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 #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

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:  Yes (Ask below)

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>Osuna, Susie</td>
<td>2</td>
<td>Promoting public &amp; private facilities available to county resident use</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 Linda Balderrama
   Print Name Ticket Administrator
   Title 3/31/10 (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
A Public Document

1. Agency Name
COUNTY OF LOS ANGELES
Division, Department, or Region (if applicable)
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Street Address
500 W. TEMPLE ST #869 LOS ANGELES 90012
Area Code/Phone Number E-mail
213-974-5555 FIFTHDISTRICT@LACBOS.ORG
Agency Contact (name and title)
Linda Balderama Ticket Administrator

Date Stamp

California Form 802
For Official Use Only

☐ 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 / 13 / 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)

<table>
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<tr>
<th>Name of Official (Last, First)</th>
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</tbody>
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State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution
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.

Signature of Agency Head or Designee
Linda Balderama
Print Name
Ticket Administrator
Title
3/31/10 (month, day, year)

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

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   Area Code/Phone Number
   213-974-5555
   FIFTHDISTRICT@LACBCS.ORG
   
   Agency Contact (name and title)
   Linda Balderrama  Ticket Administrator

2. **Event For Which Tickets Were Distributed**
   
   Date(s) of Event: 04 / 01 / 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)
   
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<td>Bell, Tony</td>
<td>2</td>
<td>Promoting public &amp; private facilities available to county resident use</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]
   Linda Balderrama  Ticket Administrator  3/31/10
   
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)