Print Form

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

A Public Document

1. Agency Name

County of Los Angeles

Division, Department, or Region *(If Applicable)*

Board of Supervisor

Designated Agency Contact *(Name, Title)*

Linda Balderrama- Ticket Administrator

Area Code/Phone Number: 213-974-5555

E-mail: fifthdistrict@lacbos.org

Date Stamp

California Form 802

For Official Use Only

☐ **Amendment** *(Must provide explanation in Part 3.)*

Date of Original Filing: *(Month, Day, Year)*

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass $ 35.00

Event Description: LA Dodgers *Provide Title/Explanation*

Date(s): 7 / 3 / 15

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

If no: LA Dodgers *Name of Source*

Was ticket distribution made at the behest of agency official? No ☐ Yes ☐

If yes: *Official's Name (Last, First)*

3. Recipients

• **Use Section A to identify the agency's department or unit.** • **Use Section B to identify an individual.** • **Use Section C to identify an outside organization.**

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

B. Name of Individual *(Last, First)*	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Vega, Marlene	2	Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* retain quality employees
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

Signature of Agency Head or Designee	*Print Name*	*Title*	*(Month, Day, Year)*
L Balderrama	Linda Balderrama	Ticket Administrator	7/16/15

Comment:

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☐ **Amendment** *(Must provide explanation in Part 3.)*

Date of Original Filing: *(Month, Day, Year)*

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass $ 35.00

Event Description: LA Dodgers *Provide Title/Explanation*

Date(s): 7/4/15

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

If no: LA Dodgers *Name of Source*

Was ticket distribution made at the behest of agency official? No ☐ Yes ☐

If yes: *Official's Name (Last, First)*

3. Recipients

• **Use Section A to identify the agency's department or unit.** • **Use Section B to identify an individual.** • **Use Section C to identify an outside organization.**

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

B. Name of Individual *(Last, First)*	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Vasquez, Adiel	2	Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* retain quality employees
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

L Balderrama

Signature of Agency Head or Designee

Linda Balderrama *Print Name*

Ticket Administrator *Title*

7/16/15 *(Month, Day, Year)*

Comment:

FPPC Form 802 (4/12)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)

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County of Los Angeles

Division, Department, or Region *(If Applicable)*

Board of Supervisor

Designated Agency Contact *(Name, Title)*

Linda Balderrama- Ticket Administrator

Area Code/Phone Number: 213-974-5555

E-mail: fifthdistrict@lacbos.org

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☐ **Amendment** *(Must provide explanation in Part 3.)*

Date of Original Filing: *(Month, Day, Year)*

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass $ 35.00

Event Description: LA Dodgers *Provide Title/Explanation*

Date(s): 7/5/15

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

If no: LA Dodgers *Name of Source*

Was ticket distribution made at the behest of agency official? No ☐ Yes ☐

If yes: *Official's Name (Last, First)*

3. Recipients

• **Use Section A to identify the agency's department or unit.** • **Use Section B to identify an individual.** • **Use Section C to identify an outside organization.**

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

B. Name of Individual *(Last, First)*	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Funches, Joseph	2	Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* retain quality employees
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

Signature of Agency Head or Designee	*Print Name*	*Title*	*(Month, Day, Year)*
L Balderrama	Linda Balderrama	Ticket Administrator	7/16/15

Comment:

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Linda Balderrama- Ticket Administrator

Area Code/Phone Number | **E-mail**

213-974-5555 | fifthdistrict@lacbos.org

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☐ **Amendment** *(Must provide explanation in Part 3.)*

Date of Original Filing: *(Month, Day, Year)*

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass $ 35.00

Event Description: LA Philharmonic
Provide Title/Explanation

Date(s)

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

If no: LA Philharmonic
Name of Source

Was ticket distribution made at the behest of agency official? No ☐ Yes ☐

If yes:
Official's Name (Last, First)

