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 PHILHARMONIC
Provide Title/Explanation
Face Value of Each Ticket/Pass $170.00
Date(s) 11 / 13 / 15
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If no: LA Philharmonic
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>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></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Other ☐ 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>Fiesta of the Spanish Horse PO Box 21022, Glendale, CA 91221</td>
<td></td>
<td>support non-profit</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.

Signature of Agency Head or Designee
Linda Balderrama
Print Name
Ticket Administrator
Title
Date Stamp
California Form 802
For Official Use Only
Amendment (Must provide explanation in Part 3.)
Date of Original Filing: ____________
(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@lacsos.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 170.00
   Event Description LA Philharmonic
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Date(s) 11 / 15
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes:___________________________

3. Recipients
   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)
      Ceremonial Role ☐ Other ☐ Income ☐
      Identify one of the following:
      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
      Antelope Valley Hospital Foundation
      support non-profit
      1600 W. Ave. J, Lancaster, CA 93534

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
Ticket Administrator

Print Name
Title

10-29-15
(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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 170.00
   Event Description LA Philharmonic
   Date(s) 10 / 6 / 15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: LA Philharmonic
   Was ticket distribution made at the behest of agency official? No ☒ Yes ☐
   If 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.
   (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:
      promote public/private facilities
      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 19844.1 and 19842. I have verified that the distribution set forth above, is in accordance with the requirements.

   Signature of Agency Head or Designee: Linda Balderrama
   Printed Name: Ticket Administrator
   Title: 10-29-15
   (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@lacobos.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 170.00
   Event Description LA Philharmonic
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Date(s) 10 / 9 / 15
   If no: LA Philharmonic
   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 ☐
      If checking "Ceremonial Role" or "Other" describe below:
      Remaining publicly/private facilities
      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
      Arcadia Methodist Hospital Foundation 2
      support non-profit
      300 W. Huntington Drive
      Arcadia, CA 91007

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
   Date (Month, Day, Year) 10-29-15

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@lacsos.or

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description LA Philharmonic
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If yes: LA Philharmonic
   If no: LA Philharmonic
   Date(s) 10 / 11 / 15
   Face Value of Each Ticket/Pass $ 170.00
   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:
   Haycock, Dana 2
   Ceremonial Role ☐ Other ☐ Income ☐
   If checking “Ceremonial Role” or “Other” describe below:
   promote public/private facilities
   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  Print Name  Title  Date
   Linda Balderrama  Ticket Administrator  10-29-15

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@iacbos.or

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $170.00
   Event Description LA Philharmonic
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Date(s) 10 / 9 / 15
   If no: LA Philharmonic
   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 ☐
      If checking "Ceremonial Role" or "Other" describe below:
      promote public/private facilities

   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 18644.1 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: 10-29-15
   (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@lacbos.or

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description LA Philharmonic
   Face Value of Each Ticket/Pass $ 170.00
   Date(s) 10 / 7 / 15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: LA Philharmonic
   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 ☐
      If checking "Ceremonial Role" or "Other" describe below:
      promote public/private facilities

   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
   Title Ticket Administrator
   Date 10-29-15
   (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
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   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Linda Balderrama - Ticket Administrator
   Area Code/Phone Number 213-974-5555
   E-mail fifthdistrict@lacityos.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $170.00
   Event Description LA Philharmonic
   Provide Title/Explanation
   Date(s) 10 / 31 / 15
   If no: LA Philharmonic
   Name of Source
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Was ticket distribution made at the behest of agency official? No ☐ 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.
   Describe the public purpose made pursuant to the agency’s policy

   A.
   Name of Agency, Department or Unit
   Number of Ticket(s)/Pass(es)

   B.
   Name of Individual (Last, First)
   Number of Ticket(s)/Pass(es)
   Ceremonial Role ☐ Other ☐ Income ☐
   If checking “Ceremonial Role” or “Other” describe below:
   promote public/private facilities

   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
   10-29-15
   (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.or

2. Function or Event Information  
Does the agency have a ticket policy?  Yes ☒ No ☐  
Face Value of Each Ticket/Pass $ 170.00  
Event Description  LA Philharmonic  
Provide Title/Explanation  
Ticket(s)/Pass(es) provided by agency?  Yes ☐ No ☒  
Date(s)  11 / 1 / 15  
If no:  LA Philharmonic  
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>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>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| 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 |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Backstrom Tamara</td>
<td>2</td>
<td></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 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  
Print Name  
Title  
10-29-15  
(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@lacbos.or

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description: LA Philharmonic
   Face Value of Each Ticket/Pass $170.00
   Date(s): 11/13/15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: LA Philharmonic
   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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</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>Glasgow, Lori</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other,” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>retain quality employees</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>
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</thead>
<tbody>
<tr>
<td></td>
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</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.

