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

1. Agency Name
   County of Los Angeles
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Linda Balderrama - Ticket Administrator
   Area Code/Phone Number 213-974-5555
   E-mail fifthdistrict@lacbos.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 20.00
   Event Description LA County Fair
   Date(s) 09 / 04 / 15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: LA County Fair
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   Name of Source
   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.

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crail, Sherry</td>
<td>4</td>
<td>Promoting public/private facilities for county residents</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

   Linda Balderrama
   Signature of Agency Head or Designee

   Ticket Administrator
   Title

   8/20/15
   (Month, Day, Year)

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

1. Agency Name
County of Los Angeles
Division, Department, or Region (If Applicable)
Board of Supervisors
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 $20.00
Event Description LA County Fair
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: LA County Fair
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.

<table>
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<tr>
<th>A. Name of Agency, Department or Unit</th>
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<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shigekawa, Edie</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Promoting public/private facilities for county residents</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td></td>
</tr>
</tbody>
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<tr>
<th>C. Name of Outside Organization (include address and description)</th>
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Signature of Agency Head or Designee: __________________________
Print Name: __________________________
Title: __________________________
Date: 8/20/15 (Month, Day, Year)

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

1. Agency Name
County of Los Angeles
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Linda Balderama - Ticket Administrator
Area Code/Phone Number 213-974-5555
E-mail fifthdistrict@lacobos.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $ 20.00
Event Description LA County Fair
Date(s) 09 / 04 / 15
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: LA County Fair
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
If yes: ____________________________
Name of Source
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.

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<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Balderama, Diane</td>
<td>4</td>
<td>Promoting public/private facilities for county residents</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
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<tr>
<th>Name of Outside Organization</th>
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4. Verification
I have read and understand FPPC Regulations 19944.1 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.

Linda Balderama
Signature of Agency Head or Designee
Ticket Administrator
Print Name
Title
8/20/15 (Month, Day, Year)

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

1. Agency Name
County of Los Angeles
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Linda Balderrama - Ticket Administrator
Area Code/Phone Number     E-mail
213-974-5555     fifthdistrict@lacobos.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 $  20.00
Event Description  LA County Fair
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency?  Yes ☐  No ☒
Date(s)  09 / 04 / 15
If no: LA County Fair
If yes: Name of Source
Was ticket distribution made at the behest of agency officials?  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:

Boone, Nathaniel | 4 | Ceremonial Role ☐  Other ☐  Income ☐

Retain quality employees

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.

Linda Balderrama  Ticket Administrator  8/20/15
Signature of Agency Head or Designee  Print Name  Title

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

1. Agency Name
   County of Los Angeles
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Linda Balderrama - Ticket Administrator
   Area Code/Phone Number 213-974-5555
   E-mail fifthdistrict@lacbos.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 20.00
   Event Description LA County Fair
   Date(s) 09 / 04 / 15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: LA County Fair
   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 ☐
   | Retain quality employees
   | Ceremonial Role ☐ Other ☐ Income ☐
   | (If checking “Ceremonial Role” or “Other” describe below):
   | 4
   | 4

   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: Linda Balderrama
   Print Name: Ticket Administrator
   Date: 8/20/15
   (Month, Day, Year)

Comment: ____________________________

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   County of Los Angeles
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Linda Balderrama - Ticket Administrator
   Area Code/Phone Number 213-974-5555
   E-mail fifthdistrict@lacobos.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description LA County Fair
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Face Value of Each Ticket/Pass $ 20.00
   Date(s) 09 / 04 / 15
   If yes: LA County Fair
   If no: 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
      Sheriff Security Operations Unit
      Number of Ticket(s)/Pass(es) 48
      Describe the public purpose made pursuant to the agency's policy
      Promoting security & safety

   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

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
   Linda Balderrama
   Print Name
   Ticket Administrator
   Title
   8/20/15
   (Month, Day, Year)

   Comment: 

FPPC Form 802 (4/12)
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Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
County of Los Angeles
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Linda Balderrama - Ticket Administrator
Area Code/Phone Number 213-974-5555
E-mail fifthdistrict@lacbos.org

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $ 20.00
Event Description LA County Fair
Date(s) 09 / 04 / 15
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: LA County Fair
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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>48</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morning Star Missionary Baptist Church</td>
<td>20</td>
<td>support of non-profit</td>
</tr>
<tr>
<td>1334 E. 41 Street, LA 90011</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

Linda Balderrama
Ticket Administrator
8/20/15

FPPC Form 802 (4/12)
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Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   County of Los Angeles
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   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Linda Balderrama - Ticket Administrator
   Area Code/Phone Number   E-mail
   213-974-5555 eighthdistrict@lacsbos.org

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
   Date(s) 08 / 30 / 15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: LA Dodgers
   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 Number of Ticket(s)/Pass(es) Identify one of the following:
   (Last, First) ____________________________ ____________________________
   Munoz, Emie ____________________________
   Ceremonial Role ☐ Other ☐ Income ☐
   If checking ‘Ceremonial Role’ or ‘Other’ describe below:
   Promoting public/private facilities for county residents
   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 19944.1 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Linda Balderrama  Ticket Administrator
   Signature of Agency Head or Designee Print Name Title
   8/20/15 (Month, Day, Year)

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

1. Agency Name
   County of Los Angeles
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   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
   Date(s) 09 / 02 / 15 09 / 14 / 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:
   Osuna, Susie | 2 | Ceremonial Role ☐ Other ☐ Income ☐
   If checking "Ceremonial Role" or "Other" describe below:
   retain quality employees
   ________________________________________________________________
   ________________________________________________________________

   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 19944.1 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Linda Balderrama, Ticket Administrator 8/20/15
   Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: ____________________________

FPPC Form 802 (4/12)
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   Linda Balderrama - Ticket Administrator
   Area Code/Phone Number 213-974-5555
   E-mail fifthdistrict@lacbos.org

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
   Date(s) 09/16/15 09/21/15
   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:
      __________________________
      Osuna, Susie 2 Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      retain quality employees
      __________________________
      __________________________
      2 2
      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.