3. Recipients

- **Use Section A to identify the agency's department or unit.**
- **Use Section B to identify an individual.**
- **Use Section C to identify an outside organization.**

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

B. Name of Individual *(Last, First)*	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
SEE ATTACHED LIST FOR SANTA CLARITA		
DATES & NO. OF TICKETS		

4. Verification

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

Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
L Balderrama	Linda Balderrama	Ticket Administrator	7/16/15

Comment:

Mr.	Brian	Lake		SCV Boys and Girls Club	P.O. Box 220637	Santa Clarita, CA 91322	100 for 8/9
Mr.	Rachelle	Dardeau	Director	Santa Clarita Valley Senior Center	22900 Market Street	Newhall, CA 91321	100 for 8/25
Ms.	Amanda	Buchan	President	Agua Dulce Senior Club	33201 Agua Dulce Canyon Road	Agua Dulce, CA 91390	18 for 7/9
Mr.	Ron	Kraus	President	Placerita Canyon Nature Ctr. Associates	19152 Placerita Canyon Road	Newhall, CA 91321	50 for 7/17
Ms.	Ramona	Hall		Agua Dulce Civic Association	33201 Agua Dulce Canyon Road, Box 1 Agua Dulce, CA 91390		22 for 8/9
Ms.	Kathy	Howald	President	Friends of Acton/Agua Dulce Library	P.O. Box 585	Acton, CA 93510	24 for 7/9
Cpt.	Roosevelt	Johnson		SCV Sheriff Station	23740 Magic Mountain Parkway	Valencia CA 91355	28 for 8/25
Mr.	Ken	Wiseman		SCV Sheriff Foundation	29010 Commerce Center Drive	Valencia, CA 91355	30 for 7/22
Ms.	Holly	Schroeder		SCVEDC	University Center 26455 Rockwell Canyon Road Suite 263	Santa Clarita, CA 91355	10 for 7/7
Ms.	Sandra	Dininger		Vasquez Rocks Nature Center Docents	10700 W. Escondido Canyon Road	Agua Dulce, CA 91390	20 for 7/7

Ms.	Toni	Pearlman		Vasquez Rocks Nature Center Associates	11650 Darling Road	Agua Dulce, CA 91390	20 for 7/22
Ms.	Diana	Vose	President	HMNMH Foundation	25950 McBean Parkway	Valencia, CA 91355	10 for 7/7

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

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1. Agency Name

County of Los Angeles

Division, Department, or Region *(If Applicable)*

Board of Supervisor

Designated Agency Contact *(Name, Title)*

Linda Balderrama- Ticket Administrator

Area Code/Phone Number	E-mail
213-974-5555	fifthdistrict@lacbos.org

Date Stamp

California Form 802

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☐ **Amendment** *(Must provide explanation in Part 3.)*

Date of Original Filing: ____ *(Month, Day, Year)*

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐

Event Description: LA Philharmonic
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

Was ticket distribution made at the behest of agency official? No ☐ Yes ☐

Face Value of Each Ticket/Pass $ 35.00

Date(s) ____/____/____ ____/____/____

If no: LA Philharmonic
Name of Source

If yes: ____
Official's Name (Last, First)

3. Recipients

• **Use Section A to identify the agency's department or unit.** • **Use Section B to identify an individual.** • **Use Section C to identify an outside organization.**

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

B. Name of Individual *(Last, First)*	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
SEE ATTACHED LIST FOR PASADENA/		
CRESCENTA VALLEY W/DATES & NO. OF TI		

4. Verification

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

Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
Linda Balderrama	Linda Balderrama	Ticket Administrator	7/16/15

