1.	Agency Name		-		Date Stamp	California Q02	
	County of Los Angeles				*	Form OUZ	
	Division, Department, or Region (If Applicab	le)		1	For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact (Name	e, Title)			4		
	Linda Balderrama - ticket admini	istrator					
	Area Code/Phone Number E-m	2.39.030.03.03.03.03.03.00.0			Amendment (Must pr	rovide explanation in Part 3.)	
		ndistrict@	lacbos.org		Date of Original Filing:(Month, Day, Year)		
2.	Function or Event Informati	ion				(memi, bay, rear)	
	Does the agency have a ticket poli	icy?	Yes ⊠ No		of Each Ticket/Pass \$		
	Event Description LA PIHI Prov	CHA	12mon)IC Data(s) 11	1 , 13 , 15	1 1	
	Prov.	ide Title/Exp	planation	Date(s)			
	Ticket(s)/Pass(es) provided by age	ency?	Yes ☐ No	If no: LA Ph	ilharmonic		
	Mos tisket distribution made at the	la a la a a t		_	Name of Sou	irce	
	Was ticket distribution made at the of agency official?	benest	No 🛛 Yes	☐ If yes:	Official's Name (L	ast, First)	
3.	Recipients		* ***				
٥.	Use Section A to identify the agency's dep	partment or	unit. • Use Sec	ction B to identify an individu	ual. • Use Section C to identi	fy an outside organization.	
	A. Name of Agency, Department or	Number of Ticket(s)/	Describe the pub	olic 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:	
				5997 NY 3797 F0310	Other	Income [
				If checking "Ceremon	ial Role" or "Other" describe below:		
				Ceremonial Role	Other	Income [
				If checking "Ceremon	ial Role" or "Other" describe below:		
				_			
	C. Name of Outside Organization	n	Number of				
	(include address and description		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy	
	Fiesta of the Spanish Horse			support non-profit			
	PO Box 21022, Glendale, CA 91	221					
	Verification						
	I have read and understand FPPC Regulations	18944.1 and	rified that the distribution set fo	orth above, is in accordance with	the requirements.		
			Linda Balde	rrama	Ticket Administrator	10-29-15	
	Signature of Agency Head or Designee	2 0	Print Name	е	Title	(Month, Day, Year)	
	Command (In In B	omment: Linto Beldenam					
	Comment:					FPPC Form 802 (4/12	

1.	Agency Name	-		Date Stamp	California 802		
	County of Los Angeles					Form OUZ	
	Division, Department, or Reg	ion (If Applicab	le)			For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)				· · · · · · · · · · · · · · · · · · ·	
	Linda Balderrama - ticket ad	dministrator					
	Area Code/Phone Number	E-mail	****		Amendment (Must pr	rovide explanation in Part 3.)	
	213-974-5555	fifthdistrict@	②lacbos.org		Date of Original Filing: .	(Month, Day, Year)	
2.	Function or Event Infor	mation			· · · · · · · · · · · · · · · · · · ·		
	Does the agency have a ticke	t policy?	Yes ⊠ No □	Face Value of	f Each Ticket/Pass \$	170.00	
	Event Description LA Philhar	monic		Date(s) 11	1	1 1	
		Provide Title/Exp	olanation				
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🗌 No 🛛	If no: LA Phi	Ilharmonic Name of Sou		
	Was ticket distribution made a	at the beheat	No ⊠ Yes □			irce	
	of agency official?	it the benest	If yes:	Official's Name (L	ast, First)		
_	Recipients						
•	Use Section A to identify the agency	y's department o	ıal. ● Use Section C to identi	fy an outside organization.			
	A. Name of Agency, Departme		Number of Ticket(s)/		lic purpose made pursuant		
			Pass(es)	×.		to the agency a policy	
		SCHOOL STATE					
			Number of				
	B. Name of Individua (Last, First)	ıl	Ticket(s)/ Pass(es)		Identify one of the following	ng:	
			1 455(46)	Ceremonial Role	Other	Income 🔲	
				If checking "Ceremoni	ial Role" or "Other" describe below:		
					n n		
				Ceremonial Role	Other I	Income	
	C. Name of Outside Organ		Number of Ticket(s)/	Describe the publ	lic purpose made pursuant t	o the agency's policy	
an	(include address and des	cription)	Pass(es)				
	Antelope Valley Hospital Fo	oundation	sup	port non-profit			
	1600 W. Ave. J, Lancaster, C	CA 93534					
				y and a second s			
	Verification						
	I have read and understand FPPC Regul	ations 18944.1 an					
1	How Bollen	un_	Linda Balderrama	<u> </u>	Ticket Administrator	10-29-15	
,	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)	
	Comment:						
	~ ~			The state of the s			