Linda Balderrama Ticket Administrator 8/20/15
Signature of Agency Head or Designee
Print Name
Title (Month, Day, Year)

Comment: ____________________________________________

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

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
   Date(s) 09 / 23 / 15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   Name of Source
   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.

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</tr>
</thead>
<tbody>
<tr>
<td>Osuna, Susie</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>retain quality employees</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
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</table>

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 Designate: Linda Balderama
Print Name: Ticket Administrator
Title: 8/20/15

Comment: ________________________________

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   County of Los Angeles
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Linda Balderrama - Ticket Administrator
   Area Code/Phone Number 213-974-5555
   E-mail fifthdistrict@lacbos.org

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
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Date(s) 09 / 18 / 15
   If no: LA Dodgers
   If yes: Official’s Name (Last, First)
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒

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:
      retain quality employees

   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 19441 and 19442. I have verified that the distribution set forth above, is in accordance with the requirements.
   Linda Balderrama
   Signature of Agency Head or Designee
   Print Name Ticket Administrator
   Title
   8/20/15 (Month, Day, Year)

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

1. Agency Name
   County of Los Angeles
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Linda Balderrama - Ticket Administrator
   Area Code/Phone Number 213-974-5555
   E-mail fifthdistrict@lacobos.org

   Date Stamp

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) 09 / 15 / 15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: LA Dodgers
   If yes: Named 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.
   Number of Ticket(s)/Pass(es)
   Describe the public purpose made pursuant to the agency's policy

   A. Name of Agency, Department or Unit

   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:
      retain quality employees

   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
   Linda Balderrama
   Print Name
   Ticket Administrator
   Title
   8/20/15
   (Month, Day, Year)

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
County of Los Angeles
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Linda Balderaama - Ticket Administrator
Area Code/Phone Number
213-974-5555
E-mail
fifthdistrict@lacobos.org

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
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Date(s) 09 / 22 / 15
If no: LA Dodgers
Name of Source
If yes: ________
Official's Name (Last, First)
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒

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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bell, Tony</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>retain quality employees</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Linda Balderaama
Signature of Agency Head or Designee
Ticket Administrator
Print Name
Title
8/20/15
(Month, Day, Year)

Comment: __________________________________________________________
_______________________________________________________________
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   County of Los Angeles
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Linda Balderrama - Ticket Administrator
   Area Code/Phone Number  213-974-5555
   E-mail fifthdistrict@lacsass.org

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  Date(s) 08 / 12 / 15 08 / 15 / 15
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒  If no: LA Dodgers
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒  If yes: Name of Source

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:
   Citraro, Al  2  Ceremonial Role ☐ Other ☐ Income ☐
   If checking “Ceremonial Role” or “Other” describe below:
   retain quality employees

   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.
   Linda Balderrama
   Print Name Ticket Administrator  8/20/15
   (Month, Day, Year)

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

1. Agency Name
   County of Los Angeles
   Division, Department, or Region (If Applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Linda Balderama - Ticket Administrator
   Area Code/Phone Number
   213-974-5555
   E-mail
   fifthdistrict@lacbos.org

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
   Date(s) 08 / 28 / 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.

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
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</thead>
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<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colombero, Gary</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>retain quality employees</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>if checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below.</td>
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</tbody>
</table>

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<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
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<tbody>
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<td></td>
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</table>

4. Verification
I have read and understand FPPC Regulations 189-14.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee
Linda Balderama
Print Name
Ticket Administrator
Title
8/20/15 (Month, Day, Year)

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

1. Agency Name
County of Los Angeles
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Linda Balderama - Ticket Administrator
Area Code/Phone Number
213-974-5555
E-mail
fifthdistrict@lacobos.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) 08 / 14 / 15
If no: LA Dodgers
Name of Source
Was ticket distribution made at the behest of agency official? Yes ☑ No ☐
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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
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<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Huston, Gerry</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>retain quality employees</td>
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<th>C. Name of Outside Organization (include address and description)</th>
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4. Verification
I have read and understood FPPC Regulations 19944.1 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.

Linda Balderama
Signature of Agency Head or Designee
Print Name
Ticket Administrator
Title
8/20/15
(Month, Day, Year)

Comment: ____________________________

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
### Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

#### 1. Agency Name
- County of Los Angeles
- Division, Department, or Region (If Applicable): Board of Supervisors
- Designated Agency Contact (Name, Title): Linda Balderrama - Ticket Administrator
- Area Code/Phone Number: 213-974-5555
- E-mail: fifthdistrict@lacbos.org

#### 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
- Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
- Date(s): 08/11/15 08/16/15
- Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
- Name of Source: LA Dodgers
- Official's Name (Last, First):

<table>
<thead>
<tr>
<th>Official's Name (Last, First)</th>
</tr>
</thead>
<tbody>
<tr>
<td>LA Dodgers</td>
</tr>
</tbody>
</table>

#### 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.

<table>
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<tr>
<th>A. Name of Agency, Department or Unit</th>
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<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Munoz, Ernie</td>
<td>2</td>
<td>Promoting public/private facilities for county residents</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
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#### 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: Linda Balderrama
- Print Name: Ticket Administrator
- Title: 8/20/15
- (Month, Day, Year)

Comment: