1. Agency Name
   County of Los Angeles
   Division, Department, or Region (if applicable)
   Board of Supervisor
   Street Address
   500 W. Temple St., Room 869 Los Angeles, CA 90012
   Area Code/Phone Number    E-mail
   213-974-5555    fifthdistrict.lacbos.org
   Agency Contact (name and title)
   Linda Balderrama

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 09 / 04 / 09   Description of Event: Los Angeles County Fair
                        10 / 05 / 09   Face Value of Ticket: $17.00
   Agency Event   □ Yes   ☑ No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Los Angeles County Fair
   Number of Tickets Received: 40   Ticket(s) Provided to Agency: ☑ Gratuitously   □ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

<table>
<thead>
<tr>
<th>Name of Official</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cindy Duarte</td>
<td>2</td>
<td>Retaining highly qualified County employees</td>
</tr>
</tbody>
</table>

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

   Name of Behesting Agency Official: ___________________________________________________________

   Name of Individual or Organization: _______________________________________________________
   Number of Tickets: ______________

   Description of Organization: _____________________________________________________________

   Address of Organization:
   Number and Street ______________________________________________________
   City __________________________________________ State __________ Zip Code __________

   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)

5. Verification

   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

   Signature of Agency Head or Designee   Ticket Administrator   Date
   Linda Balderrama   ___________________________   9-24-09
   (month, day, year)

   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Tickets Provided by
Agency Report

A Public Document

1. Agency Name
   County of Los Angeles
   Division, Department, or Region (if applicable)
   Board of Supervisor
   Street Address
   500 W. Temple St., Room 869 Los Angeles, CA 90012
   Area Code/Phone Number
   213-974-5555
   E-mail
   fifthdistrict.lacbos.org
   Agency Contact (name and title)
   Linda Balderrama

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 09/04/09 10/05/09
   Description of Event: Los Angeles County Fair
   Face Value of Ticket: $17.00
   Agency Event: Yes  No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Los Angeles County Fair
   Number of Tickets Received: 40
   Ticket(s) Provided to Agency: Gratuitously
   Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)
   Name of Official (Last, First)
   Brenda Daniels
   Number of Tickets
   2
   State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution
   Retaining highly qualified County employees

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
   Name of Behesting Agency Official:
   Name of Individual or Organization:
   Number of Tickets:
   Description of Organization:
   Address of Organization:
   Number and Street:
   City:
   State:
   Zip Code:
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)

5. Verification
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

   Linda Balderrama  Ticket Administrator
   Signature of Agency Head or Designee  Title
   Print Name  9-24-09
   (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

FPPC Form 802 (Feb/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Tickets Provided by
Agency Report

1. Agency Name
   County of Los Angeles
   Division, Department, or Region (if applicable)
   Board of Supervisor
   Street Address
   500 W. Temple St., Room 869 Los Angeles, CA 90012
   Area Code/Phone Number 213-974-5555
   E-mail fifthdistrict.lacbos.org
   Agency Contact (name and title)
   Linda Balderrama
   Date Stamp

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 09 / 04 / 09
   Description of Event: Los Angeles County Fair
   10 / 05 / 09
   Face Value of Ticket: $ 17.00
   Agency Event: ☑ Yes  ☑ No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Los Angeles County Fair
   Number of Tickets Received: 40
   Ticket(s) Provided to Agency: ☑ Gratuitously  ☑ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)
   Name of Official
   (Last, First) J. Gomez
   Number of Tickets 2
   State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution
   Retaining highly qualified County employees

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
   Name of Behesting Agency Official:
   Name of Individual or Organization: Number of Tickets:
   Description of Organization:
   Address of Organization:
   Number and Street
   City
   State Zip Code
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)

5. Verification
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 19944.1.
   Linda Balderrama
   Signature of Agency Head or Designee
   Ticket Administrator
   Print Name
   Title
   9-24-09
   (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
1. Agency Name
County of Los Angeles
Division, Department, or Region (if applicable)
Board of Supervisor
Street Address
500 W. Temple St., Room 869 Los Angeles, CA 90012
Area Code/Phone Number
213-974-5555
E-mail
fifthdistrict.lacbos.org
Agency Contact (name and title)
Linda Balderrama

2. Event For Which Tickets Were Distributed
Date(s) of Event: 09/04/09 10/05/09
Description of Event: Los Angeles County Fair
Face Value of Ticket: $17.00
Agency Event □ Yes ☒ No (Identify source of tickets below.)
Name of Outside Source of Ticket(s) Provided to Agency: Los Angeles County Fair
Number of Tickets Received: 40
Ticket(s) Provided to Agency: ☒ Gratuitously □ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lizette Garcia</td>
<td>2</td>
<td>Retaining highly qualified County employees</td>
</tr>
</tbody>
</table>

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: ____________________________

