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

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1. Agency Name				Date Stamp	California Q02		
County of Los Angeles							
Division, Department, or Region (if applic	livision, Department, or Region (if applicable)						
First District							
Street Address		1					
500 West Temple Street, Suite 856, Lo	s Angeles, CA						
Designated Agency Contact (Name, Title)							
Joanie Paul - Ticket Administrator				Amendment (Must provi	provide explanation in Part 3.)		
Area Code/Phone Number   E-mail				Date of Original Filing:			
213-974-4111   Molina@	lacbos.org				(month, day, year)		
2. Function, Event, or Ceremonial F		tion		]			
Title Los Angeles County Fair	- WA		-		17.00		
Title			Face	Value of Each Admissio	on \$		
Description Fair			Date(	s) 09 / 03 / 11	10 , 02 , 11		
			[i_o	Angeles County Fair			
Ticket(s)/Admission(s) provided by	agency? Yes	⊠ No □	If no:	Angeles County Fair  Name of Source			
				Name of 30	uice		
Was the distribution to persons iden	ntified below r	nade at th	e behest o	f an agency official?			
	REAL PROPERTY OF THE PARTY OF T						
Yes 🗵 No 🔲 If yes: Super	visor Gloria Mo						
	Official's	Name (Last, I	First) and Title				
The identity of recipient(s) and the	ne explanatio	on:					
Name	T in the second		Check th	ne income box if the agency offici	ial claims admission as		
(Last, First)	Number of	Agency	the second secon	ncome. If the agency official per	formed a ceremonial role,		
or Organization	Admission(s)/	Official		vide a description. come, describe the public purpos	e, including		
(Name, Address, Description)	Honorday		ceremor	ial roles, performed by an agenc	y official, individual, or		
		Yes 🔲	Organiza		1 Income		
Gloria Flores	10	No 🗆					
		Yes 🗍			Income		
1324 South Elm Street		No 🗆			П		
		Yes 🗆					
Alhambra, CA 91803		No 🗆			Income		
Promoting facilities for County residen		Yes			Income		
		Yes			Income		
		No 🗌					
. Verification							
I have read and understand FPPC Regulation is in accordance with the provisions.	ions 18944.1 an	d 18942. I h	ave verified i	that the distribution of admis	ssions, set forth above,		
	-:- D!						
	nie Paul		licke	t Administrator	04/18/12		
Signature of Agency Head or Designee	Print Nar	me	to to the second	Title	(month, day, year)		
Comment: (Use this space or an attachment for	or any additional i	nformation inc	luding amend	ment explanation.)			
			3				

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1.	Agency Name						Date Stamp	California Ono	
	County of Los Angeles						© Communication Contraction (Contraction Contraction	Form 802	
	Division, Department, or Region	n (if applica		For Official Use Only					
	First District								
	Street Address								
	500 West Temple Street, Suite	856, Los							
	Designated Agency Contact (Na	ame, Title)							
	Joanie Paul - Ticket Administra	ator	Amendment (Must pre	ovide explanation in Part 3.)					
	Area Code/Phone Number   E	-mail					Date of Original Filling:		
	213-974-4111	Molina@la	acbos.org		~~~			(month, day, year)	
	Function, Event, or Cerem	nonial R	ole Informa	tion					
	Los Angeles County Fair			- Udania de la composición dela composición de la composición dela composición de la composición de la composición de la composición de la composición dela composición de la composición dela composición de la c	7			17.00	
	Title	·			_	Face V	/alue of Each Admiss	ion \$	
	Description Fair					Date(s	) 09 , 03 , 11	10 , 02 , 11	
				11920000000 9000		Los	Angeles County Fair		
	Ticket(s)/Admission(s) provi	ded by a	gency? Yes	× N	0	If no:	Name of S	Source	
	To the second se								
	Was the distribution to perso	ons iden	tified below r	nade	at the	e behest of	an agency official?		
	Yes No X If yes:			W. Dieversion					
	Yes No 🗵 If yes:	:	Official's	Name (	Last, F	First) and Title			
	The identity of recipient(s)	and th	o ovnlanatio	n.		5			
		, and the	e explanation	711.		La Gravia			
	Name  (Last, First)  Number of Agency  Agency  Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role,								
	or		Admission(s)/	Offi		the second secon	ide a description.		
	Organization (Name, Address, Descriptio	n)	Ticket(s)	1.0		ceremoni	ome, describe the public purpo al roles, performed by an age		
i				Yes	N.	organizat	ion.	Income	
1	Supervisor Gloria Molina		100	No	Ä				
Ì				Yes	Ē			Income	
	500 West Temple Street, Suite 8	856		No	Ħ		¥		
Ĭ				Yes	Ē			Income	
	Los Angeles, CA 90012			No	Ī				
Ĭ				Yes	n			I Income	
	Promoting facilities for County	residen		No				Income	
Ī				Yes				Income	
				No	П			income	
١	Verification								
	have read and understand FPPC	Regulation	ons 18944.1 and	d 1894.	2. <i>1</i> ha	ave verified th	nat the distribution of adm	nissions, set forth above.	
i	s in accordange with the provision	s.		25579.78 S.			nase management recommend to the second	and the second s	
1	Sau	Joan	ie Raul			Ticket	Administrator	04/18/12	
[	Signature of Agency Head or Designee		Print Nar	ne			Title	(month, day, year)	
1	Comment: (Lise this space or an att	achment fo	r anu additional is	dormati	on in-	ludina nman-l-	nant avalanation 1		
ì	Comment: (Use this space or an atte	aciment 10.	any agamonal ir	normati	un inc	uoing amendn	rient explanation.)		
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