

**Tickets Provided by  
Agency Report****A Public Document**TICKETS PROVIDED BY  
AGENCY REPORT

<b>1. Agency Name</b> COUNTY OF LOS ANGELES		Date Stamp	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (if applicable) BOARD OF SUPERVISOR			
Street Address 500 W. TEMPLE ST #869 LOS ANGELES 90012			
Area Code/Phone Number 213-974-5555	E-mail FIFTHDISTRICT@LACBOS.ORG		
Agency Contact (name and title) Linda Balderrama Ticket Administrator		<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	

**2. Event For Which Tickets Were Distributed**

Date(s) of Event: 04 / 03 / 10 Description of Event: Dodger game  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Face Value of Ticket: \$ 60.00

Agency Event ☐ Yes ☒ No (Identify source of tickets below.)  
Name of Outside Source of Ticket(s) Provided to Agency: LA Dodgers  
Number of Tickets Received: 2 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
Osuna, Susie	2	Promoting public & private facilities available to county resident use

**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 3/31/10  
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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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
Bell, Tony	2	Promoting public & private facilities available to county
		resident use

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