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

1. Agency Name
   County of Los Angeles

   Division, Department, or Region (if applicable)
   Board of Supervisors

   Street Address
   500 W. Temple St. #869 LA 90012

   Designated Agency Contact (Name, Title)
   Linda Balderrama Ticket Administrator

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

2. Function, Event, or Ceremonial Role Information
   Title
   LA Dodgers

   Description
   Dodger game

   Face Value of Each Admission $
   60.00

   Date(s)
   05 28 11

   Ticket(s)/Admission(s) provided by agency? Yes No [x]
   If no, LA Dodgers

   Name of Source

   Was the distribution to persons identified below made at the behest of an agency official?
   Yes No [x]
   If yes:

   Official's Name (Last, First) and Title

   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>LA County Secretarial Council</td>
<td>2</td>
<td>Yes [x]</td>
<td></td>
</tr>
<tr>
<td>4700 Ramona Bl, Monterey Pl 91754</td>
<td></td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Non profit County org - seminar</td>
<td></td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes</td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

   Linda Balderrama
   Signature of Agency Head or Designee
   Print Name
   Ticket Administrator
   Print Name
   Title
   03/28/11

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:
Ceremonial Role Events and Ticket/Admission Distributions

1. Agency Name
   County of Los Angeles
   Division, Department, or Region (if applicable)
   Board of Supervisors

   Street Address
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   Designated Agency Contact (Name, Title)
   Linda Balderrama Ticket Administrator

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

   Date Stamp
   California Form 802

2. Function, Event, or Ceremonial Role Information
   Title
   LA Dodgers
   Description
   Dodger game
   Face Value of Each Admission $ 60.00
   Date(s) 03/30/11

   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☒ If no:
   LA Dodgers
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☒ If yes:
   Official's Name (Last, First) and Title

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</tr>
</thead>
<tbody>
<tr>
<td>Cano, Michael</td>
<td>2</td>
<td>☐ Yes</td>
<td>☒ No</td>
</tr>
<tr>
<td>☐ Yes</td>
<td>☐ No</td>
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<td>☐ Yes</td>
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   Ticket Administrator
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Comment: (Use this space or an attachment for any additional information including amendment explanation.)