		Wa 4 2	A	The second secon	
1. Agency Name	Date Stamp	California 802			
County of Los Angeles				Form OUZ	
Division, Department, or Region (If A)	oplicable)	*		For Official Use Only	
Board of Supervisors					
Designated Agency Contact (Name, Ti	tle)				
Linda Balderrama - Ticket Administ	rator				
Area Code/Phone Number   E-mail		The state of the s	Amendment (Must pi	rovide explanation in Part 3.)	
	strict@lacbos.org		Date of Original Filing: .		
2. Function or Event Information				(Month, Day, Year)	
Does the agency have a ticket policy?		□ Face Value o	f Each Ticket/Pass \$	215.00	
	Tes 🔼 NO				
Event Description LA Opera	Title/Explanation	Date(s)	08 / 15		
		If no: LA Op	era		
Ticket(s)/Pass(es) provided by agenc	y? Yes ☐ No	IT no:	Name of Sou	ırce	
Was ticket distribution made at the be	hest No 🛛 Yes	☐ If yes:			
of agency official?	140 🖭 100	П ус.	Official's Name (L	ast, First)	
. Recipients				*	
Use Section A to identify the agency's depart	ment or unit. • Use Sec	ction B to identify an individu	al. • Use Section C to ident	ify an outside organization.	
A. Name of Agency, Department or Uni	Number of			to the agency's policy	
	Pass(es)		,		
	Number of				
B. Name of Individual	Ticket(s)/ Pass(es)		Identify one of the following	ng:	
		Ceremonial Role	Other 🗍	Income	
Glasgow, Lori	2	If checking "Ceremonia	al Role" or "Other" describe below:		
	2	retain quality emplo	yees		
		Ceremonial Role		Income	
	1	ir checking "Geremonia	al Role" or "Other" describe below:		
C Name of Outside Organization	Number of				
C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant t	to the agency's policy	
	,				
		0.			
Verification	44.1 and 10049 15	wified that the distall the second	ath a hand is to be a second as		
I have read and understand FPPC Regulations 189					
1 manus	Linda Balde		Ticket Administrator	4/2/15	
Signature of Agency Head or Designee	Print Name	е	Title	(Month, Day, Year)	
Comment:					

						A L abile Bodament
1. Agency Name				Date Stamp	California 802	
	County of Los Angeles					Form OUZ
	Division, Department, or Reg	ion (If Applicabl	le)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)				
	Linda Balderrama - Ticket A	dministrator				
	Area Code/Phone Number	E-mail				rovide explanation in Part 3.)
	213-974-5555	fifthdistrict@	placbos.org		Date of Original Filing: -	(Month, Day, Year)
2.	Function or Event Inform	mation			- the state of the	
	Does the agency have a ticke	t policy?	Yes⊠ No[	☐ Face Value o	f Each Ticket/Pass \$	215.00
	Event Description LA Opera			Date(s) 03	, 29 , 15	
		Provide Title/Exp	olanation			
	Ticket(s)/Pass(es) provided by	y agency?	Yes ☐ No 🛭	If no: LA Ope	era Name of Sou	NAC .
	Was ticket distribution made a	t the heheet	N W V	7		
	of agency official?	it the penest	No ⊠ Yes [		Official's Name (L	ast, First)
	Recipients					
	Use Section A to identify the agency	r's department or	unit. • Use Secti	ion B to identify an individu	al. • Use Section C to identi	ify an outside organization.