						A l'ablic Docalilelle	
1.	Agency Name			Date Stamp	California 802		
	County of Los Angeles					Form 002	
	Division, Department, or Reg	ion (If Applicab	le)			For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact ((Name, Title)					
	Linda Balderrama - ticket ac	dministrator		•	Amondment (II.		
	Area Code/Phone Number	E-mail			Amendment (Must pi		
	213-974-5555	fifthdistrict@	Dlacbos.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	f Each Ticket/Pass \$	170.00	
	Event Description LA Philhar	monic		Data(a) 10	, 6 , 15		
	Event Description	Provide Title/Exp	olanation	Date(s)			
	Ticket(s)/Pass(es) provided by	v agency?	Yes □ No	Is If no: LA Phi	lharmonic		
		, , ,	103 🗀 110		Name of Source		
	Was ticket distribution made a	it the behest	No ☒ Yes	☐ If yes:			
	of agency official?				Official's Name (Last, First)		
3.	Recipients						
	Use Section A to identify the agency	y's department or	r unit. • Use Sec	al. • Use Section C to ident	ify an outside organization.		
	A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	to the agency's policy	
			1 200(00)				
	B. Name of Individua (Lest, First)	Name of Individual (Lest, First)		Identify one of the following:			
			p.	Ceremonial Role	Other	Income	
	Waybright, Greg		2	If checking "Ceremonial Role" or "Other" describe below:			
			_	promote public/priva	ate facilites	2	
				Ceremonial Role	Other	Income 🔲	
					al Role" or "Other" describe below:	moonie 🗀	
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/	Describe the publ	ic purpose made pursuant t	to the agency's policy	
	(include address and des	cription)	Pass(es)				
	Verification						
	I have read and understand FPPC Regul	ations 18944.1 an	id 18942. I have ve	rified that the distribution set fo	rth above, is in accordance with	the requirements.	
	Zendo Balder	dr_	Linda Balde	errama	Ticket Administrator	10-29-15	
	Signature of Agency Head or Designee		Print Nam	е	Title	(Month, Day, Year)	
	Comment:						
	L.OHIMANI						

A	D.	٠.١.	1:-	-					ı
A	Γ	UL.	lic	\boldsymbol{L}	UC	uı	пе	ш	l

						A Fublic Document
1.	Agency Name				Date Stamp	California 202
	County of Los Angeles					Form OUZ
	Division, Department, or Reg	ion (If Applicab	le)			For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	Name, Title)				
	Linda Balderrama - ticket ac	Iministrator				
	Area Code/Phone Number	E-mail			Amendment (Must pi	rovide explanation in Part 3.)
	213-974-5555		Dlacbos.org		Date of Original Filing: .	
2.	Function or Event Infor		glacbos.org			(Month, Day, Year)
••	Does the agency have a ticke		V 🗔 V	□ □ □ □ □ □ \/□ \/□ □ □ □ □	f Fack Tiele UD #	170.00
		27.0	Yes 🗵 No		f Each Ticket/Pass \$	
	Event Description LA Philhar	monic Provide Title/Exp	-1	Date(s)10		
		Provide little/Exp	olanation	I A Dh:	Un	
	Ticket(s)/Pass(es) provided by	agency?	Yes 🗌 No	If no: LA Phi	Name of Sou	irce
	Was ticket distribution made a	t the hehest	No 🔽 Vaa			
	of agency official?	t the penest	No 🛛 Yes	If yes:	Official's Name (L	ast, First)
-	Desinients					
•	Recipients • Use Section A to identify the agency	's department o	al . Use Section C to identi	fy an outside organization		
			Number of			
	A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	B. Name of Individua	ı	Number of Ticket(s)/		Identify one of the following	ng:
	(Leot, 11st)		Pass(es)	· · · · · · · · · · · · · · · · · · ·		
	Thi Greg			Ceremonial Role If checking "Ceremonial	Other al Role" or "Other" describe below:	Income
			2	promote public/priva	ate facilites	
10					Other al Role" or "Other" describe below:	Income
	Name of Outside Organi (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant t	o the agency's policy
	Arcadia Methodist Hospital F	oundation	2	support non-profit		
	300 W. Huntington Drive Arcadia, CA 91007					
	Verification	otions 19044 1	d 18042 h	orified that the district	oth phase is in the	<i>u</i>
	have read and understand FPPC Regula	auons 10944.1 an				
1	Signature of Association Hand as Designation	an	Linda Balde		Ticket Administrator	10-29-15
2	' Signature of Agency Head or Designee		Print Nam	e	Title	(Month, Day, Year)
	Comment:					
83	COMMICIAL .					

-	-			-				
Α	PI	Jbi	lic	Do	CI	ım	er	١î

1.	Agency Name				Date Stamp	California Ono		
	County of Los Angeles					Form 8UZ		
	Division, Department, or Reg	ion (If Applicab	le)			For Official Use Only		
	Board of Suprevisors							
	Designated Agency Contact	(Name,Title)						
	Linda Balderrama - Ticket A							
	Area Code/Phone Number	E-mail			Amendment (Must pi	rovide explanation in Part 3.)		
	213-974-5555	fifthdistrict@	placbos.or		Date of Original Filing: .	(Manth Day Vand		
2.	Function or Event Infor					(Month, Day, Year)		
	Does the agency have a ticke	t policy?	Yes ⊠ No □	Face Value o	f Each Ticket/Pass \$	170.00		
	Event Description LA Philhar	monic	10101010		, 11 , 15			
	Event Description	Provide Title/Exp	planation	Date(s)				
	Ticket(s)/Pass(es) provided by	y agency?	Yes ☐ No 🏻	If no: LA Phi	Iharmonic			
	Mar Calad distribution manda				Name of Sou			
	Was ticket distribution made a of agency official?	it the benest	No ☑ Yes ☐	If yes:	If yes:Official's Name (Last, First)			
	Recipients							
	Use Section A to identify the agency	y's department or	unit. • Use Sectio	n B to identify an individu	al. • Use Section C to identi	fy an outside organization.		
	A. Name of Agency, Departme		Number of Ticket(s)/	eg 10 amilyol amin'n kaling	lic purpose made pursuant	CANDONNERS DE L'ANGENIEUR DE L'ANGER DE L'AN		
			Pass(es)					
	B. Name of Individua		Number of					
	(Last, First)	Ticket(s)/ Pass(es)		ng:				
	Hayrood Dona				Other	Income		
	Haycock, Dana		2	If checking "Ceremonion promote public/priva	al Role" or "Other" describe below:			
				promote public/priva	ate facilities			
				Ceremonial Role	Other	Income		
				If checking "Ceremonia	al Role" or "Other" describe below:			
	Name of Outside Organ		Number of	W. S. C.				
	C. Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant t	o the agency's policy		
		CONTROL CONTROL CONTROL OF A SEC.						
					**			
	Manufacture and the second sec			A COMMON COMPANY OF THE STATE O	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
	Verification		1					
	I have read and understand FPPC Regul	ations 18944.1 and	d 18942. I have verifie	ed that the distribution set fo	rth above, is in accordance with	the requirements.		
	Der Bader	ame	Linda Balderra	ama	Ticket Administrator	10-29-15		
	Signature of Agency Head or Designee	Signature of Agency Head or Designee Print Name				(Month, Day, Year)		
	Comment:							
	Common.	0.000						

