| A | Pu | I. I | | D . | | | | 4 |
|----------|-----------|------|----|-----|----------|----|----|---|
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| | | | | | | | | |

| gency Name punty of Los Angeles vision, Department, or Region (If Applic pard of Supervisors | able) | | Date Stamp | California 802 | | |
|--|-------------------------------------|-----------------------------|--|-------------------------------|--|--|
| vision, Department, or Region (If Applic | able) | | | | | |
| | able) | | 4 | | | |
| ard of Supervisors | | | | For Official Use Only | | |
| | | | | | | |
| signated Agency Contact (Name, Title) | | | | | | |
| nda Balderrama - Ticket Administrato | or | | | | | |
| ea Code/Phone Number E-mail | | | Amendment (Must pre | ovide explanation in Part 3.) | | |
| | ct@lacbos.org | | Date of Original Filing: _ | W # 5 W | | |
| unction or Event Information | | | | (Month, Day, Year) | | |
| es the agency have a ticket policy? | Yes⊠ No | ☐ Face Value o | of Each Ticket/Pass \$ | 40.00 | | |
| | res 🔼 No | _ | | | | |
| ent Description LA Dodgers Provide Title/ | Explanation | Date(s) | | | | |
| ket(s)/Pass(es) provided by agency? | 80 | ☐ If no: LA Doo | dgers | | | |
| ket(s)/Fass(es) provided by agency? | Yes 🗵 No | L 11110. | Name of Soul | rce | | |
| as ticket distribution made at the behes | ☐ If yes: | | | | | |
| agency official? | | | Official's Name (La | ast, First) | | |
| Recipients | | | | | | |
| se Section A to identify the agency's departmen | ıal. • Use Section C to identif | fy an outside organization. | | | | |
| Name of Agency, Department or Unit | Number of Ticket(s)/ | Describe the pub | blic purpose made pursuant to the agency's policy | | | |
| | Pass(es) | | | | | |
| Name of Individual (Last, First) | Identify one of the following: | | | | | |
| | Pass(es) | Ceremonial Role | Other | · | | |
| larreal, Victor | 2 | | ial Role" or "Other" describe below: | Income 📙 | | |
| | | | - Approximate the second secon | | | |
| | | | Other Dial Role" or "Other" describe below: | Income | | |
| | | , | | | | |
| Name of Outside Organization (include address and description) | Number of Ticket(s)/ Pass(es) | Describe the publ | lic purpose made pursuant to | o the agency's policy | | |
| | | | | | | |
| rification | | | | | | |
| re read and understand FPPC Regulations 18944.1 | | | orth above, is in accordance with | the requirements. | | |
| w Brains | Linda Balde | | Ticket Administraro | 6/5/15 | | |
| Signature of Agency Head or Designee | | | Title | (Month, Day, Year) | | |

| Amanay Nama | | | The state of the s | T | | |
|--|--|-------------------------|--|--------------------------------------|--|--|
| . Agency Name | | | | Date Stamp | California 802 | |
| County of Los Angeles | | | | 1 | For Official Use Only | |
| Division, Department, or Regi | on (If Applicable | ?) | | | . S. S. S. Son God Gray | |
| Board of Supervisors | | | | | | |
| Designated Agency Contact (/ | Vame, Title) | | | 1 | | |
| Linda Balderrama - Ticket Ad | dministrator | | | | | |
| Area Code/Phone Number | E-mail | | | Amendment (Must p | rovide explanation in Part 3.) | |
| 213-974-5555 | fifthdistrict@ | lacbos.org | | Date of Original Filing: | (Month Day Year) | |
| . Function or Event Inforn | nation | M. Ho | | - | (Month, Day, Year) | |
| Does the agency have a ticket | policy? | Yes⊠ No | ☐ Face Value o | of Each Ticket/Pass \$ _ | 40.00 | |
| Event Description LA Dodgers | S | | | . 27 . 15 | | |
| Event Description | Provide Title/Expl | anation | Date(s) | | | |
| Ticket(s)/Pass(es) provided by | agency? | Yes⊠ No[| If no: LA Do | dgers | | |