	A. Name of Agency, Departme		Number of Ticket(s)/ Pass(es)		ic purpose made pursuant	
			Number of			
	B. Name of Individua		Ticket(s)/ Pass(es)		Identify one of the following	ng:
	Balderrama, Linda		2	2500.00.000.000.000.000.000.000.000.000.	Other And Role" or "Other" describe below:	Income
				Ceremonial Role [	Other Dal Role" or "Other" describe below:	Income
	C. Name of Outside Organi (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant t	to the agency's policy
	Verification Have reach and understand FPPC Regula	ations 18944 1 and	d 18942   have veri	fied that the distribution set to	th shave is in accordance with	the requirements
	1 Range		Linda Balderi			
1	Signature of Agency Head or Designee		Print Name	and	Ticket Administrator	4/2/15 (Month, Day, Year)
						(, 20), 100)
	Comment:	7				

1.						A Public Documen
	Agency Name				Date Stamp	California 802
	County of Los Angeles					
Ī	Division, Department, or Reg	ion (If Applicab	le)		1	For Official Use Only
1	Board of Supervisors					
Ī	Designated Agency Contact	(Name, Title)				
1	Linda Balderrama - Ticket A	dministrator				
	Area Code/Phone Number	E-mail			Francisco de Contra	rovide explanation in Part 3.)
2	213-974-5555	fifthdistrict@	@lacbos.org		Date of Original Filing: _	(Month Day Year)
2. 1	Function or Event Infor	mation				(Monus, Day, Tear)
	oes the agency have a ticke	t policy?	Yes ⊠ No	Face Value of	of Each Ticket/Pass \$	170.00
	Event Description LA Dodge	rs		Date(s)03	3 , 06 , 15	7
	event Description	Provide Title/Exp	olanation	Date(s)		
Т	icket(s)/Pass(es) provided b	v agency?	Yes □ No	If no: LA Do	dgers	
			100 🗀 110		Name of Sou	rce
	Vas ticket distribution made a of agency official?	it the behest	No 🛛 Yes	☐ If yes:	Official's Name (L	( 5: 0
				4 100 4 100 100	Official's Name (L.	ast, First)
	Recipients Use Section A to identify the agency	l'e denartment o	runit = Lleo So	otion B to identify an individ	l	
	A. Name of Agency, Departme		Number of Ticket(s)/		lic purpose made pursuant	
-			Pass(es)			
E	Name of Individua	1	Number of Ticket(s)/ Pass(es)		Identify one of the following	ıg:
	Name of Individua (Last, Firet) Osuna, Susie	1	Ticket(s)/	Ceremonial Role  If checking "Ceremon  retain quality emplo	Other I	ng:
	(Last, First)	1	Ticket(s)/ Pass(es)	If checking "Ceremon retain quality emplo Ceremonial Role	Other Dial Role" or "Other" describe below:	
	Osuna, Susie	ization	Ticket(s)/ Pass(es)	If checking "Ceremon retain quality emplo Ceremonial Role If checking "Ceremon	Other Other Other or "Other" describe below:	Income Income
- C	Osuna, Susie  Name of Outside Organ	ization cription)	Ticket(s)/ Pass(es)  2  Number of Ticket(s)/ Pass(es)	If checking "Ceremon retain quality emplo"  Ceremonial Role If checking "Ceremon  Describe the pub	Other Dial Role" or "Other" describe below: by ees  Other Dial Role" or "Other" describe below:  Other Dial Role" or "Other" describe below:	Income In
- C	Name of Outside Organi (include address and description	ization cription)	Ticket(s)/ Pass(es)  2  Number of Ticket(s)/ Pass(es)	If checking "Ceremon retain quality emplo"  Ceremonial Role If checking "Ceremon.  Describe the pub	Other Dial Role" or "Other" describe below: by ees  Other Dial Role" or "Other" describe below:  Other Dial Role" or "Other" describe below:	Income In

. Agency Name	6 40 ****			Date Stamp	California OOO
County of Los Angeles				Date Stamp	Form 802
Division, Department, or Region	n (If Annlicable	ه)			For Official Use Only
50 M	т (п дррпсавл	<b>C)</b>			
Board of Supervisors					
Designated Agency Contact (N					
Linda Balderrama - Ticket Ad				Amendment (Must pr	rovide explanation in Part 3.)
