| 1. | Agency Name | | | | | Date Stamp | California Ono | | | |
|-------|---|--|---|-----------------------|--------------------------------|--|------------------------------|--|--|--|
| | County of Los Angeles | | o.com-anicology c | | | | Form OUZ | | | |
| | Division, Department, or Region | ı (if applicable) | | For Official Use Only | | | | | | |
| | Board of Supervisors - Fifth Di | istrict | | | | | | | | |
| | Street Address | | • | | | | | | | |
| | 500 W. Temple St. #869, LA 90 | 012 | | | | | | | | |
| | Designated Agency Contact (Na | me,Title) | | | | | | | | |
| | Linda Balderrama Ticket Admi | nistrator | Amendment (Must provide explanation in Part 3.) | | | | | | | |
| | Area Code/Phone Number E | -mail | | | | Date of Original Filing: | | | | |
| | 213-974-5555 fi | ifith district@lacbos.org |] | | | | (month, day, year) | | | |
| 2. | Function, Event, or Cerem | onial Role Informa | tion | | | I | | | | |
| | Title LA Dodgers | | | | \ | Value of Each Admiss | 60.00 | | | |
| | 1100 | T 100 100 100 100 100 100 100 100 100 10 | | 1 | | | 1011 \$ | | | |
| | Description Dodger game | | | D | ate(s | 06 , 19 , 11 07 , 04 , 1 | | | | |
| | | | | I A Dodgers | | | | | | |
| | Ticket(s)/Admission(s) provide | ded by agency? Yes | ☐ No | x If no: | | Name of Source | | | | |
| | | | 8 | | | | | | | |
| | Was the distribution to perso | ons identified below n | nade a | t the behe | st of | f an agency official? | | | | |
| | Yes 🗷 No 🔲 If yes: | Antonovich, Mike Suj | perviso | 1 | | | | | | |
| | res 🖾 Ro 🗀 II yes. | Official's | Name (La | ast, First) and | Title | | | | | |
| | The identity of recipient(s) and the explanation: | | | | | | | | | |
| | Name | | • Ch | eck th | e income box if the agency off | icial claims admission as | | | | |
| | (Last, First) | Number of | Agen | | Tel 21-1 | ncome. If the agency official p | erformed a ceremonial role, | | | |
| | or Organization | Admission(s)/ Ticket(s) | on(s)/ Official • If not inc | | | ovide a description. come, describe the public purpose, including | | | | |
| | (Name, Address, Description | n) | | | | fal roles, performed by an ager tion. | ncy official, individual, or | | | |
| | | | Yes | | | | income | | | |
| | Kiwanis Club of Burbank | 4 | No [| × L | | | | | | |
| | PO Box 697 | | Yes [| | | | Income | | | |
| | PO BOX 697 | | No [| ┚╙ | | | | | | |
| | Sun Valley CA 91353 | | Yes | J I | | | Income | | | |
| | Sun valley CA 91333 | | No | ┚╙ | | | | | | |
| | C | | Yes | | | | Income | | | |
| | Supporting for community & | | No | ╗╟ | | | | | | |
| | non profit | | Yes | | | *************************************** | Income | | | |
| | | | No | | | | | | | |
| 10000 | Verification | | | | | | | | | |
| | I have read and understand FPPC | | d 18942. | . I have veri | fied t | hat the distribution of adm | nissions, set forth above, | | | |
| | s in accordance with the provisions. | | | | | | | | | |
| | L Baldenan | Linda Balderrama | | | icke | t Administrator | 05/13/11 | | | |
| | Signature of Agency Head or Designee | Print Nan | ne | | | Title | (month, day, year) | | | |
| | Comment: (Use this space or an atta | achmont for any additional to | nformatic | n includina - | merd | ment evolenation | | | | |
| | Committeen, lose this space of an alla | Sommers for early accomonal se | mantano | r meading at | neriui | поп вхрівникон. | | | | |

| ricket/Admission Distribution. | 3 | | | | A I ablic Docament | | | |
|--|--|-----------------------|--|---------------------------------------|--|--|--|--|
| 1. Agency Name | gency Name | | | | | | | |
| County of Los Angeles | | Form OUZ | | | | | | |
| Division, Department, or Region (if application) | | For Official Use Only | | | | | | |