| nonot(b)/r abb(bb) provided by | agonoj. | ies 🖂 IVO | | Name of Soc | urce | |
| Was ticket distribution made at | the behest | No ☒ Yes [| If yes: | Official's Name (L | | |
| of agency official? | | | | Official's Name (L | .ast, First) | |
| Recipients | | | | | And there are a second and the secon | |
| Use Section A to identify the agency | 's department or i | | tion B to identify an individu | ual. • Use Section C to ident | ify an outside organization. | |
| A. Name of Agency, Departmen | nt or Unit | Number of Ticket(s)/ | Describe the public purpose made pursuant to the agency's policy | | | |
| | | Pass(es) | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| B, Name of Individual | Number of | | | | | |
| (Last, First) | | Ticket(s)/ Pass(es) | | Identify one of the following | ng: | |
| D 1 0' | | | Ceremonial Role | | Income | |
| Reale, Gino | | 2 | | ial Role" or "Other" describe below: | | |
| | | | Retaining quality er | mpioyees | | |
| | The Middle of the State of the William State of the State | | Ceremonial Role | Other | Income | |
| | | 4 | | ial Role" or "Other" describe below: | ilicome | |
| | | | | | | |
| | | | | | | |
| C. Name of Outside Organia | | Number of Ticket(s)/ | Describe the pub | lic purpose made pursuant | to the agency's policy | |
| (include address and desc | ription) | Pass(es) | | | | |
| | | | | | | |
| management of the second of th | | | | | | |
| | | | | | | |
| | | | | | | |
| Verification | | | · · · · · · · · · · · · · · · · · · · | | | |
| I have read and understand FPPC Regula | ntions 18944.1 and | 18942. I have ver | rified that the distribution set fo | orth above, is in accordance with | the requirements. | |
| Josep Baldens | n | Linda Balde | rrama | Ticket Administraro | 6/5/15 | |
| Signature of Agency Head or Designee | | Print Name |) | Title | (Month, Day, Year) | |
| | | | | | | |
| Comment: | | | | | | |

| | | THE PERSON NAMED IN | THE RESERVE TO STREET, | | | CONTRACTOR AND EAST OF THE REAL PROPERTY AND ADDRESS OF THE REAL PROPERTY ADDRESS OF THE REAL PROPERTY AND ADDRESS OF THE REAL PROPE |
|-----|--|---------------------------|--|--|---|--|
| 1. | Agency Name | | | | Date Stamp | California 802 |
| | County of Los Angeles | | 2 | | | Form OUZ |
| Ī | Division, Department, or Reg | i on (If Applicabl | le) | | | For Official Use Only |
| | Board of Supervisors | | | | \$ | |
| Ī | Designated Agency Contact (| Name, Title) | | | | |
| | Linda Balderrama - Ticket A | dministrator | | | | |
| 2 | Area Code/Phone Number | E-mail | | | | provide explanation in Part 3.) |
| 8 | 213-974-5555 | fifthdistrict@ | glacbos.org | | Date of Original Filing: | (Month Day Year) |
| 2. | Function or Event Inform | nation | | | TT AND | (Month, Day, Teal) |
| ſ | Does the agency have a ticke | t policy? | Yes⊠ No[| Face Value o | f Each Ticket/Pass \$ _ | 40.00 |
| ī | Event Description LA Dodger | 'S | | | , 5 , 15 | |
| I | Event Description | Provide Title/Exp | planation | Date(s) | | |
| Ē | Ticket(s)/Pass(es) provided by | / agency? | Yes 🛛 No 🗀 | If no: LA Do | dgers | |
| 72 | | | | | Name of So | purce |
| 1 | Was ticket distribution made at the behest No ☑ Yes ☐ If yes: of agency official? | | | Official's Name (| Last, First) | |
| | | ann is a sum of | = | · . | Official's (Valle) | Last, Firsty |
| | Recipients Use Section A to identify the agency | r's denartment or | unit • Use Sect | ion B to identify an individu | allee Section C to iden | tifu an outside organization |
| - 1 | Use Section A to identify the agency's department or unit. Use Section B to identify Name of Agency, Department or Unit Number of Ticket(s)/ Department or Unit Number of Ticket(s)/ Department or Unit Number of Ticket(s)/ Department or Unit Number of Number | | | | | |
| - 1 | Name of Agency, Departme | nt or Unit | Ticket(s)/ Pass(es) | Describe the public purpose made pursuant to the agency's policy | | |
| | | | | | | |
| - | B. Name of Individua | ı | Number of Ticket(s)/ | | Identify one of the follow | ing: |
| - | B. Name of Individua (Last, First) Vasquez, Adile | 1 | | Ceremonial Role If checking "Ceremon. Retaining quality er | Other describe below: | ing: Income □ |
| - | (Last, First) | I | Ticket(s)/ Pass(es) | If checking "Ceremon. Retaining quality er Ceremonial Role | Other Dale Role" or "Other" describe below: mployees | |
| | (Last, First) | ization | Ticket(s)/ Pass(es) | If checking "Ceremon, Retaining quality er Ceremonial Role If checking "Ceremon, | Other all Role" or "Other" describe below: mployees Other | Income |
| | Vasquez, Adile Name of Outside Organ (include address and des | ization | Number of Ticket(s)/ | If checking "Ceremon, Retaining quality er Ceremonial Role If checking "Ceremon, | Other al Role" or "Other" describe below: nployees Other al Role" or "Other" describe below: | Income |
| - | Vasquez, Adile Name of Outside Organ (include address and desemble) | ization cription) | Number of Ticket(s)/ Pass(es) | Retaining quality er Ceremonial Role If checking "Ceremonial Describe the pub | Other all Role" or "Other" describe below: nployees Other all Role" or "Other" describe below: dic purpose made pursuant | Income In |
| - | Vasquez, Adile Name of Outside Organ (include address and des | ization cription) | Number of Ticket(s)/ Pass(es) | If checking "Ceremon, Retaining quality er Ceremonial Role If checking "Ceremon, Describe the pub | Other all Role" or "Other" describe below: nployees Other all Role" or "Other" describe below: dic purpose made pursuant | Income In |

| _ | | | | | | 711 abile becamen | |
|-----|---|--------------------|-------------------------|---|---|------------------------------|--|
| | Agency Name | A.W. 125 | | | Date Stamp | California 802 | |
| | County of Los Angeles | | | | | Form OUZ | |
| | Division, Department, or Reg | ion (If Applicable | e) | | | For Official Use Only | |
| | Board of Supervisors | | | | | | |
| | Designated Agency Contact | Name, Title) | | | | | |
| | Linda Balderrama - Ticket A | dministrator | | | | | |
| | Area Code/Phone Number | E-mail | | | Amendment (Must provide explanation in Part 3.) | | |
| | 213-974-5555 | fifthdistrict@ | lacbos.org | | Date of Original Filing: . | (Month, Day, Year) | |
| | Function or Event Infor | nation | | | | | |
| | Does the agency have a ticke | t policy? | Yes⊠ No[| Face Value o | f Each Ticket/Pass \$ _ | 40.00 | |
| | Event Description LA Dodger | rs | | Date(s)6 | , 7 , 15 | | |
| | | Provide Title/Exp | lanation | | | | |
| | Ticket(s)/Pass(es) provided by | agency? | Yes 🗵 No 🛭 | If no: LA Doo | Name of Sou | IVO2 | |
| | Was ticket distribution made a | t the behest | Na 🔽 Var 🗆 | 7 | | | |
| | of agency official? | t the benest | No ⊠ Yes [| | Official's Name (L | ast, First) | |
| | Recipients | | | / | | | |
| • | Use Section A to identify the agency | r's department or | unit. • Use Sect | ion B to identify an individu | al. • Use Section C to ident | ify an outside organization. | |
| | A. Name of Agency, Departme | nt or Unit | Number of Ticket(s)/ | Describe the publ | lic purpose made pursuant | to the agency's policy | |
| | | | Pass(es) | | | | |
| | | | | | | | |
| | | * *** | | | | | |
| | | | | | | | |
| | B. Name of Individual Number of Ticket(s)/ | | | | Identify one of the following: | | |
| | (Last, First) | | Ticket(s)/ Pass(es) | | Identify one of the following | ig: | |
