TICKETS                      2**



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Area Code/Phone Number (213) 974-4111	E-mail Molina@lacos.org		
Agency Contact (name and title) Joanie Paul - Ticket Administrator		<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	

### 2. Event For Which Tickets Were Distributed

Date(s) of Event: 11 / 12 / 10 Description of Event: LA Philharmonic Performance at Disney Hall  
11 / 21 / 10 Face Value of Ticket: \$ See Attachment A

Agency Event ☐ Yes ☒ No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: LA Philharmonic

Number of Tickets Received: 10 Ticket(s) Provided to Agency: ☒ Gratuitously ☐ Pursuant to Contract

### 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

### 4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Supervisor Gloria Molina

Name of Individual or Organization: LA County Foster Youth - See Attachment A Number of Tickets: 10

Description of Organization: Los Angeles County Department of Children and Family Services

Address of Organization: 4024 North Durfee Avenue El Monte CA 91732  
 Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)

See Attachment A

### 5. Verification

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

Joanie Paul Ticket Administrator 02/23/11  
 Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

# **LOS ANGELES PHILHARMONIC PERFORMANCES AT DISNEY HALL NOVEMBER 2010**

DATE OF EVENT	NAME	# OF TICKET S	FACE VALUE OF EACH TICKET	ADDRESS	PURPOSE OF DISTRIBUTION
11/12/10	LA County Foster Youth	1	\$100.00	Confidential	5.3 h) Promoting public and private facilities available for County resident use. 5.3 j) Encouraging or recognizing significant academic, athletic or public achievements by County students, residents or businesses.
11/14/10	Foster Parents / Caregivers LA County Foster Youth	1	\$100.00	Confidential	5.3 h) Promoting public and private facilities available for County resident use. 5.3 j) Encouraging or recognizing significant academic, athletic or public achievements by County students, residents or businesses
11/14/10	Foster Parents / Caregivers LA County Foster Youth	1	\$93.00	Confidential	5.3 h) Promoting public and private facilities available for County resident use. 5.3 j) Encouraging or recognizing significant academic, athletic or public achievements by County students, residents or businesses
11/20/10	Foster Parents / Caregivers LA County Foster Youth	1	\$100.00	Confidential	5.3 h) Promoting public and private facilities available for County resident use. 5.3 j) Encouraging or recognizing significant academic, athletic or public achievements by County students, residents or businesses
11/21/10	Foster Parents / Caregivers LA County Foster Youth	1	\$93.00	Confidential	5.3 h) Promoting public and private facilities available for County resident use. 5.3 j) Encouraging or recognizing significant academic, athletic or public achievements by County students, residents or businesses
TOTAL TICKETS		1		Confidential	

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Area Code/Phone Number (213) 974-4111	E-mail Molina@lacos.org	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Joanie Paul - Ticket Administrator			

### 2. Event For Which Tickets Were Distributed

Date(s) of Event: 12 / 11 / 10 Description of Event: LA Philharmonic Performances at Disney Hall  
12 / 18 / 10 Face Value of Ticket: \$ See Attachment A

Agency Event ☐ Yes ☒ No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: LA Philharmonic

Number of Tickets Received: 10 Ticket(s) Provided to Agency: ☒ Gratuitously ☐ Pursuant to Contract

### 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

### 4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Supervisor Gloria Molina

Name of Individual or Organization: LA County Foster Youth - See Attachment A Number of Tickets: 10

Description of Organization: Los Angeles County Department of Children and Family Services

Address of Organization: 4024 North Durfee Avenue El Monte CA 91732  
 Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)

See Attachment A

### 5. Verification

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

Joanie Paul Joanie Paul Ticket Administrator 02/23/11  
 Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

**LOS ANGELES PHILHARMONIC PERFORMANCES AT DISNEY HALL  
DECEMBER 2010**

DATE OF EVENT	NAME	# OF TICKET \$	FACE VALUE OF EACH TICKET	ADDRESS	PURPOSE OF DISTRIBUTION
12/11/10	LA County Foster Youth	1	\$100.00	Confidential	5.3 h) Promoting public and private facilities available for County resident use. 5.3 j) Encouraging or recognizing significant academic, athletic or public achievements by County students, residents or businesses.
12/17/10	Foster Parents / Caregivers LA County Foster Youth	1	\$100.00	Confidential	5.3 h) Promoting public and private facilities available for County resident use. 5.3 j) Encouraging or recognizing significant academic, athletic or public achievements by County students, residents or businesses
12/17/10	Foster Parents / Caregivers LA County Foster Youth	1	\$93.00	Confidential	5.3 h) Promoting public and private facilities available for County resident use. 5.3 j) Encouraging or recognizing significant academic, athletic or public achievements by County students, residents or businesses
12/18/10	Foster Parents / Caregivers LA County Foster Youth	1	\$93.00	Confidential	5.3 h) Promoting public and private facilities available for County resident use. 5.3 j) Encouraging or recognizing significant academic, athletic or public achievements by County students, residents or businesses
12/18/10	Foster Parents / Caregivers LA County Foster Youth	1	\$93.00	Confidential	5.3 h) Promoting public and private facilities available for County resident use. 5.3 j) Encouraging or recognizing significant academic, athletic or public achievements by County students, residents or businesses
12/18/10	Foster Parents / Caregivers LA County Foster Youth	1	\$93.00	Confidential	5.3 h) Promoting public and private facilities available for County resident use. 5.3 j) Encouraging or recognizing significant academic, athletic or public achievements by County students, residents or businesses
<b>TOTAL TICKETS</b>		<b>10</b>			