Name of Individual or Organization: ____________________________  Number of Tickets: ________

Description of Organization: ____________________________

Address of Organization:
Number and Street: ____________________________  City: ____________________________  State: ____________________________  Zip Code: ____________________________

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)

5. Verification
I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

Linda Balderrama
Linda Balderrama
Ticket Administrator
9-24-09  (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Tickets Provided by
Agency: County of Los Angeles
Division, Department, or Region (if applicable): Board of Supervisor
Street Address: 500 W. Temple St., Room 869 Los Angeles, CA 90012
Area Code/Phone Number: 213-974-5555  E-mail: fifthdistrict.lacbos.org
Agency Contact (name and title): Linda Balderrama

2. Event For Which Tickets Were Distributed
Date(s) of Event: 09/04/09  Description of Event: Los Angeles County Fair
10/05/09  Face Value of Ticket: $ 17.00
Agency Event: No (Identify source of tickets below.)
Name of Outside Source of Ticket(s) Provided to Agency: Los Angeles County Fair
Number of Tickets Received: 40  Ticket(s) Provided to Agency: Gratuitously

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phillip Chen</td>
<td>2</td>
<td>Retaining highly qualified County employees</td>
</tr>
</tbody>
</table>

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
Name of Behesting Agency Official: ____________________________
Name of Individual or Organization: ____________________________  Number of Tickets: __________
Description of Organization: _________________________________
Address of Organization:  
Number and Street: ____________________________  City: ____________________________  State: ____________________________  Zip Code: ____________________________
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)

5. Verification
I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

Linda Balderrama  Ticket Administrator  9-24-09
Signature of Agency Head or Designee  Print Name  Title

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Tickets Provided by Agency Report  
A Public Document  

1. Agency Name  
County of Los Angeles  
Division, Department, or Region (if applicable)  
Board of Supervisor  
Street Address  
500 W. Temple St., Room 869 Los Angeles, CA 90012  
Area Code/Phone Number  
213-974-5555  
E-mail  
fifthdistrict.lacbos.org  
Agency Contact (name and title)  
Linda Balderrama  

2. Event For Which Tickets Were Distributed  
Date(s) of Event:  
09 / 04 / 09  
10 / 05 / 09  
Description of Event: Los Angeles County Fair  
Face Value of Ticket: $ 17.00  
Agency Event  
☐ Yes  
☐ No (Identify source of tickets below.)  
Name of Outside Source of Ticket(s) Provided to Agency: Los Angeles County Fair  
Number of Tickets Received: 40  
Ticket(s) Provided to Agency: ☒ Gratuitously  
☐ Pursuant to Contract  

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)  
<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rita Hadjinianoukian</td>
<td>2</td>
<td>Retaining highly qualified County employees</td>
</tr>
</tbody>
</table>

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)  
Name of Behesting Agency Official:  
Name of Individual or Organization:  
Number of Tickets:  
Description of Organization:  
Address of Organization:  
Number and Street  
City  
State  
Zip Code  
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  

5. Verification  
I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.  
Linda Balderrama  
Signature of Agency Head or Designee  
Ticket Administrator  
9-24-09  
(month, day, year)  
Comment: (Use this space or an attachment for any additional information including amendment explanation.)
**Tickets Provided by**
**Agency Report**

**A Public Document**

<table>
<thead>
<tr>
<th>Date Stamp</th>
</tr>
</thead>
<tbody>
<tr>
<td>California Form 802</td>
</tr>
<tr>
<td>For Official Use Only</td>
</tr>
</tbody>
</table>

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

2. **Street Address**
   - 500 W. Temple St., Room 869, Los Angeles, CA 90012

3. **Area Code/Phone Number**
   - 213-974-5555
   - E-mail: fifthdistrict.lacbos.org

4. **Agency Contact** (name and title)
   - Linda Balderrama

5. **Event For Which Tickets Were Distributed**
   - **Date(s) of Event:** 09/04/09, 09/10/05/09
   - **Description of Event:** Los Angeles County Fair
   - **Face Value of Ticket:** $17.00

6. **Agency Event**
   - □ Yes
   - ☑ No (Identify source of tickets below.)

7. **Name of Outside Source of Ticket(s) Provided to Agency:** Los Angeles County Fair

8. **Number of Tickets Received:** 40
   - **Ticket(s) Provided to Agency:** ☑ Gratuitously
   - □ Pursuant to Contract

9. **Agency Official(s) Receiving Ticket(s)** (use a continuation sheet for additional names)
   - **Name of Official** (Last, First)
   - **Number of Tickets**
   - **State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution**
   - Steven Kidd
     - 2
     - Retaining highly qualified County employees

10. **Individual or Organization Receiving Ticket(s)** (Provided at the behest of an agency official.)
   - **Name of Behesting Agency Official:**
   - **Name of Individual or Organization:**
   - **Number of Tickets:**
   - **Description of Organization:**
   - **Address of Organization:**
     - Number and Street
     - City
     - State
     - Zip Code
   - **Purpose for Distribution:** (Describe the public purpose for the distribution to the organization.)