	E-mail			1	5050 (400 (400 (400 (400 (400 (400 (400
	fifthdistrict@	lacbos.org		Date of Original Filing:	(Month, Day, Year)
. Function or Event Inform		Notice of the second			170.00
Does the agency have a ticket	2	Yes ⊠ No		of Each Ticket/Pass \$	
Event Description LA Philharm	onic Provide Title/Expl	I	Date(s)03	<u>, 04 , 15 </u>	
			IΔPhi	ilharmonio	
Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No	☑ If no: LA Phi	Name of Sou	ırce
Was ticket distribution made at	the behest	No ⊠ Yes	☐ If yes:		
of agency official?		140 🖭 100	П уез	Official's Name (L	ast, First)
. Recipients					
Use Section A to identify the agency's	department or	unit. • Use Sec	ction B to identify an individu	ıal. • Use Section C to identi	fy an outside organization.
A. Name of Agency, Department	or Unit	Number of Ticket(s)/	Describe the pub	blic purpose made pursuant to the agency's policy	
		Pass(es)			
B. Name of Individual		Number of			
(Last, First)		Ticket(s)/ Pass(es)		Identify one of the following	ig:
0-1-6 0			Ceremonial Role		Income [
Schofler, Raymond		2		al Role" or "Other" describe below:	
			promote public/priva	ате тасшту	
			Ceremonial Role	Other	Income
				al Role" or "Other" describe below:	income 🗀
		2			
C. Name of Outside Organiza (include address and descr		Number of Ticket(s)/	Describe the publ	lic purpose made pursuant t	o the agency's policy
		Pass(es)			
					Marketine and the second secon
				<u></u>	
Verification	ons 18944 1 and	1 18942   have ve	erified that the distribution set fo	orth above is in accordance with	the requirements
The state of the s	ons 10044, I dilu				
Signature of Agency Head or Designee	me	Linda Balde		Ticket Administrator	4/2/15 (Month, Day, Year)
agriculture of the state of the		i int ivani		ring	(Month, Day, Teal)
Comment:					

1.	. Agency Name				Date Stamp	California 802
	County of Los Angeles					Form OUZ
	Division, Department, or Reg	ion (If Applicabl	le)		]	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (	Name, Title)	7, , , , , , , , , , , , , , , , , , ,	<del></del>		
	Linda Balderrama - Ticket A	dministrator				
	Area Code/Phone Number	E-mail				rovide explanation in Part 3.)
	213-974-5555	fifthdistrict@	lacbos.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	mation		=		
	Does the agency have a ticke	t policy?	Yes⊠ No	☐ Face Value o	of Each Ticket/Pass \$ _	168.00
	Event Description LA Philhar	monic		Date(s) 04	, 03 , 15	
	Event Description	Provide Title/Exp				
	Ticket(s)/Pass(es) provided by agency?  Yes □ No 図   If no: LA Ph				Iharmonic  Name of Soil	
	\\\\- +i-	4.46 - 6 - 6 - 4				
	Was ticket distribution made a of agency official?	it the benest	No <b>☒</b> Yes	☐ If yes:	Official's Name (L	_ast, First)
). 	Recipients  • Use Section A to identify the agency	/'s department or	unit. • Use Sec	ction B to identify an individu	ial. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Departme		Number of			
	71 Hame of Agency, Departme		Ticket(s)/ Pass(es)	Besonise the pub	blic purpose made pursuant to the agency's policy	
			Number of			
	B. Name of Individua (Last, First)	1	Ticket(s)/ Pass(es)		Identify one of the followi	ng:
			1 435(53)	Ceremonial Role	Other $\square$	Income
	Kimm, Nancy		4	1000 10	al Role" or "Other" describe below:	
			4	promote public/priva	ate facility	
					7	
				Ceremonial Role	Other  al Role" or "Other" describe below:	Income
			7			
(	Name of Outside Organi		Number of Ticket(s)/	Describe the nubl	lic purpose made pursuant	to the agency's policy
_	(include address and des	cription)	Pass(es)	Decembe the publi	ne parpose made parodant	to the agency o policy
٠.						
. '	Verification					* * *
1	have read and understand FPPC Regula	ations 18944.1 and	d 18942. I have ve	rified that the distribution set fo	orth above, is in accordance with	h the requirements.
	1 Bildena		Linda Balde	rrama	Ticket Administrator	4/2/15
0	Signature of Agency Head or Designee		Print Name	е	Title	(Month, Day, Year)
	Comment:					•
- 1	COUNTIED CO.					