| | Powell, Matt | | | Ceremonial Role | | Income | |
| | Towell, Matt | | 2 | If checking "Ceremonial Role" or "Other" describe below: Retaining quality employees | | | |
| | | | | rtotaming quality on | nploy000 | | |
| 339 | 3 | | | Ceremonial Role | Other | Income | |
| | | | | If checking "Ceremonia | al Role" or "Other" describe below: | | |
| | | | | | | | |
| 1 | O Nome of Outside Owner | | Number of | | | | |
| (| Name of Outside Organ (include address and des | | Ticket(s)/ Pass(es) | Describe the publ | ic purpose made pursuant t | o the agency's policy | |
| - | | | | | | | |
| | | | | | | | |
| 8, | | | | | | | |
| | | | | | | | |
| | Verification | | | | | | |
| | have read and understand FPPC Regul | ations 18944.1 and | d 18942. I have veri | fied that the distribution set fo | rth above, is in accordance with | the requirements. | |
| | Sister Bildern | ens | Linda Balder | rama | Ticket Administraro | 6/5/15 | |
| 1 | Signature of Agency Head or Designee | | Print Name | | Title | (Month, Day, Year) | |
| | | | | | | | |
| - | Comment: | | | | | | |

| 1. | Agency Name | | | and the second s | Date Stamp | California 802 | | |
|----|---|-------------------------------------|-------------------------------------|--|--|-----------------------------|--|--|
| | County of Los Angeles | | | | | | | |
| | Division, Department, or Reg | ion (If Applicab | le) | | | For Official Use Only | | |
| | Board of Supervisors | | | | | | | |
| | Designated Agency Contact | (Name, Title) | | | | | | |
| | Linda Balderrama - Ticket A | dministrator | | | Amendment (Must pi | | | |
| | Area Code/Phone Number | E-mail | | | | 12 T | | |
| | 213-974-5555 | fifthdistrict@ | lacbos.org | | Date of Original Filing: . | (Month, Day, Year) | | |
| 2. | Function or Event Infor | mation | | And the second s | | | | |
| | Does the agency have a ticke | t policy? | Yes 🗵 No | ☐ Face Value of | of Each Ticket/Pass \$ | 40.00 | | |
| | Event Description LA Dodgers Date(s) 6 | | | | , 8 , 15 | 1 1 | | |
| | | Provide Title/Exp | olanation | | | | | |
| | Ticket(s)/Pass(es) provided b | y agency? | Yes 🗵 No | ☐ If no: LA Do | dgers Name of Sou | | | |
| | | | No ⊠ Yes | | Name of Sou | rce | | |
| | Was ticket distribution made a of agency official? | it the behest | Official's Name (L | ast. First) | | | | |
| | | | | | | | | |
| | Recipients • Use Section A to identify the agence | y's department o | runit. • Use Sec | ction B to identify an individu | ıal. ● Use Section C to ident | fv an outside organization. | | |
| | A. Name of Agency, Departme | Number of Ticket(s)/ Pass(es) | | | | | | |
| | | | | | | | | |
| | | 8 | | | | | | |
| | B. Name of Individua | al | Number of Tick*t(s)/ Pass(es) | | Identify one of the following | ng: | | |
| | Vasquez, Adiel | | 2 | Ceremonial Role If checking "Ceremonial Retaining quality er | ial Role" or "Other" describe below: | Income | | |
| | | | | Ceremonial Role If checking "Ceremoni | Other ial Role" or "Other" describe below: | Income | | |
| | | | | | | | | |
| | C. Name of Outside Organ (include address and des | | Number of Ticket(s)/ Pass(es) | Describe the pub | lic purpose made pursuant l | to the agency's policy | | |
| | | | Ticket(s)/ | Describe the pub | lic purpose made pursuant f | o the agency's policy | | |
| | (include address and des | cription) | Ticket(s)/ Pass(es) | | | | | |
| | Verification | cription) | Ticket(s)/ Pass(es) | rified that the distribution set fo | | | | |

| - | 72 3 | W - 12.50 | | | | |
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| Λ | Di | hli | $\sim \Gamma$ | 100 | III | ieni |
| \sim | гυ | o | C L | JUL | ·uII | ш |