1.	Agency Name				Date Stamp	California OOO		
	County of Los Angeles					Form OUZ		
	Division, Department, or Reg	ion (If Applicabl	le)			For Official Use Only		
	Board of Suprevisors							
	Designated Agency Contact	(Name, Title)						
	Linda Balderrama - Ticket A	dministrator						
	Area Code/Phone Number	E-mail			A SUSTINIAN STATE OF THE STATE	rovide explanation in Part 3.)		
	213-974-5555	fifthdistrict@	placbos.or		Date of Original Filing:	(Month, Day, Year)		
	Function or Event Infor	mation						
	Does the agency have a ticke	t policy?	Yes 🛛 No	Face Value o	f Each Ticket/Pass \$	170.00		
	Event Description LA Philhar	monic		Date(s)10	9 , 15			
		Provide Title/Exp	olanation					
	Ticket(s)/Pass(es) provided by	y agency?	Yes ☐ No [⊠ If no: <u>LA Phi</u>	Name of Source			
	Was ticket distribution made a	t the behest	No ⊠ Yes [П и				
	of agency official?	it the beneet	NO M Test	If yes:	Official's Name (L	ast, First)		
	Recipients							
	Use Section A to identify the agency	's department or	unit. • Use Sec	tion B to identify an individu	al. • Use Section C to identi	ify an outside organization.		
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy		
			Pass(es)					
		A Name						
	B. Name of Individua		Number of Ticket(s)/		Idealife a ful full t			
	(Last, First)		Pass(es)					
	Schfoler, Raymond			Ceremonial Role		Income		
	ocinoler, reaymond		2	If checking "Ceremonial Role" or "Other" describe below: promote public/private facilities				
				promote public/prive	ato radiities			
				Ceremonial Role	Other	Income		
				If checking "Ceremonia	al Role" or "Other" describe below:			
	C. Name of Outside Organ	ization	Number of					
	C. Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant t	to the agency's policy		
,								
	Verification							
	have lead and understand FPPC Regul	ations 18944.1 and	d 18942. I have ver	ified that the distribution set fo	orth above, is in accordance with	the requirements.		
	Der Bader	un	Linda Balder	rrama	Ticket Administrator	10-29-15		
	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)		
	Commont:							
	Comment:							

_						abile Becamen	
1.	Agency Name				Date Stamp	California 202	
	County of Los Angeles				12	Form 002	
	Division, Department, or Reg	ion (If Applicab	le)			For Official Use Only	
	Board of Suprevisors						
	Designated Agency Contact	(Name, Title)	VAT			**	
	Linda Balderrama - Ticket A	dministrator					
	Area Code/Phone Number	E-mail			Amendment (Must provide explanation in Part 3.)		
	213-974-5555	fifthdistrict@	Dlacbos.or		Date of Original Filing: .	(Month Day Year)	
2.	Function or Event Infor	mation				(menut, bay, real)	
	Does the agency have a ticke	t policy?	Yes⊠ No□	Face Value o	f Each Ticket/Pass \$ _	170.00	
	Event Description LA Philhar	monic		Data(s) 10	, 7 , 15		
	Event Description	Provide Title/Exp	olanation	Date(s)			
	Ticket(s)/Pass(es) provided by	y agency?	Yes □ No 🏻	If no: LA Phi	Iharmonic		
					Name of Sou	irce	
	Was ticket distribution made a of agency official?	it the behest	No ⊠ Yes □	If yes:	Official's Name (L	oot First)	
				Onicial's Name (L	asi, First)		
3.	Recipients • Use Section A to identify the agency	l'e denartment or	ral allos Sastian O ta idanti				
			Number of				
	A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	to the agency's policy	
	B. Name of Individua	ı	Number of Ticket(s)/	4	Identify one of the following:		
	(Last, First)		Pass(es)				
	Rassier, Chuck				Other al Role" or "Other" describe below:	Income	
			2 1	promote public/private facilities			
	1999			Ceremonial Role	Other	Income	
				If checking "Ceremonie	al Role" or "Other" describe below:		
		4554E078E554E7E	Number of				
	Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant t	o the agency's policy	
					-		
	Varification						
	Verification Lhave read and understand FPPC Regul	ations 18944.1 and	d 18942. I have verifie	d that the distribution set fo	rth above, is in accordance with	the requirements	
	Tion A.O.sa.	1 11000	Linda Balderra				
4	Signature of Agency Head or Designee	VI WALL	Print Name	ıııa	Ticket Administrator	10-29-15 (Month, Day, Year)	
					promit	(month, bay, rour)	
	Comment:						