Comment: ____

Title	FirstName	LastName	JobTitle	Company	Address1	Address2	#tickets
Ms.	Rebecca	Perez	Director	San Gabriel Parks and Recreation Department	250 South Mission Drive	San Gabriel, CA 91776	50 for 8/13
Ms.	Lillian	Garcia	Director	Altadena Senior Center	560 East Mariposa Street	Altadena, CA 91001	50 for 8/27
Ms.	Liliana	Torres	Senior Center Supervisor	South Pasadena Senior Center	1102 Oxley Street	South Pasadena, CA	50 for 7/22
Ms.	Akila	Gibbs	Executive Director	Pasadena Senior Center	85 East Holly Street	Pasadena, CA 91103	54 for 7/9
Mr.	Martin	Ray	Director of Community Services	Alhambra Senior Center	111 South First Street	Alhambra, CA 91801	50 for 8/13
Ms.	Maggie	Kavarian	Community Services Manager	Glendale Adult Recreation Center	201 East Colorado	Glendale, CA 91205	54 for 7/9
Captain	Caronne	Jacob		Temple Sheriff Station	8838 East Las Tunas Drive	Temple City, CA 91780	28 for 8/13
Captain	Chris	Reid		Altadena Sheriff Station	780 East Altadena Drive	Altadena, CA 91001	30 for 7/7
Captain	Bill	Song		Crescenta Valley Sheriff Station	4554 North Briggs Avenue	La Crescenta, CA 91214	30 for 7/22
Ms.	Elaine	Silvestro		Friends of the La Crescenta Library	2809 Foothill Blvd.	La Crescenta, CA 91214	20 for 7/7
Ms.	Mindy	Kittay	Director	Altadena Library District	600 East Mariposa Street	Altadena, CA 91001	20 for 7/9
Ms.	Robbyn	Battles	Chair	Crescenta Valley Town Council	PO Box 8676	La Crescenta, CA 91224	20 for 8/27

Title	FirstName	LastName	JobTitle	Company	Address1	Address2	#tickets
Ms.	Dee	Call		Burbank Joslyn Adult Center	1301 W. Olive Ave.	Burbank, CA 91506	50 for 8/9
Mr.	Mike	Lawler		Historical Society of Crescenta Valley	2717 Altura Ave.	La Crescenta, CA 91214	20 for 9/1
Ms.	Robbyn	Battles		A. S. T. E. R.	2861 Frances Avenue	La Crescenta, CA 91214	50 for 7/22
Ms.	Shirlee	Smith		Talk About Parenting	P.O. Box 40547	Pasadena, CA 91114-7547	10 for 9/1
Ms.	Sharon	Townsend		Glendale Healthy Kids	735 East Lexington	Glendale, CA 91206	30 for 9/1
Ms.	Sharon	Gibbs	Executive Director	Alhambra Chamber	101 S. First Street	Alhambra, CA 91801	20 for 8/13
Ms.	Karine	Grigorian		Glendale Youth Alliance	1255 S. Central Avenue	Glendale, CA 91204	30 for 7/7
Ms.	Barbara	Howell		Burbank Temporary Aide Center	1304 West Burbank Blvd.	Burbank, CA 91506	20 for 7/7
Ms.	Jennifer	DeVol		Pasadena Community Foundation	260 S. Los Robles Ave., Ste 119	Pasadena, CA 91101	20 for 7/7
Ms.	Sandy	Roscoe	Executive Director	San Gabriel Chamber	620 W. Santa Anita St.	San Gabriel, CA 91176	20 for 8/13

Title	FirstName	LastName	JobTitle	Company	Address1	Address2	#tickets
Ms.	Melinda	Clarke	Executive Director	Montrose Chamber	3516 N. Verdugo Rd.	Glendale, CA 91208	20 for 7/17

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Board of Supervisor

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Linda Balderrama- Ticket Administrator

Area Code/Phone Number | **E-mail**

213-974-5555 | fifthdistrict@lacbos.org

Date Stamp

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☐ **Amendment** *(Must provide explanation in Part 3.)*