						A I ubile Documen	
1. Agency Name					Date Stamp	California 202	
	County of Los Angeles					Form OUZ	
	Division, Department, or Reg	ion (If Applicabl	le)			For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (	Name, Title)		<del></del>			
	Linda Balderrama - Ticket A	dministrator					
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)	
	213-974-5555	fifthdistrict@	lacbos.org		Date of Original Filing:	(Month, Day, Year)	
	Function or Event Infor	nation		T.		(monin, buy, rear)	
	Does the agency have a ticke	t policy?	Yes⊠ No [	] Face Value o	f Each Ticket/Pass \$ _	120.00	
	Event Description LA Philhar	monic		Date(s) 04	, 04 , 15		
	Event Bedonption	Provide Title/Exp	lanation	Date(s)			
	Ticket(s)/Pass(es) provided by	/ agency?	Yes □ No 🗵	If no: LA Phi	Iharmonic  Name of Soil		
	Maa tiakat diatribution mada a	t tha babast		_			
	Was ticket distribution made a of agency official?	t the benest	No ⊠ Yes 🗆	lf yes:	Official's Name (L	ast First)	
	Recipients	4				=	
•	<ul> <li>Use Section A to identify the agency</li> </ul>	r's department or	unit. • Use Secti	on B to identify an individu	al. • Use Section C to ident	ify an outside organization	
	A Name of Assess Parados de Unit				*		
		Name of Agency, Department or Unit Ticket Pass(			blic purpose made pursuant to the agency's policy		
į	8						
	B. Name of Individua		Number of				
	(Lest, First)		Ticket(s)/ Pass(es)		Identify one of the following	ng:	
	Hendrson, Jerry			Ceremonial Role		Income	
	riendison, Jerry			promote public/priva	al Role" or "Other" describe below:		
				promote public/prive	ate facility		
•		DOMESTIC STATE OF THE STATE OF		Ceremonial Role	Other	Income	
				If checking "Ceremonia	al Role" or "Other" describe below:		
	Name of Outside O		Number of				
•	Name of Outside Organi (include address and desc		Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant t	to the agency's policy	
-			1 110(0)				
•							
-	Verification	2 2000				* * * * * * * * * * * * * * * * * * * *	
	have read and understand FPPC Regula	ations 18944.1 and	l 18942. I have verifi	ied that the distribution set fo	rth above, is in accordance with	the requirements.	
1	Rel de		Linda Balderr		Ticket Administrator	4/2/15	
	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)	
(	Comment:						

I. Agency Name			Date Stamp	California Q02
County of Los Angeles				Form 8UZ
Division, Department, or Region (If A	Applicable)			For Official Use Only
Board of Supervisors				9
Designated Agency Contact (Name, 7	Fitle)			l= "
Linda Balderrama - Ticket Adminis	strator			
Area Code/Phone Number E-mai	I			rovide explanation in Part 3.)
213-974-5555 fifthd	istrict@lacbos.org		Date of Original Filing: _	(Month, Day, Year)
. Function or Event Informatio	n	Time to the state of the state	48	
Does the agency have a ticket policy	/? Yes⊠ Nol	☐ Face Value o	f Each Ticket/Pass \$	120.00
Event Description LA Philharmonic	Title/Explanation	Date(s)04		
Ticket(s)/Pass(es) provided by agen	cy? Yes□ No[	⊠ If no: LA Phi	Iharmonic	
	, , , , , , , , , , , , , , , , , , , ,		Name of Sou	irce
Was ticket distribution made at the b of agency official?	ehest No ☒ Yes [	☐ If yes:	Official's Name (L	ast First)
			Cincia s Ivalle (L	usi, i iisij
<ul> <li>Recipients</li> <li>Use Section A to identify the agency's depart</li> </ul>	tment or unit. • Use Sec	tion B to identify an individu	al. • Use Section C to identi	fy an outside organization
A. Name of Agency, Department or Ur	Number of		lic purpose made pursuant t	
B. Name of Individual	Number of Ticket(s)/		Idonáis, ana seala e II.	
(Last, Firet)	Pass(es)		Identify one of the following	ig:
Balderrama, Linda	4	Ceremonial Role [ If checking *Ceremonia retaining quality em	al Role" or "Other" describe below:	Income
	4	Ceremonial Role	Other al Role" or "Other" describe below:	Income
Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant t	o the agency's policy
Verification				
I have read and understand FPPC Regulations 18	944.1 and 18942. I have ven	ified that the distribution set fo	rth above, is in accordance with	the requirements.