			NAMES OF THE OWNER OF THE OWNER.			711 abile becamen	
1.	Agency Name				Date Stamp	California Q02	
	County of Los Angeles					Form OUZ	
	Division, Department, or Reg	ion (If Applicab	le)		1	For Official Use Only	
	Board of Suprevisors				* ,		
	Designated Agency Contact (Name, Title)					
ě	Linda Balderrama - Ticket A						
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)	
	213-974-5555	fifthdistrict@	@lacbos.or		Date of Original Filing:	Marth D.	
2.	Function or Event Infor					(моптп, µау, Year)	
	Does the agency have a ticke		Yes⊠ No	☐ Face Value o	f Each Ticket/Pass \$ _	170.00	
		• • • • • • • • • • • • • • • • • • • •	TOO EST INU	_			
	Event Description LA Philhar	Provide Title/Exp	olanation	Date(s)	<u> </u>		
	Ticket(s)/Pass(es) provided by	Control Contro		If no: LA Phi If no: □	lharmonic		
	Tioner(a)/1 daa(ea) provided by	agency:	Yes No [<u>م</u>	Name of Source		
	Was ticket distribution made a	t the behest	No⊠ Yes[☐ If yes:	Official's Name (L		
	of agency official?				.ast, First)		
3.	Recipients						
	Use Section A to identify the agency	r's department or	The state of the s	tion B to identify an individu	al. • Use Section C to ident	ify an outside organization.	
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/	Describe the publ	lic purpose made pursuant	to the agency's policy	
,			Pass(es)				
	B. Name of Individua	I	Number of Ticket(s)/		ng;		
			Pass(es)	Ceremonial Role	Other	Income	
	Wagoner, Lea				al Role" or "Other" describe below:	income [
			2	promote public/priva	ate facilities		
				Ceremonial Role	Other Other al Role" or "Other" describe below:	Income	
				п спескину Сегетопіа	ai Noie or Other describe below;		
Ī	C. Name of Outside Organi	zation	Number of	D	>		
Ì	(include address and desc		Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy	
•							
	Verification					Committee Commit	
	have read and understand FPPC Regula	ations 18944.1 an	d 18942. I have ver	ified that the distribution set fo	rth above, is in accordance with	n the requirements.	
,	Jando Balder	un	Linda Balder	rrama	Ticket Administrator	10-29-15	
	Signature of Agency Head or Designee		Print Name	Management of the second of th	Title	(Month, Day, Year)	
	Comment:						

	Agency Name			Date Stamp	California 802		
	County of Los Angeles livision, Department, or Regi	on (If Applicabl	(e)			For Official Use Only	
	-	· (/ Ipplicabl	-/				
	Board of Suprevisors Pesignated Agency Contact (Name Title)				0	
	.inda Balderrama - Ticket A .rea Code/Phone Number	E-mail			Amendment (Must provide explanation in Part 3.)		
	213-974-5555	fifthdistrict@	glacbos.or		Date of Original Filing:	(Month Day Year)	
2. F	unction or Event Inform	CO. C.	200				
D	oes the agency have a ticke	t policy?	Yes⊠ No		of Each Ticket/Pass\$_		
E	vent Description LA Philhar	monic		Date(s)11	<u>, 1 , 15</u>		
_	,	Provide Title/Exp	lanation				
Ti	icket(s)/Pass(es) provided by	agency?	Yes 🗌 No	☑ If no: LA Phi	Iharmonic Name of Sou	ırce	
V	las ticket distribution made a	t the behest	No⊠ Yes	☐ If you		80	
	of agency official?		Official's Name (L	ast, First)			
3. R	Recipients						
•	Use Section A to identify the agency	r's department or	ral. • Use Section C to ident	ify an outside organization.			
Δ	Name of Agency, Departme	nt or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy	
<u>Idi</u>			Pass(es)				
	137 - X-10 - X-1				· · · · · · · · · · · · · · · · · · ·		
_							
В	Name of Individua (Last, First)	1	Number of Ticket(s)/ Pass(es))/ Identify one of the following:			
R	ackstrom Tamara			Ceremonial Role		Income	
D	ackstrom ramara		2	retain quality emplo	ial Role" or "Other" describe below:		
				, , , , , , , , , , , , , , , , , , , ,	,		
-			W	Ceremonial Role		Income	
				If checking "Ceremoni	al Role" or "Other" describe below:		
C	Name of Outside Organ		Number of Ticket(s)/	Describe the sub-	lic purpose made pursuant	to the agency's policy	
_	(include address and des	cription)	Pass(es)	beachibe the pub	ne parpose made parsuant	to the agency's policy	
	erification ave read and understand FPPC Regul	ations 18044 1 as	d 18042 have ve	prified that the distribution and for	orth above is in assertance will	the requirements	
i na	Y - 1 Q	auuns 10944,1 an	Linda Balde			estrate deviation . Nation	
-	Signature of Agency Head or Designee	us_	Print Nam		Ticket Administrator	10-29-15 (Month, Day, Year)	
					9300	,	
_	ommont:						

	Agency Name			Date Stamp	California 802		
100	County of Los Angeles					Form OUZ	
Ī	Division, Department, or Reg	ion (If Applicab	ole)			For Official Use Only	
	Board of Suprevisors						
Ī	Designated Agency Contact ((Name, Title)		The state of the s			
	Linda Balderrama - Ticket A	dministrator					
82	Area Code/Phone Number	E-mail			Amendment (Must provide explanation in Part 3.)		
	213-974-5555	 fifthdistrict@	@lacbos.or		(Month, Day, Year)		
	Function or Event Infor	mation	THAT THE PARTY CALL IN CALL			(World, Day, Year)	
	Does the agency have a ticke		Yes ⊠ No □	Face Value of	of Each Ticket/Pass \$ _	170.00	
	Event Description LA Philhar						
İ	event Description	Provide Title/Ex	planation	Date(s)			
-	Ticket(s)/Pass(es) provided by	v agency?	Yes □ No ☒	If no: LA Phi	ilharmonic		
		, agoney.	Ies 🗀 NO 🖂		Name of So	urce	
1	Vas ticket distribution made a	t the behest	No ☑ Yes 🗆	If yes:	Official's Name (L		
	of agency official?				Official's Name (L	_ast, First)	
	Recipients						
. 1	Use Section A to identify the agency	/'s department o	ual. • Use Section C to ident	ify an outside organization.			
4	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
			1 400(40)				
-							
E	Name of Individua	1	Number of Ticket(s)/		Identify one of the following:		
	(Last, First)		Pass(es)		identity one of the followi	119.	
(Glasgow, Lori				Other	Income	
•	Siasgow, Loii		2 ,	retain quality emplo	al Role" or "Other" describe below:		
			'	ciairi quanty cripic	,,,,,,,		
-				Ceremonial Role	Other	Income	
					al Role" or "Other" describe below:		
_							
C	Name of Outside Organi (include address and des		Number of Ticket(s)/	Describe the publ	lic purpose made pursuant	to the agency's policy	
	(menado dadaro de dara de de	on parenty	Pass(es)				
-							
				The state of the s			
	/erification						
L	have read and understand FPPC Regul						
1	Just Baldena	n_	Linda Balderra	ıma	Ticket Administrator	10-29-15	
5	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)	
c	Comment:						
-	· · · · · · · · · · · · · · · · · · ·						

						A Fublic Document		
1.	Agency Name		Date Stamp	California 802				
	County of Los Angeles			Form 002				
	Division, Department, or Regi	ion (If Applicabl			For Official Use Only			
	Board of Suprevisors							
	Designated Agency Contact (Name, Title)						
	Linda Balderrama - Ticket A	dministrator	ii.					
	Area Code/Phone Number	E-mail			. Amendment (Must pr	ovide explanation in Part 3.)		
	213-974-5555	fifthdistrict@	glacbos.or		Date of Original Filing: .	(Month, Day, Year)		
2. Function or Event Information						(
Does the agency have a ticket policy?			Yes⊠ No [7 Face Value o	f Each Ticket/Pass \$	130.00		
	Music Cen	ter	0 · / · · · · · · · · · · · · · · · · ·		. 27 . 15			
	Event Description Music Cen	Provide Title/Exp						
	Ticket(s)/Pass(es) provided by			d If no: Music	Center			
	ricket(s)/Fass(es) provided by	y agency :	Yes ☐ No 🛭	g 11110	Name of Source			
	Was ticket distribution made at the behest No ☒ Yes ☐ If yes:							
	of agency official?				Official's Name (L	ast, First)		
	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, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy		
	Name of the latest							
	Name of Individua	l L	Ticket(s)/ Pass(es)		Identify one of the following	ng:		
	Vega, Michelle		4	Ceremonial Role [If checking "Ceremonial retain quality emplo	nial Role" or "Other" describe below:			
153				Ceremonial Role	Other	Income 🔲		
					al Role" or "Other" describe below:	ilisonic L		
	Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant t	to the agency's policy		
•								
	Karron Santana da Santa							
	Verification haye read and understand FPPC Regula	ations 18044 1 on	d 18942 have veri	fied that the distribution set to	orth above is in accordance with	the requirements		
1	La La Reldia	10074,1 dill	Linda Balderi		Ticket Administrator	10-29-15		
-	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)		
	Comment:							
	COMMENT.							

	-			-				
A	Pu	ıdı	1C	D	OC!	um	en	ıt

I. Agency Name			Date Stamp	California Q02	
County of Los Angeles		Form OUZ			
Division, Department, or Region (If Application)	ble)		1	For Official Use Only	
Board of Suprevisors					
Designated Agency Contact (Name, Title)			1		
Linda Balderrama - Ticket Administrator					
Area Code/Phone Number E-mail			Amendment (Must p	provide explanation in Part 3.)	
213-974-5555 fifthdistrict	@lacbos.or		Date of Original Filing:	(Month, Day, Year)	
. Function or Event Information		, A 100 , and		11-19	
Does the agency have a ticket policy?	Yes 🗵 No	Face Value of	of Each Ticket/Pass \$ _		
Event Description LA Dodgers		Date(s)9	, 23 , 15		
Provide Title/Ex	cplanation				
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No 🏻	☑ If no: LA Do	Name of So	ource	
Was ticket distribution made at the behest	No⊠ Yes	☐ If yes:			
of agency official?	140 53 163	ш п yes	Official's Name (Last, First)	
. Recipients					
Use Section A to identify the agency's department of		tion B to identify an individ	ual. • Use Section C to iden	tify 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)				
				17	
-			Identify one of the following:		
B. Name of Individual	Number of Ticket(s)/ Pass(es)				
	. 400(00)	Ceremonial Role	Other	Income	
Osuna, Susie	2		If checking "Ceremonial Role" or "Other" describe below:		
	-	retain quality emplo	etain quality employees		
		Ceremonial Role	Other	Income 🔲	
			ial Role" or "Other" describe below:	monte _	
	Number of				
Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
	(00)				
		The state of the s			
Verification				·	
I have read and understand FPPC Regulations 18944.1 a	nd 18942. I have ver	rified that the distribution set fo	orth above, is in accordance wit	h the requirements.	
	Linda Balde	rrama	Ticket Administrator	10-29-15	
Signature of Agency Head or Designee	Print Name		Title	(Month, Day, Year)	
Comment:					

