

Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
County of Los Angeles			
Division, Department, or Region (if applicable)			
First District			
Street Address			
500 West Temple Street, Suite 856, Los Angeles, CA 90012			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Joanie Paul - Ticket Administrator		Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number	E-mail		
213-974-4111	Molina@lacbos.org		

2. Function, Event, or Ceremonial Role Information

Title: Los Angeles County Fair Face Value of Each Admission \$ 17.00

Description: Fair Date(s) 09/03/11 10/02/11

Ticket(s)/Admission(s) provided by agency? Yes No If no: Los Angeles County Fair
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes No If yes: Supervisor Gloria Molina
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	Income
Gloria Flores	10	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
1324 South Elm Street		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Alhambra, CA 91803		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
Promoting facilities for County residents		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="checkbox"/>

3. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

[Signature] Joanie Paul Ticket Administrator 04/18/12
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.)

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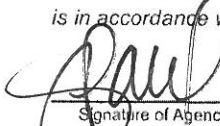
Yes No If yes: _____
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	Income
Supervisor Gloria Molina	100	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
500 West Temple Street, Suite 856		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
Los Angeles, CA 90012		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
Promoting facilities for County residents		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

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Joanie Paul Ticket Administrator 04/18/12

Signature of Agency Head or Designee Print Name Title (month, day, year)

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