X Ideldenan	Linda Balder	rrama	Ticket Administrator	4/2/15
Signature of Agency Head or Designee	Print Name		Title	(Month, Day, Year)
Comment:				

### Agency Report of:

### Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name			The same of the sa		Date Stamp	California On 2	
Cou	nty of Los Angeles				*	Form OUZ	
Divis	ion, Department, or Regi	ion (If Applicable	e)			For Official Use Only	
Boar	d of Supervisors						
	gnated Agency Contact (	Name, Title)		<u> </u>			
Linda	a Balderrama - Ticket A	dministrator			Amondment (Marker	Levido porto de Desta N	
Area	Code/Phone Number	E-mail				ovide explanation in Part 3.)	
213-	974-5555	fifthdistrict@	lacbos.org		Date of Original Filing: _	(Month, Day, Year)	
2. Fun	ction or Event Infor	mation		A Add Address		120.00	
	the agency have a ticker		Yes⊠ No[		f Each Ticket/Pass \$	***************************************	
Even	t Description Ahmanson	Theatre		Date(s)04	, 04 , 15		
		Trovide Tile/Expi	lanation				
Ticke	t(s)/Pass(es) provided by	y agency?	Yes No [	If no: Attituat	nson Theatre  Name of Soul	rce	
Was	ticket distribution made a	t the behest	No⊠ Yes[	☐ If ves:			
of a	gency official?		110 🖂 100 [		Official's Name (La	ast, First)	
	ipients					• • •	
• Use	Section A to identify the agency	s department or		tion B to identify an individu	al. • Use Section C to identif	fy an outside organization.	
A.	11011011011			Describe the pub	Describe the public purpose made pursuant to the agency's policy		
			Pass(es)				
***************************************							
8				3.			
B.	Name of Individua	1	Number of Ticket(s)/		Identify one of the following	g:	
	(Last List)		Pass(es)				
Citra	ro, Al			Ceremonial Role  If checking "Ceremoni	Other ial Role" or "Other" describe below:	Income	
			9	retaining quality em	ployees		
				Ceremonial Role	Other D	Income	
				il checking Ceremoni	al Note of Other describe below.		
			-				
C.	Name of Outside Organ		Number of Ticket(s)/	Describe the pub	ablic purpose made pursuant to the agency's policy		
	(include address and des	cription)	Pass(es)		some the public purpose made pursuant to the agency's policy		
· ·							
	fication read and understand FPPC Regul	lations 18044 1 and	1 18042   have ye	rified that the distribution set for	orth above is in accordance with	the requirements	
i nave i	1 P	auono 10374,1 dile					
1	Signature of Agency Head or Designee	h-	Linda Balde		Ticket Administrator	4/2/15 (Month, Day, Year)	
7							
Com	ment:						

1. Agency Name	Water St. 1 4		Date Stamp	California OOO	
County of Los Angeles					
Division, Department, or Region (If Application)	ble)	2-6-	1	For Official Use Only	
Board of Supervisors					
Designated Agency Contact (Name, Title)			-		
Linda Balderrama - Ticket Administrator	<b>.</b>				
Area Code/Phone Number   E-mail			Amendment (Must p.	rovide explanation in Part 3.)	