11. **Verification**
    - I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.
    - Linda Balderrama
    - Ticket Administrator
    - 9-24-09 (month, day, year)

   **Comment:** (Use this space or an attachment for any additional information including amendment explanation.)
Tickets Provided by
Agency Report

1. Agency Name
   County of Los Angeles
   Division, Department, or Region (if applicable)
   Board of Supervisor
   Street Address
   500 W. Temple St., Room 869 Los Angeles, CA 90012
   Area Code/Phone Number: 213-974-5555
   E-mail: fifthdistrict.lacbos.org
   Agency Contact (name and title): Linda Balderrama

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 09 / 04 / 09
   Description of Event: Los Angeles County Fair
   Face Value of Ticket: $17.00
   Agency Event: □ Yes   ☑ No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Los Angeles County Fair
   Number of Tickets Received: 40
   Ticket(s) Provided to Agency: ☑ Gratuitously □ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)
   Name of Official (Last, First)
   Number of Tickets
   State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution
   Tamara Backstrum
   2
   Retaining highly qualified County employees

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
   Name of Behesting Agency Official: 
   Name of Individual or Organization: 
   Number of Tickets: 
   Description of Organization: 
   Address of Organization: 
   Number and Street
   City
   State
   Zip Code
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.) 

5. Verification
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.
   Signature of Agency Head or Designee: Linda Balderrama
   Print Name: Ticket Administrator
   Title: 9-24-09
   (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
## Tickets Provided by Agency Report

A Public Document

### 1. Agency Name
- County of Los Angeles
- Division, Department, or Region (if applicable)
  - Board of Supervisor
- Street Address
  - 500 W. Temple St., Room 869 Los Angeles, CA 90012
- Area Code/Phone Number
  - 213-974-5555
- E-mail
  - fifthdistrict.lacbos.org
- Agency Contact (name and title)
  - Linda Balderrama

### 2. Event For Which Tickets Were Distributed

<table>
<thead>
<tr>
<th>Date(s) of Event</th>
<th>Description of Event</th>
<th>Face Value of Ticket</th>
</tr>
</thead>
<tbody>
<tr>
<td>09 / 04 / 09</td>
<td>Los Angeles County Fair</td>
<td>$17.00</td>
</tr>
<tr>
<td>10 / 05 / 09</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Agency Event: Yes
- No (Identify source of tickets below.)

- Name of Outside Source of Ticket(s) Provided to Agency: Los Angeles County Fair

- Number of Tickets Received: 40

- Ticket(s) Provided to Agency: Gratuitously

### 3. Agency Official(s) Receiving Ticket(s)

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sally McGaughey</td>
<td>2</td>
<td>Retaining highly qualified County employees</td>
</tr>
</tbody>
</table>

### 4. Individual or Organization Receiving Ticket(s)

Name of Behesting Agency Official: 

Name of Individual or Organization: 

Number of Tickets: 

Description of Organization: 

Address of Organization: 

Number and Street

City

State

Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)

### 5. Verification

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

Linda Balderrama

Signature of Agency Head or Designee

Print Name

Ticket Administrator

Title

9-24-09

(month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Tickets Provided by
Agency Report

A Public Document

1. Agency Name
   County of Los Angeles
   Division, Department, or Region (if applicable)
   Board of Supervisor
   Street Address
   500 W. Temple St., Room 869 Los Angeles, CA 90012
   Area Code/Phone Number  E-mail
   213-974-5555  fifthdistrict.lacbos.org
   Agency Contact (name and title)
   Linda Balderama

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 09 / 04 / 09 10 / 05 / 09
   Description of Event: Los Angeles County Fair
   Face Value of Ticket: $17.00
   Agency Event  Yes  No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Los Angeles County Fair
   Number of Tickets Received: 40
   Ticket(s) Provided to Agency:  ☑ Gratuitously  ☐ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

   Name of Official  Number of Tickets  State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution
   Christine Borzaga  2  Retaining highly qualified County employees

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
   Name of Behesting Agency Official:
   Name of Individual or Organization: Number of Tickets:
   Description of Organization:
   Address of Organization:
   Number and Street: City State Zip Code
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)

5. Verification
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.
   Signature of Agency Head or Designee
   Linda Balderama
   Print Name
   Ticket Administrator
   Title
   9-24-09
   (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Tickets Provided by
Agency Report

A Public Document

1. Agency Name
   County of Los Angeles
   Division, Department, or Region (if applicable)
   Board of Supervisor
   Street Address
   500 W. Temple St., Room 869 Los Angeles, CA 90012
   Area Code/Phone Number    E-mail
   213-974-5555    fifthdistrict.lacbos.org
   Agency Contact (name and title)
   Linda Balderrama

   Date Stamp

   Amendment (Must explain in Part 5)
   ☐ Yes    ☒ No (Identify source of tickets below.)