| Board of Supervisors - Fifth District | | | | | | | | |
| Street Address | | | | | | | | |
| 500 W. Temple St. #869, LA 90012 | 500 W. Temple St. #869, LA 90012 | | | | | | | |
| Designated Agency Contact (Name, Title) | | | | . | | | | |
| Linda Balderrama Ticket Administrator | • | | | Amendment (Must | provide explanation in Part 3.) | | | |
| Area Code/Phone Number E-mail | | | | Date of Original Filing | : | | | |
| 213-974-5555 fifithdistr | ict@lacbos.org |] | | | (month, day, year) | | | |
| 2. Function, Event, or Ceremonial R | ole Informa | fion | | L | | | | |
| | tole illioning | | | | 60.00 | | | |
| Title LA Dodgers | The state of the s | | Face \ | Value of Each Admis | ssion \$ 60.00 | | | |
| Dodger game | | | . | 08 ,08 ,11 | 08 , 12 , 11 | | | |
| Description | | | Date(s | s) <u>——/</u> —— | | | | |
| | | | LA I | Dodgers | | | | |
| Ticket(s)/Admission(s) provided by a | agency? Yes | □ No 🗵 | If no: 🖳 | | of Source | | | |
| | | | | | | | | |
| Was the distribution to persons iden | itified below r | nade at the | e behest of | an agency official? | • | | | |
| Antono | ovich, Mike Su | nervisor | | | | | | |
| Yes 🗵 No 🗌 If yes: | | | First) and Title | | | | | |
| | | | not and the | | | | | |
| The identity of recipient(s) and the | ie explanatio | on: | | | | | | |
| Name | | | | | official claims admission as | | | |
| (Last, First) or | Number of Admission(s)/ | Agency Official | The second secon | vide a description. | il performed a ceremonial role, | | | |
| Organization | Ticket(s) | 3.11,014 | | ome, describe the public pu | rpose, including gency official, individual, or | | | |
| (Name, Address, Description) | | | organiza | | gency official, mornidal, of | | | |
| Glendale Clean & Beautiful | 4 | Yes 🗌 | | | Income | | | |
| Gleridale Cleari & Beautiful | | No 🗵 | | | | | | |
| 141 N. Glendale Ave., Ste 114 | | Yes 🗌 | | | Income | | | |
| THIN. dichade Ave., See Thi | | No 🗌 | | | | | | |
| Glendale CA 91206 | | Yes 🗌 | | | Income | | | |
| Gleridale CA 91200 | | No 🔲 | | | | | | |
| | | Yes 🔲 | | | Income | | | |
| Supporting for community & | | No 🗆 | | | | | | |
| C. | | Yes 🗌 | | | Income | | | |
| non profit | | No 🗌 | | i i i i i i i i i i i i i i i i i i i | | | | |
| . Verification | | | | | | | | |
| I have read and understand FPPC Regulati | ons 18944.1 an | d 18942. I h | ave verified t | hat the distribution of a | dmissions, set forth above, | | | |
| is in accordance with the provisions. | | | | | | | | |
| 10 Uderran Line | la Balderrama | | Ticke | t Administrator | 05/13/11 | | | |
| Signature of Agency Head or Designee | Print Nar | ne | | Tille | (month, day, year) | | | |
| Comment: (Use this space or an attachment for | nr anv additional is | nformation inc | ludina amend | ment explanation) | | | | |
| Commont, 1030 tina space of an attachment to | . O. I Gudinarial II | ., cirriangii iila | amy amenu | | | | | |

| ٨ | Di | h | ic | n | ^ | 01 | ım | an | + |
|---|----|---|----|---|---|----|----|----|---|
| ~ | Гι | w | 16 | u | u | L | | CI | ı |

| - | | | | | | Date Stamp | California | and the second second | |
|--------------------------------------|--|---|--------------------|-----------|---------------|---|----------------------|-----------------------|--|
| 1. | | Agency Name | | | | | | 802 | |
| | County of Los Angeles | _ | Form | lun Onlin | | | | | |
| | Division, Department, or Region (if appl | | For Official | Jse Only | | | | | |
| | Board of Supervisors - Fifth District | | | | | | | | |
| | Street Address | | | | | | | | |
| | 500 W. Temple St. #869, LA 90012 | | | | | | | | |
| | Designated Agency Contact (Name, Title, | | | | | | | | |
| | Linda Balderrama Ticket Administrate | | | | 2 1 | Amendment (Must pro | ovide explanation in | Part 3.) | |
| | Area Code/Phone Number E-mail | | | | | Date of Original Filing: | | | |
| | Programme Commence of the Comm | trict@lacbos.org | 7 | | | | (month, day, yea | r) | |
| | | | | | | <u> </u> | | | |
| 2. | Function, Event, or Ceremonial | Role Informa | tion | - | | | | | |
| | LA Philharmonic | 4 | | | - | Value of Fach Admina | 165.00 | | |
| | Title | | | = | race | Value of Each Admiss | ion \$ | | |
| | Concert | | | | Date! | 06 ,04 ,11 | , | | |
| | Description | | | = | Date(| s) <u>————————————————————————————————————</u> | | | |
| | | | | | LA | Philharmonic | | | |
| | Ticket(s)/Admission(s) provided by | agency? Yes | ☐ No | × | f no: 🚞 | Name of 5 | Source | | |
| | | | | | | rane of C | Jourse | | |
| | Was the distribution to persons ide | ntified below r | nade a | t the I | oehest o | f an agency official? | | | |
| | P | novich, Mike Su | | | | | | | |
| | Yes 🗷 No 🗌 If yes: Anton | | | | | | | | |
| | | Official's | Name (L | ast, Firs | it) and Tille | | | | |
| | The identity of recipient(s) and t | he explanation | on: | | | | | | |
| | | T | 1 | | Chackti | ne income box if the agency off | leial elaime admis | lan ar | |
| | Name (Last, First) | Number of | Agen | CV | | income. If the agency official p | | | |
| | or | Admission(s)/ | Agency Official | | | provide a description. | | | |
| | Organization (Name, Address, Description) | Ticket(s) | | | | come, describe the public purpo tial roles, performed by an ager | | ual, or | |
| | (Marie, Address, Description) | | ja i | | organiza | | Salety Source | | |
| | Antelope Valley Hospital Foundation | 2 | Yes | _ | | | | Income | |
| | Afficiope valley flospital Fouridation | | No | × L | | | | | |
| | 1600 W. Avenue J | | Yes | | | | | Income | |
| | 1800 W. Avenue J | | No | | | | | | |
| | | | Yes | | | | | Income | |
| | Lancaster, CA 93534 | | No | | | | | | |
| | | | Yes | | | | | | |
| | Promote public/private facility | | No | 片Ⅱ | | | | Income | |
| | | | | | | | | | |
| | | | Yes | 닐Ⅱ | | | | Income | |
| | | | No | | | | | | |
| 3. | Verification | | | | | | | | |
| | I have read and understand FPPC Regula | itions 18944.1 an | d 18942 | . I hav | e verified . | that the distribution of adm | nissions, set for | th above, | |
| | is in accordance with the provisions. | | | | | | | | |
| | 9 Spl | 9 901 | | | | | 05/13/ | 11 | |
| | 13 Malmaru Lin | ıda Balderrama | | | I LICKE | et Administrator | 05/13/ | 11 | |
| | Signature of Agency Head or Designee | Print Nar | me | | | Title | (month | , day, year) | |
| | | ge gran | , | | | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| | | omment: (Use this space or an attachment for any additional information including amend | | | | | | | |
| LA Philharmonic pursuant to contract | | | | | | | | | |

| Ticket/Admission Distribution | 3 | | | A . | rubiic Documen | |
|--|---|----------------|---|--|-----------------------------|--|
| 1. Agency Name | Date Slamp | California 802 | | | | |
| County of Los Angeles | | Form OUZ | | | | |
| Division, Department, or Region (if applic | Division, Department, or Region (if applicable) | | | | | |
| Board of Supervisors - Fifth District | | | | | | |
| Street Address | | | | | | |
| 500 W. Temple St. #869, LA 90012 | | | | | | |
| Designated Agency Contact (Name, Title) | Designated Agency Contact (Name, Title) | | | | | |
| Linda Balderrama Ticket Administrator | | | | Amendment (Must prov | ide explanation in Part 3.) | |
| Area Code/Phone Number E-mail | | | | Date of Original Filing: | | |
| 213-974-5555 fifithdistr | ict@lacbos.org | q | | 100000 10 mm to 10 mm | (month, day, year) | |
| 2. Function, Event, or Ceremonial F | Role Informa | tion | | | | |
| Title LA Dodgers | | | Face ' | Value of Each Admissi | on \$ 60.00 | |
| D-d | | | | | | |
| Description Dodger game | | | Date(s | s) 06 / 26 / 11 | 07 / 24 / 11 | |
| Ticket(s)/Admission(s) provided by | anency? Vos | | L If no: LA | Dodgers | | |
| rionation ratios of provided by | agency: 165 | | 11110.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Name of So | ource | |
| Was the distribution to persons iden | ntified below r | nade at the | hehest o | f an agency official? | | |
| | | | o benest o | an agency official: | | |
| Yes 🗵 No 🔲 If yes: | ovich, Mike Su | pervisor | | | | |
| | Official's | Name (Last, F | First) and Title | | | |
| The identity of recipient(s) and th | ne explanation | on: | | | | |
| Name | 1 2 2 3 3 | AL AL | Check th | e income box if the agency offic | ial claims admission as | |
| (Last, First) | Number of | Agency | taxable i | ncome. If the agency official per | | |
| or Organization | Admission(s)/ | Official | The second second | vide a description. come, describe the public purpos | e including | |
| (Name, Address, Description) | Ticket(s) | | ceremon | lal roles, performed by an agenc | | |
| | | Yes 🗌 | organiza | uon, | Income | |
| St. Francis Alumni Assoc | 4 | No 🗵 | | | Income | |
| | | | | | | |
| 200 Foothill Bl | | Yes No | | | Income | |
| | | | L | | | |
| La Canada CA 91011 | | Yes 🗌 | | | Income | |
| ALTERNATION DE COMMENTE DE LEGENZA DE SE COMMENTA DE COMMENTA DE COMMENTA DE LA COMMENTA DE LA COMMENTA DE COMMENTA DESENTA DE COMMENTA DE | L | No L | | | | |
| Supporting for community & | | Yes | | | Income | |
| | <u> </u> | No 🗆 | <u>L</u> | | | |
| non profit | | Yes | | | Income | |
| lien prent | | No 🗌 | | | | |
| Verification I have read and understand FPPC Regulati is in accordance with the provisions. | ons 18944.1 and | d 18942. I ha | ave verified t | hat the distribution of admi | ssions, set forth above, | |
| 1 10 1. | | | | | | |
| 1 Baldename Lind | la Balderrama | | Ticke | t Administrator | 05/13/11 | |
| Signature of Agency Head or Designee | Print Nar | ne | | Title | (month, day, year) | |
| | | | | | | |
| Comment: (Use this space or an attachment for | or any additional ir | nformation inc | luding amendi | ment explanation) | | |
| · · | | | | | | |

| icket/Admission Distributio | 1.0 | | | 5.5 | r abito Boodine. |
|---|--|---|--|--|------------------------------|
| . Agency Name | | , | | Date Stamp | California 202 |
| County of Los Angeles | | | | | Form OUZ |
| Division, Department, or Region (if app | licable) | | | | For Official Use Only |
| Board of Supervisors - Fifth District | | | | | |
| Street Address | | | | - | |
| 500 W. Temple St. #869, LA 90012 | | | | | |
| Designated Agency Contact (Name, Title | a) | | | | |
| Linda Balderrama Ticket Administrat | | Service of Service of Service Accessory | | Amendment (Must pro | vide explanation in Part 3.) |
| Area Code/Phone Number E-mail | | | | Date of Original Filing: | |
| | strict@lacbos.org | | | Date or Original rinnig. | (month, day, year) |
| | | | <u> </u> | | |
| Function, Event, or Ceremonia | Role Informa | tion | | | |
| Title Ahmanson Theatre | | | Face | Value of Each Admissi | ion \$ 115.00 |
| Play | | | | 05 14 11 | |
| Description Play | | | Date(| s) 05 / 14 / 11 | <u></u> |
| | 0. 14 | | Ah | manson | |
| Ticket(s)/Admission(s) provided by | y agency? Yes | □ No × | If no: 느 | Name of S | Source |
| | | | | | |
| Was the distribution to persons id | entified below r | nade at the | e behest o | f an agency official? | |
| Anto | novich Miko Cu | norvicor | | | |
