

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

A Public Document

<b>1. Agency Name</b> 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.org		Date Stamp  <input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	<b>California Form 802</b> For Official Use Only
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## 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) 5 / 26 / 15      \_\_\_\_\_  
    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)

## 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:
Villarreal, Victor	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Retaining quality employees
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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

Linda Balderrama  
 Print Name

Ticket Administraro  
 Title

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

Comment: \_\_\_\_\_

**A Public Document**

## 2. Function or Event Information

### 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 <small>(Last, First)</small>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Reale, Gino	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Retaining quality employees
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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

*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.*

Comment: \_\_\_\_\_



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County of Los Angeles			
Division, Department, or Region (If Applicable)			
Board of Supervisors			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)  Date of Original Filing: _____ (Month, Day, Year)	
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 ☐ Face Value of Each Ticket/Pass \$ 40.00

Event Description LA Dodgers Date(s) 6 / 5 / 15  
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)


## 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, Adile	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Retaining quality employees
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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 Administraro 6/5/15  
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

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## 2. Function or Event Information

### 3. Recipients

## 4. Verification

Comment:



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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 ☐ Face Value of Each Ticket/Pass \$ 40.00

Event Description LA Dodgers Date(s) 6 / 8 / 15  
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)

## 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 <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Vasquez, Adiel	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Retaining quality employees
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	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 Administraro  
 Title

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

Comment: \_\_\_\_\_

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Board of Supervisors			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
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 ☐ Face Value of Each Ticket/Pass \$ 40.00

Event Description LA Dodgers Date(s) 6 / 9 / 15  
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)

## 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 <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Goodrich, Wayne	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Retaining quality employees
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	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 Administraro

Title

6/5/15

(Month, Day, Year)

Comment: \_\_\_\_\_



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## 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) 6 / 10 / 15      \_\_\_\_\_  
    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)

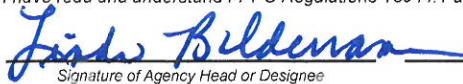
## 3. Recipients

• 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:
Colombero, Gary	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Retaining quality employees
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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      Ticket Administraro      6/5/15  
 Signature of Agency Head or Designee      Print Name      Title      (Month, Day, Year)

Comment: \_\_\_\_\_

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

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Linda Balderrama - Ticket Administrator			
Area Code/Phone Number	E-mail		
213-974-5555	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 Date(s) 7 / 12 / 15 7 / 31 / 15  
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)

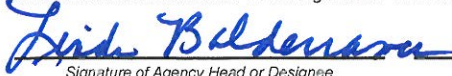
## 3. Recipients

• 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 <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Altadena Community Garden 3330 N. Lincoln Ave., Altadena	4	support non-profit

## 4. Verification

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Linda Balderrama  
Print Name

Ticket Administraro  
Title

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

Comment: \_\_\_\_\_



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Linda Balderrama - Ticket Administrator			
Area Code/Phone Number	E-mail		
213-974-5555	fifthdistrict@lacboe.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 Date(s) 6 / 19 / 15  
Provide Title/Explanation

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:
Bell, Tony	4	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: retain quality employees
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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

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 Signature of Agency Head or Designee

Linda Balderrama  
 Print Name

Ticket Administraro  
 Title

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

Comment: \_\_\_\_\_

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## 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      Date(s) 6 / 5 / 15      \_\_\_\_\_  
    Provide Title/Explanation

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:
Osuna, Susie	4	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: retain quality employees
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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  
Print Name

Ticket Administraro  
Title

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

Comment: \_\_\_\_\_