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

			0				
1.	Agency Name		Date Stamp	California 802			
	County of Los Angeles			Form 002			
	Division, Department, or Regi	ion (If Applicabl	e)			For Official Use Only	
	Board of Suprevisors						
	Designated Agency Contact (Name, Title)					
	Linda Balderrama - Ticket A	dministrator					
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)	
	213-974-5555	fifthdistrict@	placbos.or		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Inform	nation				(inching 20)) reary	
	Does the agency have a ticker	t policy?	Yes 🗵 No	☐ Face Value of	of Each Ticket/Pass \$ _	20.00	
	Event Description LA County	Fair		Data(s) 9	, 4 , 15		
	Event Description	Provide Title/Exp	lanation	Date(s)			
	Ticket(s)/Pass(es) provided by	agency?	Yes ☐ No	If no: LA Co	unty Fair		
					Name of Source		
	Was ticket distribution made a of agency official?	t the behest	No 🛛 Yes	☐ If yes:	Official's Name (I	ast First)	
_							
	Recipients • Use Section A to identify the agency	r's denartment or	unit. • Use Sec	ction B to identify an individu	ual ellse Section C to ident	ify an outside organization	
1			Number of				
	A. Name of Agency, Departme	nt or onit	Ticket(s)/ Pass(es)	Describe the pub	iblic purpose made pursuant to the agency's policy		
			Number of		Identify one of the following:		
	B. Name of Individua	1	Ticket(s)/ Pass(es)				
			1 435(63)	Ceremonial Role	Other \square	Income	
	Kirkeby, Tom		1		ial Role" or "Other" describe below:		
			4	promote private/pu	blic facility		
				Ceremonial Role	Other ial Role" or "Other" describe below:	Income	
				in oncoming constition	arried of other describe polon.		
į	C. Name of Outside Organ	ization	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy	
	(include address and des	cription)	Pass(es)	beautibe the pub	me purpose made pursuam	to the agency's policy	
	Verification			L			
1	have read and understand FPPC Regul	ations 18944.1 an	d 18942. I have ve	erified that the distribution set f	orth above, is in accordance with	n the requirements.	
	Link Bolden	n	Linda Balde	errama	Ticket Administrator	10-29-15	
	Signature of Agency Head or Designee		Print Nam	пе	Title	(Month, Day, Year)	
	Comment:						

						and it a document	
	Agency Name		Date Stamp	California 802			
	County of Los Angeles			Form OUZ			
	Division, Department, or Regi	ion (If Applicabl	le)			For Official Use Only	
	Board of Suprevisors						
	Designated Agency Contact (Name, Title)					
	Linda Balderrama - Ticket A	dministrator					
	Area Code/Phone Number	E-mail			Amendment (Must pi	rovide explanation in Part 3.)	
	213-974-5555	fifthdistrict@	glacbos.or		Date of Original Filing: .	(Month, Day, Year)	
	Function or Event Inform	nation		A A MANAGEMENT OF THE PERSON O		(memily 20)) rouly	
Does the agency have a ticket policy?			Yes⊠ No	☐ Face Value o	f Each Ticket/Pass \$ _	20.00	
	Event Description LA County	Fair		Date(s) 9	, 4 , 15		
	Event Description	Provide Title/Exp					
	Ticket(s)/Pass(es) provided by	/ agency?	unty Fair				
			Yes ☐ No		Name of Source		
	Was ticket distribution made a of agency official?	t the behest	No 🛛 Yes	☐ If yes:	Official's Name (L	ast. First)	
			-				
	Recipients • Use Section A to identify the agency	r's department or	unit. • Use Sec	tion B to identify an individu	ial. • Use Section C to identi	ify an outside organization	
1	A. Name of Agency, Departme		Number of			TOWN SERVICE STREET OF THE STREET	
	A. Name of Agency, Departme	int of Offic	Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant to the agency's policy		
7.	and the state of t	N 9					
Ī	B. Name of Individua	Î	Number of Ticket(s)/ Pass(es)		Identify one of the following:		
	Compton Sugar			Ceremonial Role		Income	
	Compton, Susan		4	If checking "Ceremonial Role" or "Other" describe below: promote private/public facility			
				promote private/put	one racinty		
-				Ceremonial Role	Other	Income	
				If checking "Ceremoni	al Role" or "Other" describe below:		
-			Number of				
	C. Name of Outside Organi (include address and des		Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant f	to the agency's policy	
		er er ennes er ennes er ennes er en ennes er en					
	Verification have read and understand FPPC Regul	ations 18944.1 an	d 18942. I have ve	rified that the distribution set fo	orth above, is in accordance with	the requirements	
н,	9 -1000	um	Linda Balde		Ticket Administrator	10-29-15	
•	Signature of Agency Head or Designee		Print Name	е	Title	(Month, Day, Year)	
(Comment:		200			160	