| Yes 🗵 No 🗌 If yes: | novich, Mike Su | pervisor | | | |
| | Official's | Name (Last, I | First) and Title | , | |
| The identity of recipient(s) and | the explanation | on: | | | |
| Name | - T | | Check th | ne income box if the agency offi | icial claims admission as |
| (Last, First) | Number of | Agency | The state of the s | Income. If the agency official pe | erformed a ceremonial role, |
| or Organization | Admission(s)/ | Official | | vide a description. come, describe the public purpo | se. Including |
| (Name, Address, Description) | Ticket(s) | | ceremor | ilal roles, performed by an agen | |
| | | Yes 🗆 | organiza | uon. | Income |
| Kathryn Barger | 2 | No 🗵 | | | |
| | | | | | |
| | | Yes [| | | Income |
| | | No 🗌 | | | |
| | | Yes 🔲 | | | Incom |
| | | No L | <u> </u> | | |
| Promote public/private facility | | Yes 🔲 | | | Income |
| Promote public/private facility | | No 🔲 | L | | |
| | | Yes 🗌 | | | Income |
| | | No 🗌 | | | |
| | | | | | |
| Verification | | | | | |
| I have read and understand FPPC Regul is in accordance with the provisions. | ations 18944.1 an | d 18942. I h | ave verified | that the distribution of adm | nissions, set forth above, |
| 0011 | nda Balderrama | | Ticke | et Administrator | 05/13/11 |
| Signature of Agency Head or Designee | Print Nar | me | | Tille | (month, day, year) |
| argument of igning from at boulging | 7 7 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | |
| Comment: (Use this space or an attachmen | nt for any additional in | nformation inc | luding amend | lment explanation.) | THE STREET |
| L | | | <u> </u> | | |
| | | | | | |

| | . • | | | | | | |
|---|---|--------------------|---------------------------------------|---|---|--|--|
| . Agency Name | | | | Date Stamp | California Q02 | | |
| County of Los Angeles | | | | | Form OUZ | | |
| Division, Department, or Region (if applied | cable) | | | | For Official Use Only | | |
| Board of Supervisors - Fifth District | Board of Supervisors - Fifth District | | | | | | |
| Street Address | Street Address | | | | | | |
| 500 W. Temple St. #869, LA 90012 | | | | | | | |
| Designated Agency Contact (Name, Title) | | | | | | | |
| Linda Balderrama Ticket Administrato | | | | Amendment (Must prov | ride explanation in Part 3.) | | |
| Area Code/Phone Number E-mail | | | | Date of Original Filing: | | | |
| | rict@lacbos.org | · | | J g | (month, day, year) | | |
| | | | | | | | |
| . Function, Event, or Ceremonial I | Role Informa | tion | | | | | |
| Title Ahmanson Theatre | Physical Production Control | | Face ' | Value of Each Admissi | on \$ 115.00 | | |
| Description Play | | | Date(| 05 /14 /11 | | | |
| Description | | | Date | s) <u></u> | | | |
| Ticket/s)/Admission(s) provided by | ananau? Vaa | F7 N= 1 | Ah | manson | | | |
| Ticket(s)/Admission(s) provided by | agency? res | □ NO I | x 11 110; | Name of Se | ource | | |
| Yes 🗷 No 🗌 If yes: Anton | ovich, Mike Sup | pervisor | I, First) and Title | | | | |
| The identity of recipient(s) and the | | | i, riisij and riile | | | | |
| Name (Last, First) or Organization (Name, Address, Description) | Number of Admission(s)/ Ticket(s) | Agency Official | taxable i also pro • If not inc | ne income box if the agency official period income. If the agency official pervide a description, come, describe the public purpodial roles, performed by an agency tion. | rformed a ceremonial role, se, including | | |
| Linda Balderrama | 2 | Yes No 🗷 | - 11 | | Income | | |
| | | Yes 🗆 | | | Income | | |
| | | No [| | | | | |
| | | Yes 🗆 | | | Income | | |
| | | No [| 1 | | | | |
| | 1 | Yes [| 1 | | | | |
| Retain quality employees | | No F | 1 | | Income | | |
| | | Yes [| J Emiliar 1 | | | | |