   Signature of Agency Head or Designee: Linda Balderrama
   P.O. Title: Ticket Administrator
   Date: 10-29-15
   (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@lacbos.or

   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 $ 130.00
   Event Description Music Center
   Provide Title/Explanation
   Date(s) 9 / 27 / 15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Music Center
   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 ☐
      If checking "Ceremonial Role" or "Other" describe below:
      retain quality employees
      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 19444.1 and 19442. I have verified that the distribution stated above is in accordance with the requirements.
   Linda Balderrama
   Signature of Agency Head or Designee
   Ticket Administrator
   Print Name
   Title
   Date (Month, Day, Year)
   10-29-15
   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 Balderama - Ticket Administrator
   Area Code/Phone Number 213-974-5555
   E-mail fifthdistrict@lacity.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description LA Dodgers
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   Face Value of Each Ticket/Pass $ 40
   Date(s) 9/23/15
   If no: LA Dodgers
   Name of Source
   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 ☐
      If checking "Ceremonial Role" or "Other" describe below:
      retain quality employees
      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 19544.1 and 19542. 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
   Title
   Date 10-29-15

   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
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Linda Balderama - Ticket Administrator
   Area Code/Phone Number 213-974-5555
   E-mail fifthdistrict@lacbos.or

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
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Date(s) 9/4/15
   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 ☐
   If checking "Ceremonial Role" or "Other" describe below:
   promote private/public facility

   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 Balderama
   Signature of Agency Head or Designee
   Print Name
   Ticket Administrator
   Title
   Date Stamp
   California Form 802
   Date of Original Filing
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
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.or

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) 9 / 4 / 15
     - Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
     - 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.**
<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>
</table>

   **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:
       - promote private/public facility

   **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: 10-29-15

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
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Linda Balderrama - Ticket Administrator
   Area Code/Phone Number 213-974-5555
   E-mail fifthdistrict@lacobos.or

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) 9 / 4 / 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.

   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:
   Roman, Henry | 8 | Ceremonial Role ☐ Other ☐ Income ☐
   If checking “Ceremonial Role” or “Other” describe below:
   promote private/public facility

   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
   10-29-15
   (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@laqos.or

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): 9 / 4 / 15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If yes: ____________________________
   If no: ____________________________
   Was ticket distribution made at the behest of agency official? No ☒ Yes ☐
   If 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:
      promote private/public facility

   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.
   Signature of Agency Head or Designee
   Linda Balderrama
   Print Name
   Ticket Administrator
   Title
   10-29-15
   (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@lacbos.or

2. Function or Event Information
   Does the agency have a ticket policy?  Yes ☒ No ☐
   Event Description LA County Fair
   Ticket(s)/Pass(es) provided by agency?  Yes ☐ No ☒
   Face Value of Each Ticket/Pass $ 20.00
   Date(s) 9 / 4 / 15  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.

   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:
   Kawakami, David  4  Ceremonial Role ☐ Other ☐ Income ☒
   promote private/public facility

   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 18644.1 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
   Ticket Administrator
   Title
   Date 10-29-15

   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 Balderama - Ticket Administrator
Area Code/Phone Number 213-974-5555
E-mail fifthdistrict@lacbos.or

**2. Function or Event Information**
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $40.00
Event Description LA Dodgers
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Date(s) 9 / 1 / 15 9 / 14 / 15
Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
If yes: __________________________
If no: LA Dodgers
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.

<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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<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>Osuna, Susie</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Retain quality employees</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>Name of Outside Organization</th>
<th>Number of Ticket(s)/Pass(es)</th>
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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.

Linda Balderama
Ticket Administrator
10-29-15

Signature of Agency Head or Designee
Print Name
Title

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
   Email: fifthdistrict@lacbos.or

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $40.00
   Event Description: LA Dodgers
   Date(s) 9/16/15 9/20/15
   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.

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   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 |
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   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.
   Signature of Agency Head or Designee: Linda Balderrama
   Print Name: Ticket Administrator
   Title: Title
   Date: 10-29-15
   (Month, Day, Year)

Comment: