

Tickets Provided by Agency Report

A Public Document

TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
County of Los Angeles			
Division, Department, or Region <i>(if applicable)</i>			
Board of Supervisor			
Street Address		500 W. Temple St, Room 869, Los Angeles 90012	
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment <i>(Must explain in Part 5.)</i> Date of Original Filing: _____ <i>(month, day, year)</i>	
213-974-5555	fifthdistrict.lacbos.org		
Agency Contact <i>(name and title)</i>		Linda Balderrama	

2. Event For Which Tickets Were Distributed

Date(s) of Event: 09 / 04 / 09 Description of Event: Dodger game
 _____ / _____ / _____ Face Value of Ticket: \$ 55.00

Agency Event Yes No *(Identify source of tickets below.)*

Name of Outside Source of Ticket(s) Provided to Agency: Los Angeles Dodgers

Number of Tickets Received: 2 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) *(use a continuation sheet for additional names)*

Name of Official <i>(Last, First)</i>	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution
Susie Osuna (County employee)	2	retaining qualified employees

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: _____
Number and Street City State Zip Code

Purpose for Distribution: *(Describe the public purpose for the distribution to the organization.)*
 Fundraiser

5. Verification

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

 Linda Balderrama Ticket Administrator 9-4-09
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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Name of Official <i>(Last, First)</i>	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution
Sandra Cruz <i>(County employee)</i>	2	retaining qualified employees

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Name of Behesting Agency Official: _____

Name of Individual or Organization: _____ Number of Tickets: _____

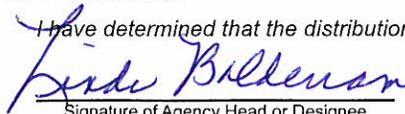
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Address of Organization: _____
Number and Street City State Zip Code

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