| ١. | Agency Name | | - | | Date Stamp | California Q02 | |
|----|--|---------------------|-------------------------------------|---|--|-------------------------------|--|
| | County of Los Angeles | | | | | Form OUZ | |
| | Division, Department, or Reg | ion (If Applicable | e) | | 1 | For Official Use Only | |
| | Board of Supervisors | | | | | | |
| | Designated Agency Contact | Name, Title) | | | 1 | | |
| | Linda Balderrama - Ticket A | dministrator | | | | | |
| | Area Code/Phone Number | E-mail | | | | ovide explanation in Part 3.) | |
| | 213-974-5555 | fifthdistrict@ |)lacbos.org | | Date of Original Filing: _ | (Month, Day, Year) | |
| | Function or Event Inform | nation | | All the second | The state of the s | | |
| | Does the agency have a ticke | t policy? | Yes 🗵 No | ☐ Face Value of | of Each Ticket/Pass \$ | 40.00 | |
| | Event Description LA Dodger | S Provide Title/Exp | lanation | Date(s)6 | <u> </u> | | |
| | Ticket(s)/Pass(es) provided by | | Yes⊠ No | ☐ If no: <u>LA Do</u> | dgers | | |
| | Man tinket dietribution model | t the believe | 1,000,000 (| | Name of Sou | | |
| | Was ticket distribution made a of agency official? | i ine penest | No ⊠ Yes | Official's Name (Last, First) | | | |
| - | | | *** | | | | |
| | 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, Departme | | Number of Ticket(s)/ Pass(es) | | Describe the public purpose made pursuant to the agency's policy | | |
| , | | | | | | | |
| | B. Name of Individual (Last, First) Number Ticket(s) Page(es | | | | Identify one of the following | ng: | |
| | Goodrich, Wayne | | 2 | Ceremonial Role If checking "Ceremon Retaining quality er | nial Role" or "Other" describe below: | | |
| | | | | Ceremonial Role If checking "Ceremon. | Other ial Role" or "Other" describe below: | Income | |
| | Name of Outside Organi (include address and desi | | Number of Ticket(s)/ Pass(es) | Describe the pub | lic purpose made pursuant t | o the agency's policy | |
| , | | | | | 1 | | |
| | Verification haye read and understand FPPC Regula | ations 18044 1 and | 1 18942 have vo | vified that the distribution set of | orth above is in accordance with | the continuents | |
| • | Line Rullen | | Linda Balde | | Ticket Administraro | 6/5/15 | |
| 0 | Signature of Agency Head or Designee | | Print Name | | Title | (Month, Day, Year) | |
| | Signature of Agency Head or Designee Comment: | | Print Nam | е | Title | (Month, Day, Yea | |

| 1 | Agency Name | \$ | = === | | Data Ctarra | California |
|-----|--|-------------------------|--------------------------------|---|-------------------------------------|-------------------------------|
| 1 . | S. D. CO-CONTROL CONTROL CONTR | | | | Date Stamp | California 802 |
| | County of Los Angeles Division, Department, or Reg | ion (If Annlicabl | (e) | | | For Official Use Only |
| | | ion (ii Applicabi | | | | |
| | Board of Supervisors | (1) | | | | |
| | Designated Agency Contact (| | | | | |
| | Linda Balderrama - Ticket A | | | | Amendment (Must pro | ovide explanation in Part 3.) |
| | Area Code/Phone Number | E-mail | 21 | | | |
| | 213-974-5555 | fifthdistrict@ | ylacbos.org | | Date of Original Filing: _ | (Month, Day, Year) |
| 2. | Function or Event Inform | | | | | 40.00 |
| | Does the agency have a ticker | 1777 1778 | Yes 🗵 No | _ | f Each Ticket/Pass \$ | |
| | Event Description LA Dodger | rs Provide Title/Exp | -1 | Date(s)6 | | |
| | | | | LA Do | daere | |
| | Ticket(s)/Pass(es) provided by | y agency? | Yes 🛛 No | ☐ If no: LA Doo | Name of Sou | rce |
| | Was ticket distribution made a | it the behest | No ⊠ Yes | ☐ If yes: | | |
| | of agency official? | | 110 2 100 | П усз | Official's Name (La | ast, First) |
