Tickets Provided by
Agency Report

1. Agency Name
Los Angeles County
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 - Ticket Administrator

2. Event For Which Tickets Were Distributed
Date(s) of Event: 11/18/10 Description of Event: Retirement Dinner for Chief Michael Freeman
Face Value of Ticket: $80.00
Agency Event
☑ No (Identify source of tickets below.)
Name of Outside Source of Ticket(s) Provided to Agency: Freeman Retirement Fund
Number of Tickets Received: 1
Ticket(s) Provided to Agency: ☑ Gratuitously
☑ Pursuant to Contract

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

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisor Gloria Molina</td>
<td>1</td>
<td>Performance of Ceremonial Role.</td>
</tr>
</tbody>
</table>

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
Name of Behesting Agency Official:
Name of Individual or Organization: Number of Tickets:
Description of Organization:
Address of Organization:
Number and Street
City
State Zip Code
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)

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 02/22/11
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.)