| | | No [| ¦ | | Income | | |
| | | NO E | | | | | |
| Verification I have read and understand FPPC Regulation is in accordance with the provisions. | tions 18944.1 and | d 18942. I | have verified | that the distribution of admi | ssions, set forth above, | | |
| & Bilderam Line | da Balderrama | | Ticke | et Administrator | 05/13/11 | | |
| Signature of Agency Head or Designee | Print Nar | ne | | Title | (month, day, year) | | |
| Comment: (Use this space or an attachment | for any additional ir | nformation i | including amend | lment explanation.) | | | |

| Horce Admission Distribute | ,,,,, | | | | r autro Boommen |
|---|--|---------------------------------------|------------------|--|------------------------------|
| 1. Agency Name | | | | Date Stamp | California 202 |
| County of Los Angeles | | | | | Form 002 |
| Division, Department, or Region (if ap, | olicable) | | | | For Official Use Only |
| Board of Supervisors - Fifth District | | | | | |
| Street Address | | | | - | |
| 500 W. Temple St. #869, LA 90012 | | | | | |
| Designated Agency Contact (Name, Titu | (a) | | | | |
| Linda Balderrama Ticket Administra | | | | Amendment (Must prov | ride explanation in Part 3.) |
| | | | | Date of Original Filing: | |
| | stvist 0 2 = 2 = 2 = 2 | - | | Date or Originar rining. | (month, day, year) |
| | strict@lacbos.org | | | | |
| 2. Function, Event, or Ceremonia | l Role Informa | tion | | | |
| Ahmanson Theatre | | | | | 115.00 |
| Title | | | Face | Value of Each Admissi | on \$ |
| Play | | | | 05 , 14 , 11 | |
| Description Play | | | Date(| s) <u> </u> | |
| | | | Ah | manson | |
| Ticket(s)/Admission(s) provided b | y agency? Yes | □ No 🗵 | If no: | Name of S | ource |
| | | | | Hame of O | Juite |
| Was the distribution to persons ic | lentified below r | nade at the | e behest o | f an agency official? | |
| - | | | | | |
| Yes ⊠ No ☐ If yes: Anto | onovich, Mike Su | | | | |
| | Official's | Name (Last, I | First) and Title |) | |
| The identity of recipient(s) and | the explanation | on: | | | |
| | - T : - T | 1 2 3 3 3 3 | e Check I | he income box if the agency offic | cial claims admission as |
| Name (Last, First) | Number of | Agency | taxable | Income. If the agency official pe | |
| or One-de-dis- | Admission(s)/ | Official | | vide a description. come, describe the public purpo | se including |
| Organization (Name, Address, Description) | Ticket(s) | | ceremon | nial roles, performed by an agen | |
| | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | organiza | ation. | |
| Henry Roman | 2 | Yes 🗌 | | | Income |
| | | No × | <u> </u> | | |
| 17027 Wedgeworth Drive | | Yes | | | Income |
| | | No 🗌 | <u> </u> | | |
| Hacienda Heights, CA 91745 | | Yes | | *************************************** | Income |
| Hacienda Heights, CX 517 43 | | No 🗆 | | | |
| | | Yes 🔲 | | | Income |
| Promote public/private facility | | No 🔲 | | | |
| | | Yes 🗌 | | | Income |
| | | No 🗌 | | . 11 pm | |
| V:6Ai | | <u> </u> | <u> </u> | | |
| . Verification I have read and understand FPPC Regu | lations 18044 1 an | d 18042 lh | ave verified | that the distribution of adm | issions set forth above |
| is in accordance with the provisions. | iations 10944, i an | iu 10342. I II | ave vermeu | that the distribution of admi | idolotto, dectariti above, |
| | , | | | | |
| 7 Balderiam | inda Balderrama | | Ticke | et Administrator | 05/13/11 |
| Signature of Agency Head or Designee | Print Na | me | | Title | (month, day, year) |
| 400 - CONTROL - | | | | | |
| Comment: (Use this space or an attachme | nt for any additional i | information inc | duding amend | dment explanation.) | |
| e. men / in | | · | | | |
| | The same and the same of the s | | | | |