Tickets Provided by
Agency Report

1. Agency Name
   County of Los Angeles

   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

   Agency Contact (name and title)
   Joanie Paul - Senior Administrative Assistant / Ticket Administrator

   Date Stamp

   California Form 802
   For Official Use Only
   Amendment (Must explain in Part 5)

   Date of Original Filing: (month, day, year)

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 07/16/09
   Description of Event: Los Angeles Dodgers
   Face Value of Ticket: $ 50.00
   Agency Event: □ Yes □ No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency:
   Los Angeles Dodgers
   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: Various Foster Youth - See Attachment A
   Description of Organization: Los Angeles County Department of Children and Family Services
   Number of Tickets: 10
   Address of Organization:
   5835 South Eastern Avenue, 2nd Floor Los Angeles CA 90040
   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
   Senior Administrative Asst.
   10/09/09

   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.)
<table>
<thead>
<tr>
<th>Public Education (by County, Students, Residents or Businesses)</th>
<th>Confidential</th>
<th>1</th>
<th>Foster Parent / Caregiver</th>
<th>07/24/09</th>
</tr>
</thead>
<tbody>
<tr>
<td>Promoting Public and Private Facilities Available for County</td>
<td>Confidential</td>
<td>1</td>
<td>Foster Parent / Caregiver</td>
<td>07/22/09</td>
</tr>
<tr>
<td>Public Education (by County, Students, Residents or Businesses)</td>
<td>Confidential</td>
<td>1</td>
<td>Foster Parent / Caregiver</td>
<td>07/21/09</td>
</tr>
<tr>
<td>Promoting Public and Private Facilities Available for County</td>
<td>Confidential</td>
<td>1</td>
<td>Foster Parent / Caregiver</td>
<td>07/20/09</td>
</tr>
<tr>
<td>Public Education (by County, Students, Residents or Businesses)</td>
<td>Confidential</td>
<td>1</td>
<td>Foster Parent / Caregiver</td>
<td>07/16/09</td>
</tr>
</tbody>
</table>

ATTACHMENT A

FOR JULY 2009

LOS ANGELES DODGER TICKETS