

**Tickets Provided by Agency Report**

**A Public Document**

TICKETS PROVIDED BY AGENCY REPORT

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

**2. Event For Which Tickets Were Distributed**

Date(s) of Event: 10 / 3 / 10 Description of Event: Dodger Game  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 60.00

Agency Event  Yes  No (Identify source of tickets below.)  
 Name of Outside Source of Ticket(s) Provided to Agency: LA 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 <small>(Last, First)</small>	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

**4. Individual or Organization Receiving Ticket(s)** (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Supervisor Mike Antonovich

Name of Individual or Organization: La Canada Flintridge Kiwanis Number of Tickets: 2

Description of Organization: community organization

Address of Organization: PO Box 33 La Canada Flintridge CA 91012  
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	7-20-10
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.)