

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

A Public Document

1. Agency Name Los Angeles County Board of Supervisors 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) Joanie Paul - Ticket Administrator Area Code/Phone Number E-mail 213-974-4111 Molina@lacbos.org	Date Stamp	California Form 802 For Official Use Only
<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)		Date of Original Filing: _____ (month, day, year)

2. Function, Event, or Ceremonial Role Information

Title: Los Angeles Dodgers Face Value of Each Admission \$ 60.00

Description: Game Date(s) 04/29/11 04/30/11

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

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

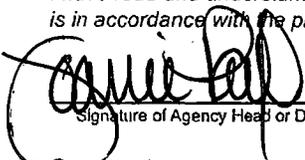
Yes No If yes: Supervisor Gloria Molina
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	• Check the Income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. • If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.	Income
LA County Dept. of Children & Family	4	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		<input type="checkbox"/>
LA County Foster Youth - See Att. A		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
4024 North Durfee Avenue		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
El Monte, CA 91732		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.

 <small>Signature of Agency Head or Designee</small>	Joanie Paul	Ticket Administrator	
	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

LOS ANGELES DODGER GAMES
APRIL 2011

ATTACHMENT A

DATE OF EVENT	NAME	# OF TICKETS	FACE VALUE OF EACH TICKET	ADDRESS	PURPOSE OF DISTRIBUTION
04/29/11	LA County Foster Youth	1	\$60.00	Confidential	5.3 h) Promoting public and private facilities available for County resident use.
	Foster Parent / Caregiver	1		Confidential	5.3 j) Encouraging or recognizing significant academic, athletic or public achievements by County students, residents or businesses.
04/30/11	LA County Foster Youth	1	\$60.00	Confidential	5.3 h) Promoting public and private facilities available for County resident use.
	Foster Parent / Caregiver	1		Confidential	5.3 j) Encouraging or recognizing significant academic, athletic or public achievements by County students, residents or businesses.

TOTAL OF TICKETS 4