1.	Agency Name	***************************************			Date Stamp	California On 2
	County of Los Angeles			Form OUZ		
	Division, Department, or Reg	ion (If Applicable	e)	Apparation and the second seco		For Official Use Only
	Board of Suprevisors					
	Designated Agency Contact ((Name, Title)				
	Linda Balderrama - Ticket A	dministrator				
,	Area Code/Phone Number	E-mail				ovide explanation in Part 3.)
213-974-5555 fifthdistrict@lacbos.or					Date of Original Filing: _	(Month, Day, Year)
2. Function or Event Information						
I	Does the agency have a ticke	Yes ☒ No ☐		of Each Ticket/Pass \$		
ı	Event Description LA County	/ Fair		Date(s)9		
	30 (0.000,000,000 a.) (0.000 a.) (0.000 a.) (0.000 a.)	Provide Title/Exp				
,	Ticket(s)/Pass(es) provided by	y agency?	Yes ☐ No 🗵	If no: LA Cou	unty Fair Name of Sou	rce
١	Nas ticket distribution made a	it the behest	1 If you			
101	of agency official?		No ⊠ Yes □	If yes:	Official's Name (L	ast, First)
. 1	Recipients					2 12 12 12 12 12 12 12 12 12 12 12 12 12
	• Use Section A to identify the agency	y's department or	on B to identify an individu	ıal. • Use Section C to identi	fy an outside organization.	
	A. Name of Agency, Departme	Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy			
			Pass(es)			
-		-				
1	Name of Individua	Number of Ticket(s)/		Identify one of the following	or'	
_	(Last, First)		Pass(es)			
	Roman, Henry					Income
	toman, romy		8			
				, , ,	•	
				Ceremonial Role		Income _
				If checking "Ceremonia	ial Role" or "Other" describe below:	
-	Name of Outside Organ	ization	Number of			
Ì	(include address and des	cription)	Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant t	o the agency's policy
-						
		9				
	/erification			- 144.6		
ر	have read and understand FPPC Regul	lations 18944.1 and				(20% (20%) (1944) (20%)
1-	ens ysdams	in_	Linda Balderr	ama	Ticket Administrator	10-29-15
•	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)
(Comment:					

Agency Report of:

•	901109		, , , , ,	••				
C	eremo	nial	Role	Fvents	and	Ticket/Pass	Distribu	tions

				Ter abile became	
. Agency Name			Date Stamp	California 802	
County of Los Angeles			Form 002		
Division, Department, or Region	(If Applicable)			For Official Use Only	
Board of Suprevisors					
Designated Agency Contact (Nam	ne, Title)				
Linda Balderrama - Ticket Adm	inistrator				
	mail		Amendment (Must provide explanation in Part 3.)		
213-974-5555 fift	thdistrict@lacbos.or		Date of Original Filing: _	(Month Day Year)	
. Function or Event Informa	tion			(monan, buy, roun)	
Does the agency have a ticket po	olicy? Yes⊠ N	o ☐ Face Value o	f Each Ticket/Pass \$	20.00	
Event Description LA County Fa	iir	Data(s) 9	, 4 , 15	1 1	
Pro	ovide Title/Explanation	Date(s)			
Ticket(s)/Pass(es) provided by ag	gency? Yes□ N	o 図 If no: LA Co	unty Fair Name of Soul		
Was ticket distribution made at th of agency official?	e behest No 🗵 Ye	s 🗌 If yes:	Official's Name (La	ast First)	
 Recipients Use Section A to identify the agency's d 	epartment or unit. • Use S	Section B to identify an individu	ial. • Use Section C to identif	fy an outside organization	
A. Name of Agency, Department o	Number of				
A. Name of Agency, Department of	Pass(es)	Describe the pub	blic purpose made pursuant to the agency's policy		
	100 Maria 1				
	Number of	F Comments	Identify one of the following:		
B. Name of Individual	Ticket(s)/ Pass(es)				
		Ceremonial Role	Other	Income	
Boone, Nathaniel	8	250	al Role" or "Other" describe below:		
	*	promote private/pul	olic facility		
		Ceremonial Role	Other	Income	
			al Role" or "Other" describe below:	ilicollie 🗀	
C. Name of Outside Organizati	tion) IICKet(s)/		lic purpose made pursuant to	o the agency's policy	
(mende address and descrip	Pass(es)				
			The state of the s		
Verification	an 19044 1 and 10040 15	undfood that the district of a second	dhahan fain dha	II.	
I have read and understand FPPC Regulation					
Signature of Agency Head or Designee	Linda Bald		Ticket Administrator	10-29-15	
Signature of Agency Fledo of Designee	rimi Na	amo	rue	(Month, Day, Year)	
Comment:	A				

1.	Agency Name				Date Stamp	California 802	
	County of Los Angeles					Form OUZ	
	Division, Department, or Reg	i on (If Applicabl	le)			For Official Use Only	
	Board of Suprevisors						
	Designated Agency Contact (Name, Title)	200				
	Linda Balderrama - Ticket A	dministrator					
	Area Code/Phone Number	E-mail				ovide explanation in Part 3.)	
	213-974-5555	fifthdistrict@	glacbos.or		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Inform	nation			******		
Does the agency have a ticket policy? Yes ⊠				Face Value o	f Each Ticket/Pass \$	20.00	
	Event Description LA County	Fair		Date(s) 9	415	1 1	
	Event Description	Provide Title/Exp	olanation	Date(3)			
	Ticket(s)/Pass(es) provided by	agency?	Yes □ No 🏻	If no: LA Co	unty Fair Name of Sou		
	Mas tisket distribution made a	t the beheet					
	Was ticket distribution made a of agency official?	t the benest	No ⊠ Yes □	l If yes:	Official's Name (L	ast, First)	
_	Recipients						
ο.	Use Section A to identify the agency	r's department or	unit. • Use Section	on B to identify an individu	al. • Use Section C to identi	fy an outside organization.	
	A. Name of Agency, Departme		Number of Ticket(s)/		lic purpose made pursuant		
			Pass(es)				
			Number of		Identify one of the following:		
	B. Name of Individua (Lest, First)	1	Ticket(s)/ Pass(es)				
		15 10 10 10 10 10 10 10 10 10 10 10 10 10	1 000(00)	Ceremonial Role	Other	Income	
	Kawakami, David		4	If checking "Ceremonial Role" or "Other" describe below:		Salah Sa	
			7	promote private/put	olic facility		
	Annual Control of the			Oi-l D-l-	7		
				Ceremonial Role If checking "Ceremonial	Other al Role" or "Other" describe below:	Income	
	C. Name of Outside Organ		Number of Ticket(s)/	Describe the publ	lic purpose made pursuant t	to the agency's policy	
	(include address and des	cription)	Pass(es)				
	Verification						
_	I have read and understand FPPC Regul	ations 18944.1 an				and his old retributed a site of the second continued in department of the second seco	
P	and Townerra	m_	Linda Balderra	ama	Ticket Administrator	10-29-15	
•	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)	
	Comment:						