   Date of Original Filing: __________ (month, day, year)

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 09 / 04 / 09
   Description of Event: Los Angeles County Fair
   10 / 05 / 09
   Face Value of Ticket: $17.00
   Agency Event ☐ Yes    ☒ No

   Name of Outside Source of Ticket(s) Provided to Agency: Los Angeles County Fair

   Number of Tickets Received: 40
   Ticket(s) Provided to Agency: ☒ Gratuitously    ☐ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

   Name of Official
   (Last, First)    Number of Tickets    State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

   Nathaniel Boone
   2
   Retaining highly qualified County employees

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

   Name of Behesting Agency Official: ________________________________

   Name of Individual or Organization: ________________________________
   Number of Tickets: __________________

   Description of Organization: ________________________________

   Address of Organization:
   Number and Street: __________________
   City: __________________
   State: __________________
   Zip Code: __________________

   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)

5. Verification
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

   Signature of Agency Head or Designee
   Linda Balderrama

   Ticket Administrator
   9-24-09
   (month, day, year)

   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
1. Agency Name
County of Los Angeles
Division, Department, or Region (if applicable)
Board of Supervisor
Street Address
500 W. Temple St., Room 869 Los Angeles, CA 90012
Area Code/Phone Number
213-974-5555
E-mail
fifthdistrict.lacbos.org
Agency Contact (name and title)
Linda Balderrama

2. Event For Which Tickets Were Distributed
Date(s) of Event: 09 / 04 / 09
Date(s) of Event: 10 / 05 / 09
Description of Event: Los Angeles County Fair
Face Value of Ticket: $ 17.00
Agency Event □ Yes □ No (Identify source of tickets below.)
Name of Outside Source of Ticket(s) Provided to Agency: Los Angeles County Fair
Number of Tickets Received: 40
Ticket(s) Provided to Agency: ☑ Gratuitously □ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

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<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tyrome Sams</td>
<td>2</td>
<td>Retaining highly qualified County employees</td>
</tr>
</tbody>
</table>

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: __________________________________________
Name of Individual or Organization: ___________________________ Number of Tickets: _________
Description of Organization: ________________________________________________
Address of Organization: ____________________________________________________
Number and Street: __________________________ City: __________________________ State: __________ Zip Code: __________
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)

5. Verification
I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

Linda Balderrama
Signature of Agency Head or Designee
Print Name
Ticket Administrator
Title
9-24-09
(month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
1. Agency Name
   County of Los Angeles
   Division, Department, or Region (if applicable)
   Board of Supervisor

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 09 / 04 / 09
   Description of Event: Los Angeles County Fair
   10 / 05 / 09
   Face Value of Ticket: $17.00
   Agency Event: □ Yes   ☒ No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Los Angeles County Fair
   Number of Tickets Received: 40
   Ticket(s) Provided to Agency: ☒ Gratuitously □ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)
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<tr>
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<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kathryn Barger-Leibrich</td>
<td>2</td>
<td>Retaining highly qualified County employees</td>
</tr>
</tbody>
</table>

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
   Name of Behesting Agency Official: 
   Name of Individual or Organization: 
   Number of Tickets: 
   Description of Organization: 
   Address of Organization: 
   Number and Street: 
   City: 
   State: 
   Zip Code: 
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)

5. Verification
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.
   Linda Balderrama
   Signature of Agency Head or Designee
   Print Name
   Ticket Administrator
   Title
   9-24-09 (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Tickets Provided by Agency Report

1. Agency Name
   County of Los Angeles
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   Board of Supervisor
   Street Address
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   Area Code/Phone Number E-mail
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   Agency Contact (name and title)
   Linda Balderama

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 09 / 04 / 09 10 / 05 / 09 Description of Event: Los Angeles County Fair
   Face Value of Ticket: $ 17.00
   Agency Event Yes No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Los Angeles County Fair
   Number of Tickets Received: 40 Ticket(s) Provided to Agency: ☑ Gratuitously ☐ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

   Name of Official (Last, First) Number of Tickets State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution
   Jim Camp 2 Retaining highly qualified County employees

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

   Name of Behesting Agency Official:
   Name of Individual or Organization:
   Number of Tickets:
   Description of Organization:
   Address of Organization:
   Number and Street City State Zip Code
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)

5. Verification

   [Signature] Linda Balderama 9-24-09
   [Print Name] Ticket Administrator
   [Title]

   Comment: (Use this space or an attachment for any additional information including amendment explanation.)

FPPC Form 802 (Feb/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)