| 3. | Recipients | | * | # | | |
| | Use Section A to identify the agency | /'s department or | | ction B to identify an individu | al. • Use Section C to identif | fy an outside organization. |
| | A. Name of Agency, Departme | nt or Unit | Number of Ticket(s)/ | Describe the public purpose made pursuant to the agency's policy | | |
| | | | Pass(es) | | | |
| | | | | | | |
| | | | | | | 1 |
| | | | | | | |
| | B. Name of Individua | Number of | | | | |
| | (Last, First) | Ticket(s)/ Pass(es) | Identify one of the following: | | g: | |
| | | | | Ceremonial Role | Other | Income |
| | Colombero, Gary | | 2 | If checking "Ceremonial Role" or "Other" describe below: Retaining quality employees | | |
| | | | | Retaining quality en | npioyees | |
| | | | | Ceremonial Role | Other | Income |
| | | | | AUGUSTAN STANDARD STANDARD STANDARD | al Role" or "Other" describe below; | modifie |
| | | | | 100 | | |
| | | | | | | |
| | Name of Outside Organi (include address and desc | | Number of Ticket(s)/ | Describe the public purpose made pursuant to the agen | | the agency's policy |
| | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | - 7 | Pass(es) | | | |
| | | | | | | |
| | | | | | | |
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| | | | | | | |
| | Verification I have read and understand FPPC Regula | ations 18044 1 and | d 18942 have ve | rified that the distribution set fo | orth above in in accordance with | the very live manufa |
| | Thave read and understand FFFO Regula | auono 10344.1 and | | | | |
| | Signature of Agency Head or Designee | var_ | Linda Balde | | Ticket Administraro | 6/5/15 |
| | - Signature of Againsy Fledd of Designee | | i iii Naiik | • | ille | (Month, Day, Year) |
| | Comment: | | | | | |

| 1 | Agency Name | | - | | Data Charas | Collifornia COO | |
|------|---|--------------------|--|-------------------------------------|-------------------------------------|---------------------------------|--|
| | | | | | Date Stamp | California 802 | |
| | County of Los Angeles Division, Department, or Reg | ion (If Applicable | (0) | | | For Official Use Only | |
| | | ion (ii Applicasi | C) | | | | |
| | Board of Supervisors | | | | | | |
| | Designated Agency Contact | (Name, Title) | | | | | |
| | Linda Balderrama - Ticket A | dministrator | | | Amendment (Must | provide explanation in Part 3.) | |
| | Area Code/Phone Number | E-mail | acon and | | <u> </u> | | |
| - | 213-974-5555 | fifthdistrict@ | lacbos.org | | Date of Original Filing: | (Month, Day, Year) | |
| | Function or Event Infor | | | | | | |
| | Does the agency have a ticke | t policy? | Yes 🛛 No | | f Each Ticket/Pass \$ _ | | |
| Е | Event Description LA Dodge | rs | | Date(s)7 | 1215 | 7 , 31 , 15 | |
| | P | Provide Title/Exp | lanation | | | | |
| - | Ficket(s)/Pass(es) provided by | y agency? | Yes 🗵 No | ☐ If no: LA Doo | dgers Name of Sc | | |
| | A/ 4'-1 1'-1-11 | <u></u> V | | | purce | | |
| V | Nas ticket distribution made a of agency official? | it the benest | No 🛛 Yes | Yes If yes: | | | |
| _ | | - MAG | - Interest of the second of th | emolare reame (| | | |
| | Recipients | v'e denartment or | ial allas Sostian C to iden | 416. an autal da aurania etta u | | | |
| - | Use Section A to identify the agency's department or unit. Use Section B to identify an in Number of Number of Department or Unit Number of | | | | | | |
| 4 | A. Name of Agency, Department or Unit Tic | | | Describe the pub | lic purpose made pursuant | t to the agency's policy | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| E | 3. Name of Individua | | Number of Ticket(s)/ | | Identify one of the follow | ina | |