213-974-5555 fifthdistrict@lacbos.org			Date of Original Filing:		
2. Function or Event Information				(Month, Day, Year)	
Does the agency have a ticket policy?	Yes⊠ No	☐ Face Value of	of Each Ticket/Pass \$	170.00	
Event Description LA Philharmonic	. 55 23 140		2 , 31 , 14		
Event Description Provide Title/Ex	cplanation	Date(s)			
Ticket(s)/Pass(es) provided by agency?	Yes ☐ No	☑ If no: LA Ph			
Man tinket distribution on a track to			Name of Sou	urce	
Was ticket distribution made at the behest of agency official?	No <b>☒</b> Yes	If yes:	Official's Name (L	ast First)	
			Smours warne (L		
<ul> <li>Recipients</li> <li>Use Section A to identify the agency's department of</li> </ul>	or unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to identi	ify an outside organization	
A. Name of Agency, Department or Unit	Number of				
Tame of Agency, Separation of Onit	Ticket(s)/ Pass(es)	pesonibe the pub	ublic purpose made pursuant to the agency's policy		
			AL STORY OF		
	Number of				
B. Name of Individual (Lest, First)	Ticket(s)/ Pass(es)		Identify one of the following:		
		Ceremonial Role		Income	
Schuman, Marie	2	If checking "Ceremonial Role" or "Other" describe below: Promoting public/private facility			
		Ceremonial Role	Other		
			ial Role" or "Other" describe below:	Income	
Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant t	o the agency's policy	
	Pass(es)				
15. 15.				*	
Verification I have read and understand FPPC Regulations 18944.1 ar	nd 18942. I have ver	ified that the distribution set fo	orth above is in accordance with	the requirements	
I Bulder				* * * * * * * * * * * * * * * * * * * *	
Signature of Agency Head or Designee	Linda Balder		Ticket Administrator	4/2/15	
3,000,000,000,000			ine	(Month, Day, Year)	
Comment:					

					A Public Documen
1. Agency Name				Date Stamp	California 802
County of Los Angeles					
Division, Department, or Reg	ion (If Applicable)				For Official Use Only
Board of Supervisors					
Designated Agency Contact	(Name, Title)				
Linda Balderrama - Ticket A	Administrator		}		
Area Code/Phone Number	E-mail			Amendment (Must pro	ovide explanation in Part 3.)
213-974-5555	fifthdistrict@lacbos.c	org		Date of Original Filing: _	(Month, Day, Year)
. Function or Event Infor	mation	19 Million (1) (1)			(World, Day, Year)
Does the agency have a ticke	t policy? Yes ⊠	No ☐ Face \	/alue of	Each Ticket/Pass \$	120.00
Event Description LA Master					
Event Description	Provide Title/Explanation	Date(s	)	14	
Ticket(s)/Pass(es) provided b	y agency? Yes □	No. M. If no. 1	_A Mas	ster Chorale	
riokol(o)/r doo(oo) providod b	, agono, les 🗆	110.2		Name of Sour	тсе
Was ticket distribution made a	at the behest No 🗵	Yes If yes:			
of agency official?		95% C		Official's Name (La	ast, First)
. Recipients					
Use Section A to identify the agence			individua	al. • Use Section C to identif	y an outside organization.
A. Name of Agency, Departme	Honod	s)/ Describe	the publi	ic purpose made pursuant t	o the agency's policy
	Pass(e	98)			
B. Name of Individua	Numbe				
(Last, First)	Ticket(			Identify one of the followin	g:
		Ceremonia	I Role	Other	Income
		If checking "	Ceremonia	I Role" or "Other" describe below:	
		Ceremonia	I Bala F	7 Other [7]	Income
		DOC AND ADDRESS OF		Other Describe below:	income 🔲
C. Name of Outside Organ			he publi	c purpose made pursuant to	the agency's policy
(include address and des	cription) Pass(e			- Parpara maab parbaant to	the agency o poncy
Blind Childrens Center	2	Support of a r	onprof	fit	
4120 Marathos St., LA 9002	9 2				
Verification				-	
I have read and understand FPPC Regul	ations 18944.1 and 18942. I ha	ve verified that the distributi	on set for	th above, is in accordance with a	the requirements.
L 73 ader	Linda B	alderrama		Ticket Administrator	4/2/15
gnature of Agency Head or Designee	Prin	nt Name		Title	(Month, Day, Year)
Comment:					