**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 $40.00
Event Description LA Dodgers
Provide Title/Explanation
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)
Date(s) 5/26/15

**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>Villarreal, Victor</td>
<td>2</td>
<td>Retaining quality employees</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>
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<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.

Signature of Agency Head or Designee: ____________________________
Linda Balderrama
Print Name: ________
Ticket Administrator
Title: ________
Date: 6/5/15

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 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 $ 40.00
   Event Description: LA Dodgers
   Provide Title/Explanation
   Date(s) 5 / 27 / 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.

<table>
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<tr>
<th>Name of Agency, Department or Unit</th>
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<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reale, Gino</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Retaining quality employees</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
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</tbody>
</table>

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<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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</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: 6/5/15
   (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? ☑ No □
Face Value of Each Ticket/Pass $ 40.00
Event Description LA Dodgers
Provide Ticket/Explanation
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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
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<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vasquez, Adile</td>
<td>2</td>
<td>Retaining quality employees</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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<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>
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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.

Signature of Agency Head or Designee
Linda Balderrama
Print Name
Ticket Administrator
Title
6/5/15 (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@lacity.org

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) 6 / 7 / 15
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.

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:
Retaining quality employees
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]
Linda Balderrama
Ticket Administrator
6/5/15
(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 $ 40.00
   Event Description LA Dodgers
   Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
   Date(s) 6 / 8 / 15
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   If yes: LA Dodgers
   Name of Source
   If no: 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:
   Vasquez, Adiel 2 Retaining quality employees

   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 6/5/15
   Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment:
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   County of Los Angeles
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Linda Balderrama - Ticket Administrator
   Area Code/Phone Number   E-mail
   213-974-5555   fifthdistrict@lacbos.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 ☐
   Face Value of Each Ticket/Pass $40.00
   Date(s) 6/9/15 / / / 
   If no: LA Dodgers
   Name of Source
   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.

<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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</tbody>
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<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following: Ceremonial Role ☐ Other ☐ Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Goodrich, Wayne</td>
<td>2</td>
<td>Retaining quality employees</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
</tbody>
</table>

4. Verification
   I have read and understand FPPC Regulations 19441 and 1942. 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   6/5/15
   Print Name                              Title                (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
   Date Stamp

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) 6/10/15
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   Name of Source LA Dodgers
   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:
   Ceremonial Role ☐ Other ☐ Income ☐
   Retaining quality employees
   If checking “Ceremonial Role” or “Other” describe below:
   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.

Linda Balderrama
Signature of Agency Head or Designee
Ticket Administrator
Print Name
Title
6/5/15
(Month, Day, Year)

Comment: 
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@labcso.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 $ 40.00
   Date(s) 7/12/15 7/31/15
   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.

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
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<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>Altadena Community Garden 3330 N. Lincoln Ave., Altadena</td>
<td>4</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
   Ticket Administrator
   6/5/15 (Month, Day, Year)

Comment: ____________________________
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@lacboce.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $120.00
   Event Description: LA Philharmonic
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
   If no: LA Philharmonic
   Name of Source
   Date(s): 6/19/15
   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:
   Bell, Tony | 4 | 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 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   ___________________________ | ___________________________ | 6/5/15
   Signature of Agency Head or Designee | Print Name | (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.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $120.00
   Event Description LA Philharmonic
   Event Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   Date(s) 6 / 5 / 15
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   Name of Source LA Philharmonic
   Official's Name (Last, First)

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
      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

   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 6/5/15
   (Month, Day, Year)

Comment: 

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)