						Tit abile becamen	
١.	Agency Name		Date Stamp	California 802			
	County of Los Angeles			8	Form 002		
	Division, Department, or Reg	ion (If Applicabl	le)			For Official Use Only	
	Board of Suprevisors						
	Designated Agency Contact (Name, Title)					
	Linda Balderrama - Ticket A	dministrator				1	
	Area Code/Phone Number	E-mail			Amendment (Must p.	rovide explanation in Part 3.)	
	213-974-5555	fifthdistrict@	lacbos.or		Date of Original Filing:	(Month, Day, Year)	
	Function or Event Infor	nation				THE RESIDENCE OF THE RE	
	Does the agency have a ticker	t policy?	Yes⊠ No□	Face Value o	f Each Ticket/Pass \$ _	40	
	Event Description LA Dodger	s		Date(s) 9	<u>, 1 , 15 </u>	9 , 14 , 15	
	Event Description	Provide Title/Exp	olanation	Date(s)			
	Ticket(s)/Pass(es) provided by	/ agency?	Yes □ No 🏻	If no: LA Do	dgers Name of Soil		
	VA				Name of Sou	urce	
	Was ticket distribution made a of agency official?	t the benest	No ⊠ Yes □	If yes:	Official's Name (L	_ast. First)	
•	Recipients • Use Section A to identify the agency	r's department or	al. • Use Section C to ident	ify an outside organization.			
	A. Name of Agency, Departme		Number of		lic purpose made pursuant		
	A. Name of Agency, Departme	int of onlic	Ticket(s)/ Pass(es)	bescribe the pub	ne purpose made pursuant	to the agency's policy	
	-						
	B. Name of Individua	ı	Number of Ticket(s)/ Pass(es)	ng:			
	Osuna, Susie	٠	2	Ceremonial Role [If checking "Ceremonion etain quality emplo	al Role" or "Other" describe below:	Income	
			'	etain quality emplo	anty employees		
				Ceremonial Role [Other al 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	to the agency's policy	
	Verification have read and understand FPPC Regul	ations 18044 1 an	id 18942 have verific	d that the distribution set fo	orth above is in accordance with	a the requirements	
	T. IS Radia	auono 10344, 1 dil	Linda Balderra		Ticket Administrator	10-29-15	
	Signature of Agency Head or Designee	Mas	Print Name		Title	(Month, Day, Year)	
	Comment:						

						A I abile becament	
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 Suprevisors						
	Designated Agency Contact	(Name, Title)			1		
	Linda Balderrama - Ticket A	dministrator					
	Area Code/Phone Number	E-mail			Amendment (Must	provide explanation in Part 3.)	
	213-974-5555	fifthdistrict@	placbos.or		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Infor	mation					
Does the agency have a ticket policy?			Yes ⊠ No	Face Value o	f Each Ticket/Pass \$ _	4000	
	Event Description LA Dodge	rs		Deta(a) 9	<u>, 16 , 15</u>	9 , 20 , 15	
	Event Description	Provide Title/Exp	olanation	Date(s)			
	Ticket(s)/Pass(es) provided by	y agency?	Yes □ No [If no: LA Doo	dgers		
			.com .co	ii3	Name of Se	ource	
	Was ticket distribution made a of agency official?	it the behest	No ⊠ Yes [☐ If yes:	Official's Name	(Loot First)	
_					Official's Name	Last, First)	
3.	Recipients	v'a danariment ar	al allas Saatian Otalida				
	Use Section A to identify the agency		Number of				
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant to the agency's policy		
				A. a.			
			-				
	B. Name of Individua		Number of Ticket(s)/		Identify one of the following:		
	(Last, First)		Pass(es)		- Tuestany one or the tonor	mg.	
	Osuna, Susie				Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: etain quality employees		
	Godina, Gdoio		2				
				rotain quality omplo	, 000		
				Ceremonial Role	Other	Income	
				If checking "Ceremonia	al Role" or "Other" describe below:		
			Number of				
	C. Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	t to the agency's policy	
			F 833(63)				
				<u> </u>			
	Verification I have read and understand FPPC Regul	ations 180// 1 an	d 18942 have to	ified that the distribution act fo	rth above is in social	th the requirements	
	Thave read and understand FFFC Regul	auono 10944,1 an					
	Signature of Agency Head or Designee	m	Linda Balder		Ticket Administrator	10-29-15	
- 0	orginature of Agentsy Fredu of Designee		riiii Name	ε.	ille	(Month, Day, Year)	
9	Comment:						