

Tickets Provided by Agency Report

A Public Document

TICKETS PROVIDED BY AGENCY REPORT

California Form 802 For Official Use Only

1. Agency Name
County of Los Angeles
Division, Department, or Region (if applicable)
Department of Children and Family Services
Street Address
425 Shatto Place, Los Angeles, CA 90020
Area Code/Phone Number
213-351-5600
E-mail
tploehn@dcsf.lacounty.gov
Agency Contact (name and title)
Patricia S. Ploehn, Director

Date Stamp
Amendment (Must explain in Part 5.)
Date of Original Filing: (month, day, year)

2. Event For Which Tickets Were Distributed
Date(s) of Event: 10 / 04 / 09
Description of Event: Pompei and the Roman Villa exhibit
Face Value of Ticket: \$30.00
Agency Event: [X] No (Identify source of tickets below.)
Name of Outside Source of Ticket(s) Provided to Agency: Los Angeles County Museum of Art
Number of Tickets Received: 4
Ticket(s) Provided to Agency: [X] Gratuitously [] Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)
Table with 3 columns: 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. Row 1: Armand Montiel, 4, Promoting use of County Facility.

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:
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.
Signature of Agency Head or Designee: Patricia S. Ploehn
Print Name: Patricia S. Ploehn
Title: Ticket Administrator
Date: 3/25/10
Comment: (Use this space or an attachment for any additional information including amendment explanation.)