| | (Last, First) | | Pass(es) | | identity one of the follow | iiig. | |
| | | | | - | Other | Income | |
| | | | | If checking "Ceremonia | al Role" or "Other" describe below: | | |
| | | | | | | | |
| - | | | | Ceremonial Role | Other | Income _ | |
| | | | | | al Role" or "Other" describe below: | moonie _ | |
| | | | | | | | |
| _ | | | | | | | |
| C | Name of Outside Organ | | Number of Ticket(s)/ | Describe the publ | ic purpose made pursuant | to the agency's policy | |
| | (include address and des | cription) | Pass(es) | | | | |
| | Altadena Community Garde | | 4 | support non-profit | | | |
| (| 3330 N. Lincoln Ave., Altade | ena | T | | | | |
| | | | | | | | |
| | | | | | | | |
| | /erification | * **** | | | Andrews and y | | |
| | have read and understand FPPC Regul | ations 18944.1 and | d 18942. I have ve | rified that the distribution set fo | orth above, is in accordance wit | th the requirements. | |
| / | Link Balden | pru_ | Linda Balde | errama | Ticket Administraro | 6/5/15 | |
| H | Signature of Agency Head or Designee | | Print Name | е | Title | (Month, Day, Year) | |
| 20-1 | | | | | | | |
| C | Comment: | | | | | | |

| 3.T (10) 2.TT() | CONTROL OF THE PROPERTY OF THE | | | | | A Public Document | |
|-----------------|--|-------------------------|--------------------------------|--|-------------------------------------|--|--|
| | Agency Name | 50 March 1997 (1995) | | | Date Stamp | California 802 | |
| (| County of Los Angeles | | | | | Form OUZ | |
| Ī | Division, Department, or Reg | ion (If Applicabl | le) | | | For Official Use Only | |
| | Board of Supervisors | | | | | | |
| | Designated Agency Contact (| Nome Title | | | | | |
| | | | | | | | |
| - 1 | Linda Balderrama - Ticket A | dministrator | | | Amendment (Must pro | ovide explanation in Part 3.) | |
| F | Area Code/Phone Number | E-mail | | : | | | |
| 2 | 213-974-5555 | fifthdistrict@ | placbos.org | | Date of Original Filing: _ | (Month, Day, Year) | |
| . I | Function or Event Inform | nation | | | * * * | | |
| Ε | Does the agency have a ticke | t policy? | Yes 🗵 No | ☐ Face Value o | f Each Ticket/Pass \$ | 120.00 | |
| | Event Description LA Philhar | monic | | 6 | , 19 , 15 <u></u> | 2 3 | |
| E | event Description | Provide Title/Exp | olanation | Date(s) | | | |
| т | icket(s)/Pass(es) provided by | (agangy? | V | □ If no: LA Phi | Iharmonic | | |
| | icket(3)/i ass(es) provided by | agency: | Yes 🗵 No | L 1110. | Name of Sour | ce | |
| | Vas ticket distribution made a | t the behest | No 🛛 Yes | ☐ If yes: | | | |
| | of agency official? | | | , 90. | Official's Name (La | st, First) | |
| . F | Recipients | - | | | | | |
| | Use Section A to identify the agency | 's department or | unit. • Use Sec | ction B to identify an individu | al. • Use Section C to identif | y an outside organization. | |
| 1 | Name of Agency, Departme | nt or Unit | Number of Ticket(s)/ | Describe the public purpose made pursuant to the agency's policy | | | |
| | | | Pass(es) | | | | |
| | | | | | | | |
| | | | | | | | |
| - | | | | | | The state of the s | |
| | | | | | | | |
| F | Name of Individua | Number of Ticket(s)/ | Identify one of the following: | | | | |
| | (Last, First) | | Pass(es) | | rdentity one of the following | 9: | |
| _ | | | | Ceremonial Role | Other | Income | |
| E | Bell, Tony | | 4 | The second secon | al Role" or "Other" describe below: | | |
| | | | | retain quality emplo | yees | | |
| _ | | | | | | | |
| | | | | Ceremonial Role | | Income | |
| | | | | ii checking Ceremonia | al Role" or "Other" describe below: | | |
| | | | | | | | |
| | No. | | Number of | | | | |
