Agency Report of: Ceremonial Role Events and **Ticket/Admission Distributions**

A Public Document

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I. Agency Name				Date Stamp	California Q02
Los Angeles County					Form OUZ
Division, Department, or Region (if application)	able)				For Official Use Only
Board of Supervisors - Fifth District					
Street Address				1	
500 W. Temple #869, Los Angeles CA					
Designated Agency Contact (Name, Title)					
Linda Balderrama Ticket Administrator	•			Amendment (Must pri	ovide explanation in Part 3.)
Area Code/Phone Number E-mail				Date of Original Filing:	
	ct@lacbos.org				(month, day, year)
Function, Event, or Ceremonial F					3
Dodger Game	tole illiolilla	1			50.00
Title Douger Game			Face '	Value of Each Admiss	sion \$ 60.00
Dodger Game				06 , 18 , 11	
Description			Date(s) <u> </u>	<u> </u>
			LA	Dodgers	
Ticket(s)/Admission(s) provided by a	agency? Yes	☐ No ×	If no: 느	Name of	Source
Was the distribution to persons iden	tified below r	nade at th	e behest o	f an agency official?	
				, an agono, omolar.	
Yes 🛛 No 🔲 If yes: Antono	ovich, Mike Su	pervisor			
	Official's	Name (Last, I	irst) and Title		
The identity of recipient(s) and th	e explanatio	n:			
Name		104,95	a Chack th	ne income box if the agency of	licial claims admission as
(Last, First)	Number of	Agency	taxable i	income. If the agency official p	
or Constants	Admission(s)/	Official	also pro	vide a description. come, describe the public purp	
Organization (Name, Address, Description)	Ticket(s)		ceremon	ilal roles, performed by an agei	ncy official, individual, or
		Ves 🖂	organiza	ition.	-0781
Danielle Goodwin	2	Yes No 🗷	Fundraise	er	Income
44751 N. Date St., Lancaster 93534		Yes			Income
	<u> </u>	No 🗌	L		
Evangelical Fellowship Luncheon		Yes 🗌			Income
	<u>L</u>	No 🔲	<u>L</u>	7.7.4. 13	
		Yes			Income
		No 🗆	L		
		Yes 🗌			Income
	<u> </u>	No 🗌			
Verification					
I have read and understand FPPC Regulation	ons 18944.1 an	d 18942. I h	ave verified i	that the distribution of adm	nissions, set forth above,
is in accordance with the provisions.					
Ticke				et Administrator	3/31/11
Ara Paraculant					
Signature of Agency Head or Designee	Print Nar	ne		Title	(month, day, year)
Comment: (Use this space or an attachment for	or any additional ii	nformation inc	luding amend	Iment explanation.)	

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Linda Balderrama Ticket Administrat	Amendment (Must provide	explanation in Part 3.)			
	0.440-4-4-15/6				
**************************************	Date of Original Filing: (month, day, year)				
	trict@lacbos.org				
2. Function, Event, or Ceremonial	Role Informa	tion			
Dodger Game					60.00
Title			Face \	Value of Each Admission	\$
Dodger Game			9 8	. 07 . 09 . 11	
Description	- *****		Date(s	3) ==/==/==	
			IΛ	Dodgers	
Ticket(s)/Admission(s) provided by	agency? Yes	□ No 区] If no: 🖳		
				Name of Sour	ce
Was the distribution to persons ide	entified helow r	made at th	a hahast nt	f an agency official?	
· · · · · · · · · · · · · · · · · · ·			c benest of		
Yes No ☐ If yes: Anto	novich, Mike Su	pervisor			
	Official's	Name (Last,	First) and Title	The state of the s	
The identity of recipient(s) and	the evalenction	on:			
	The explanation	711. T	2.755.60	1.24 S # 1810 11 22 B for 12 D 2 F	· · · · · · · · · · · · · · · · · · ·
Name (Last, First)	NUMBER OF	Awawan		e income box if the agency official necessary of the agency official performance. If the agency official performance is the company of the co	
or	Number of Admission(s)/	Agency Official	also prov	vide a description.	
Organization (Name, Address, Description)	Ticket(s)		If not inc ceremon	ome, describe the public purpose, ial roles, performed by an agency o	including Ifficial, individual, or
(Maine, Address, Description)		(a) (b)	organiza	tion.	
Boys & Girls Club of Santa Clarita] 2	Yes _	Fundraise	r	Income
boys & dins club of surita clarita		No 🗵	Landidisc		
PO Box 221507, Santa Clarita 91322		Yes 🔲			Income
1 O BOX 221507, Santa Clanta 91322		No 🗌			
V4		Yes 🗌			Income
Youth organization		No 🗆	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Marini	
		Yes 🗖			
		No 🗆			Income
		Yes No			Income
		140			
. Verification					
I have read and understand FPPC Regula	itions 18944.1 an	d 18942. I h	ave verified t	hat the distribution of admissi	ons, set forth above,
fis in accordance with the provisions.		······································			
And Bildenani tir	nda Balderrama		Ticke	t Administrator	3/31/11
4,00 /.					
Signature of Agency Head or Designee	Print Nar	ne		Title	(month, day, year)
Comment: (Use this space or an attachment	for any additional in	nformation inc	luding amendi	ment explanation.)	
				-1	