Date of Original Filing: ____ *(Month, Day, Year)*

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐

Event Description: La Philharmonic *Provide Title/Explanation*

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

Was ticket distribution made at the behest of agency official? No ☐ Yes ☐

Face Value of Each Ticket/Pass $ 35.00

Date(s) ____/____/____ ____/____/____

If no: LA Philharmonic *Name of Source*

If yes: ____ *Official's Name (Last, First)*

3. Recipients

• **Use Section A to identify the agency's department or unit.** • **Use Section B to identify an individual.** • **Use Section C to identify an outside organization.**

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

B. Name of Individual *(Last, First)*	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
SEE ATTACHED LIST FOR SAN FERNANDO		
VALLEY W/DATES & NO. OF TICKETS		

4. Verification

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

L Balderrama *Signature of Agency Head or Designee* | Linda Balderrama *Print Name* | Ticket Administrator *Title* | 7/16/15 *(Month, Day, Year)*

Comment: ____

Title	First Name	Last Name	Job Title	Company	Address 1	Address 2	Number of Tix
Ms.	Jelena	Csanyi	Co-President	Chatsworth Comm Coord. Council	10524 Eton Ave	Chatsworth, CA 91311	20 for 7/22
Ms.	Marielle	De Fazio	Director of Operations-LA Div	PathPoint	9430 Topanga Canyon Blvd., Ste 103	Chatsworth, CA 91311	20 for 7/7
Ms..	Rebecca	Lienhard		Tierra Del Sol Foundation	9919 Sunland Blvd.	Sunland, CA 91040	20 for 7/7
Mr.	Bill	Slocum	President	Kagel Canyon Civic Association	13406 Kagel Canyon Rd.	Kagel Canyon 91342	20 for 8/27
Ms.	Julie	Stranges		Daughters of the American Revolution, Chatsworth Chapter	9101 Topanga Canyon Blvd., #209	Chatsworth, CA 91311	24 for 7/9
Ms.	Sophie	Barcy		Devonshire PALS	21133 Lassen St. Unit 3	Chatsworth, CA 91311	18 for 8/9
Ms.	Jane	Stanton	Vice President	YMCA-North Valley at Porter Ranch	11336 Corbin Avenue	Northridge, CA 91326	20 for 7/7
Ms.	Vanessa	Watters	President	Save Chatsworth	21704 Devonshire St., Ste. 133	Chatsworth, CA 91311	22 for 7/9
Ms.	Cindy	Cleghorn		Sunland-Tujunga Chamber of Commerce	8250 Foothill Blvd., Suite A, Sunland-Tujunga	Sunland, CA 91040	20 for 8/25
Ms.	Mary	Kaufman	President	ETI Corral 54	20954 Chatsworth St.	Chatsworth, CA 91311	20 for 9/1
Ms.	Synthia	Sewell		New Horizons	15725 Parthenia St.	North Hills, CA 91343	20 for 7/7
Ms.	Jan	Sobel	President/CEO	Boys & Girls Club of The West Valley	7245 Remmet Ave	Canoga Park 91303	20 for 7/22

Title	First Name	Last Name	Job Title	Company	Address 1	Address 2	Number of Tix
Ms.	Jelena	Csanyi	Co-President	Chatsworth Comm Coord. Council	10524 Eton Ave	Chatsworth, CA 91311	20 for 7/22
Ms.	Marielle	De Fazio	Director of Operations-LA Div	PathPoint	9430 Topanga Canyon Blvd., Ste 103	Chatsworth, CA 91311	20 for 7/7
Ms..	Rebecca	Lienhard		Tierra Del Sol Foundation	9919 Sunland Blvd.	Sunland, CA 91040	20 for 7/7
Mr.	Bill	Slocum	President	Kagel Canyon Civic Association	13406 Kagel Canyon Rd.	Kagel Canyon 91342	20 for 8/27
Ms.	Julie	Stranges		Daughters of the American Revolution, Chatsworth Chapter	9101 Topanga Canyon Blvd., #209	Chatsworth, CA 91311	24 for 7/9
Ms.	Sophie	Barcy		Devonshire PALS	21133 Lassen St. Unit 3	Chatsworth, CA 91311	18 for 8/9
Ms.	Jane	Stanton	Vice President	YMCA-North Valley at Porter Ranch	11336 Corbin Avenue	Northridge, CA 91326	20 for 7/7
Ms.	Vanessa	Watters	President	Save Chatsworth	21704 Devonshire St., Ste. 133	Chatsworth, CA 91311	22 for 7/9
Ms.	Cindy	Cleghorn		Sunland-Tujunga Chamber of Commerce	8250 Foothill Blvd., Suite A, Sunland-Tujunga	Sunland, CA 91040	20 for 8/25
Ms.	Mary	Kaufman	President	ETI Corral 54	20954 Chatsworth St.	Chatsworth, CA 91311	20 for 9/1
Ms.	Synthia	Sewell		New Horizons	15725 Parthenia St.	North Hills, CA 91343	20 for 7/7
Ms.	Jan	Sobel	President/CEO	Boys & Girls Club of The West Valley	7245 Remmet Ave	Canoga Park 91303	20 for 7/22