| C | Name of Outside Organi (include address and desc | | Ticket(s)/ Pass(es) | Describe the publ | ic purpose made pursuant to | the agency's policy | |
| - | | | 1 doc(do) | | | | |
| | | | | | | | |
| | | | - | | | | |
| | | | | | | | |
| | | | | ALC: HE STORM | | | |
| | /erification | | | 1 | | | |
| Ih | naye read and understand FPPC Regula | ations 18944.1 and | d 18942. I have ve | rified that the distribution set fo | rth above, is in accordance with t | the requirements. | |
| 1 | md Boldens | | Linda Balde | rrama | Ticket Administraro | 6/5/15 | |
| | Signature of Agency Head or Designee | | Print Name | е | Title | (Month, Day, Year) | |
| P | | | | | | | |
| C | comment: | | | | | | |

| | | | | | | Boodinone | |
|---|--|---|-------------------------|---------------------------------|---|---|--|
| | Agency Name | | | | Date Stamp | California 802 | |
| | County of Los Angeles | | | | | Form OUZ | |
| | Division, Department, or Reg | ion (If Applicabl | e) | | | For Official Use Only | |
| | Board of Supervisors | | | | | | |
| | Designated Agency Contact (| (Name, Title) | | | | | |
| | Linda Balderrama - Ticket A | dministrator | | | | | |
| | Area Code/Phone Number | E-mail | | | Amendment (Must pr | rovide explanation in Part 3.) | |
| | 213-974-5555 | fifthdistrict@ | lacbos.org | | Date of Original Filing: _ | (Month, Day, Year) | |
| | Function or Event Inform | nation | | | | (Mornin, Bay, Year) | |
| | Does the agency have a ticke | t policy? | Yes 🗵 No | ☐ Face Value o | f Each Ticket/Pass \$ | 120.00 | |
| | Event Description LA Philhar | monic | | | , 5 , 15 | , , | |
| | Event Description | Provide Title/Exp | lanation | Date(s) | | | |
| - | Ticket(s)/Pass(es) provided by | v agency? | Yes 🗵 No | □ If no: LA Phi | lharmonic | | |
| | | | 100 2 140 | | Name of Sou | rce | |
| | Was ticket distribution made at the behest No ☒ Yes ☐ If yes: of agency official? | | | | Official's Name (L | - 4 Final | |
| | | ======================================= | | | Oπiciai s Name (L | ast, First) | |
| | Recipients | | | Alex Production of the state of | | | |
| ľ | Use Section A to identify the agency | | Number of | tion B to identify an individu | ial. • Use Section C to identi | fy an outside organization. | |
| | A. Name of Agency, Departme | nt or Unit | Ticket(s)/ Pass(es) | Describe the pub | lic purpose made pursuant | to the agency's policy | |
| | | | | | | | |
| | | | | | | | |
| • | | | | | | | |
| | | | | | | | |
| | B. Name of Individual Number of Ticket(s)/ | | | Identify one of the following: | | | |
| | (Last, First) | | Pass(es) | | racinary one or the followin | rg. | |
| | Osuna, Susie | | | | Other | Income | |
| | Osuria, Ousie | | 4 | retain quality emplo | ial Role" or "Other" describe below: | | |
| | | | / | rotain quality omple | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| | A STATE OF THE STA | | | Ceremonial Role | Other | Income | |
| | | | | | al Role" or "Other" describe below: | _ | |
| | | | | | | | |
| | | | N | | | | |
| (| Name of Outside Organi (include address and des | | Number of Ticket(s)/ | Describe the publ | lic purpose made pursuant t | o the agency's policy | |
| - | | | Pass(es) | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | . 7 | | | |
| | Verification | | 140040 | 20. 14. 44. | | | |
| 1 | have read and understand FPPC Regul | auons 18944.1 and | | | | en de Arden Chapter a 44 p. € Person Angular Proposation de Arden de Pratricia Pratricia. | |
| 1 | took Balderia | <u></u> | Linda Balde | | Ticket Administraro | 6/5/15 | |
| V | Signature of Agency Head or Designee | | Print Name | 9 | Title | (Month, Day, Year) | |
| | Comment: | | | | | | |
| | | | | | | | |