

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
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)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Joanie Paul - Ticket Administrator		Date of Original Filing: _____	
Area Code/Phone Number		(month, day, year)	
213-974-4111			
E-mail			
Molina@lacbos.org			

2. Function, Event, or Ceremonial Role Information

Title Los Angeles Philharmonic Performance at Disney Hall Face Value of Each Admission \$ See Att. A

Description Concert Date(s) 03/03/12 03/06/12

Ticket(s)/Admission(s) provided by agency? Yes No If no: LA Philharmonic
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	<ul style="list-style-type: none"> 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.
LA County Dept. of Children & Family	6	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Income <input type="checkbox"/>
LA County Foster Youth-See Attach. A		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
4024 North Durfee Avenue		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
El Monte, California 91732		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

3. Verification

_____ (Signature) Sections 18944.1 and 18942. I have verified that the distribution of admissions, set forth above,

Joanie Paul Ticket Administrator 4/20/12
Print Name Title (month, day, year)

_____ (Signature) for any additional information including amendment explanation.)

LOS ANGELES PHILHARMONIC
PERFORMANCES AT DISNEY HALL
FOR MARCH 2012

ATTACHMENT A

DATE OF EVENT	NAME	# OF TICKETS	FACE VALUE OF EACH TICKET	ADDRESS	PURPOSE OF DISTRIBUTION
03/03/12	LA County Foster Youth	1	\$93.00	Confidential	5.3 h) Promoting public and private facilities available for County resident use. 5.3 j) Encouraging or recognizing significant academic, athletic or public achievements by County students, residents or businesses.
	Foster Parent / Caregiver	1		Confidential	
03/06/12	LA County Foster Youth	1	\$165.00	Confidential	5.3 h) Promoting public and private facilities available for County resident use. 5.3 j) Encouraging or recognizing significant academic, athletic or public achievements by County students, residents or businesses.
	Foster Parent / Caregiver	1		Confidential	
03/06/12	LA County Foster Youth	1	\$93.00	Confidential	5.3 h) Promoting public and private facilities available for County resident use. 5.3 j) Encouraging or recognizing significant academic, athletic or public achievements by County students, residents or businesses.
	Foster Parent / Caregiver	1		Confidential	

TOTAL OF TICKETS 6