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Linda Balderrama- Ticket Administrator

Area Code/Phone Number | **E-mail**

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☐ **Amendment** *(Must provide explanation in Part 3.)*

Date of Original Filing: *(Month, Day, Year)*

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐

Event Description: LA Philharmonic
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

Was ticket distribution made at the behest of agency official? No ☐ Yes ☐

Face Value of Each Ticket/Pass $ 35.00

Date(s) ___/___/___ ___/___/___

If no: LA Philharmonic
Name of Source

If yes: _____
Official's Name (Last, First)

3. Recipients

• **Use Section A to identify the agency's department or unit.** • **Use Section B to identify an individual.** • **Use Section C to identify an outside organization.**

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
SEE ATTACHED LIST FOR ANTELOPE VALLE		
PALMDALE W/DATES & NO. OF TICKETS		

4. Verification

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

Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
L Balderrama	Linda Balderrama	Ticket Administrator	7/16/15

Comment: _____

TITLE	FIRSTNAME	LASTNAME	JOBTITLE	COMPANY	ADDRESS1	ADDRESS2	NUMBER OF TICKETS
Ms.	Angela	Bagmanian	Director	Antelope Valley Senior Center	777 W. Jackman St.	Lancaster, CA 93534	60 for 8/9
Ms.	Paula OR Jennifer	Leszkiewicz Tallakson	Director	Palmdale Senior Center	930 E. Avenue Q-9	Palmdale, CA 93550	48 for 8/25
Ms.	Sherry	Tuminaro	Volunteer Services Coordinator	High Desert Regional Health Center	335 East Ave I	Lancaster, CA 93535	50 for 7/17
Ms.	Guszella	Barnett	President	Friends of Jackie Robinson Park	8775 East Avenue R	Littlerock, CA 93543	22 for 7/9
Officer	Gil	Hernandez	Volunteers on Patrol	California Highway Patrol	2041 West Avenue I	Lancaster, CA 93534	50 for 7/17
Ms.	Wennie OR Victoria	Tang Lani	President	Friends of the Quartz Hill Library	42018 50th Street West	Quartz Hill, CA 93536	8 for 7/7
Ms.	Carol	Marshall	President	Friends of the Lancaster Library	601 West Lancaster Blvd.	Lancaster, CA 93534	30 for 7/9
Deputy	Josh	Stemsek		Lancaster Sheriff Station	501 West Lancaster Blvd.	Lancaster, CA 93534	30 for 8/25
Deputy	Jodi	Wolfe		Palmdale Sheriff Station	750 East Avenue Q	Palmdale, CA 93550	20 for 9/1
Ms.	Mary	Binkowski		Antelope Valley Hospital Attn---"Volunteer Office"	1600 West Avenue J	Lancaster, CA 93534	98 for 8/27
Ms.	Jeanetta	McDow		Palmdale Regional Medical Center	38600 Medical Center Drive	Palmdale, CA 93551	10 for 7/7