Tickets Provided by Agency Report

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TICKETS PROVIDED BY AGENCY REPORT

. Agency Name		Date Stamp	California Q02		
COUNTY OF LOS ANGELES			Form OUZ		
Division, Department, or Region (if applicable) BOARD OF SUPERVISOR			For Official Use Only		
Street Address	Street Address				
500 W. TEMPLE ST #869 LOS ANGELES 90012					
Area Code/Phone Number E-mail			☐ Amendment (Must exp	lain in Part 5)	
213-974-5555 FIFTHDISTRICT(@LACBOS.O	RG	Amendment (wast explain in Part 5.)		
Agency Contact (name and title)			Date of Original Filing:	(month, day, year)	
Linda Balderrama Ticket Administrator				(monar, ady, year,	
2. Event For Which Tickets Were Distribute	ed				
Date(s) of Event: 04 / 03 / 10 Description	ription of Ever	nt: Dodger gan	ne		
/Face			00.00		
	value of TICK	ei. Þ			
Agency Event ☐ Yes ☑ No (Identify s	ource of ticke	ets below.)			
Name of Outside Source of Ticket(s) Provided t	o Agency. LA	A Dodgers			
Number of Tickets Received:2	Ticket(s) Pro	vided to Agenc	y: 🗵 Gratuitously [☐ Pursuant to Contrac	
2 A server Official/a) Bassiving Ticket/a) (- 1. W	
3. Agency Official(s) Receiving Ticket(s) (us			*		
			her the Distribution is Income to the Official or be the Public Purpose for the Distribution		
Name of the second	OI HONGIS		ES CHOT ABILOT AIPOSO IOI	and Diodribation	
Osuna, Susie	2	Promoting pu	ublic & private facilities available to county		
			Augustus Aug		
	20 204	resident use			
		L			
4. Individual or Organization Receiving Tic	ket(s) (Provid	ded at the behest	of an agency official.)		
Name of Behesting Agency Official:					
Harrie of Beriedding Agency Official.			Control of the Contro		
Name of Individual or Organization:			Number	of Tickets:	
Description of Organization:					
A delegan of Owners to offer					
Address of Organization:	1 A 18	City		State Zip Code	
Purpose for Distribution: (Describe the public pur	nose for the dis	stribution to the o	rganization)		
Ful pose for Distribution. (Describe the public pur	pose for the dis		rgariization.)		
	100 30 8810 3588				
F. Marification					
5. Verification			a the energialant 15000	Daniel de la contra del la contra de la contra del la contra de la contra del la contra de la contra del la contra del la contra de la contra de la contra de la contra de la contra del la	
I have determined that the distribution of tickets set for		accordance with	n the provisions of FPPC F	Regulation 18944.1.	
Linda Balderrama Tid		Ticke	t 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 add	ditional informatio	on including amend	ment explanation.)		

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. Agency Name		Date Stamp	California OOO		
COUNTY OF LOS ANGELES			Form 8UZ		
Division, Department, or Region (if applicable)			For Official Use Only		
BOARD OF SUPERVISOR					
Street Address					
500 W. TEMPLE ST #869 LOS ANGELES 90012					
Area Code/Phone Number E-mail			П А		
213-974-5555 FIFTHDISTRICT(@LACBOS.O	RG	Amendment (Must explain in Part 5.)		
Agency Contact (name and title)		Date of Original Filing:(month, day, year)			
Linda Balderrama Ticket Administrator				(monin, day, year)	
2. Event For Which Tickets Were Distribute	ed	***			
Date(s) of Event: 04 / 13 / 10 Desc	ription of Eve	nt. Dodger gan	ne		
			60.00		
Face	Value of Tick	et: \$			
Agency Event ☐ Yes ☒ No (Identify s	ource of ticke	ets below.)			
Name of Outside Source of Ticket(s) Provided t	o Agency. LA	Nodgers			
Number of Tickets Received: 2	Ticket(s) Pro	vided to Agency	y: ⊠ Gratuitously [☐ Pursuant to Contract	
3. Agency Official(s) Receiving Ticket(s) (us			:l		
10 March 1 Mar					
			ther the Distribution is Income to the Official or ibe the Public Purpose for the Distribution		
	OI HOROIS	200011	be the rabble rappose for t	TIC DISTIDUTION	
Osuna, Susie	2	Promoting pu	ıblic & private facilities a	vailable to county	
70				· · · · · · · · · · · · · · · · · · ·	
	_	resident use			
1200 200000 1000000 1000000000000000000	0.000				
4. Individual or Organization Receiving Tic	ket(s) (Provid	ded 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:					
Address of Organization: Number and Street		City		State Zip Code	
Purpose for Distribution: (Describe the public purp	oose for the dis	stribution to the o	rganization)		
(2000)			· gamzadom,		
<u> </u>					
5. Verification					
I have determined that the distribution of tickets set for	orth above is in	accordance with	the provisions of EPPC P	egulation 18944 1	
4-1-1-1-1					
Linda Balder		Ticket	Administrator	3/31/10	
	Print Name		Title	(month, day, year)	
Comment: (Use this space or an attachment for any add	ıuonaı ıntormatio	n including amendi	ment explanation.)		

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TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name			Date Stamp	California OOO	
COUNTY OF LOS ANGELES			Form 8U2		
Division, Department, or Region (if applicable)				For Official Use Only	
BOARD OF SUPERVISOR					
Street Address					
500 W. TEMPLE ST #869 LOS ANGELES 90	012				
Area Code/Phone Number E-mail					
213-974-5555 FIFTHDISTRICT(FIFTHDISTRICT@LACBOS.ORG		Amendment (Must explain in Part 5.)		
Agency Contact (name and title)			Date of Original Filing:(month, day, year)		
Linda Balderrama Ticket Administrator	(mont			(montn, day, year)	
2. Event For Which Tickets Were Distribute	ed				
Date(s) of Event: 04 / 1 / 10 Desc		_, Dodger gan	ne		
			00.00		
/Face	Value of Tick	et: \$	00.00		
Agency Event ☐ Yes ☑ No (Identify s					
Name of Outside Source of Ticket(s) Provided t	to Agency: LA	Dodgers			
			y: 🗵 Gratuitously	☐ Pursuant to Contract	
3. Agency Official(s) Receiving Ticket(s) (us	se a continuatio				
Name of Official	Number		ate Whether the Distribution is Income to the Official or		
(Lasl, First)	of Tickets	Descri	be the Public Purpose for	the Distribution	
Bell, Tony	2	Promoting pu	moting public & private facilities available to county		
		resident use		_	
		-			
4. Individual or Organization Receiving Tic	ket(s) (Provid	ded at the behest	of an agency official.)	0.0000000000000000000000000000000000000	
Name of Behesting Agency Official:		70			
Name of Individual or Organization:			Numbe	r of Tickets:	
Description of Organization:				W	
Address of Organization:		City		State Zip Code	
Purpose for Distribution: (Describe the public pur	pose for the dis		rganization)	otate zip oode	
			,		
5. Verification	Secretary and All Mark	200		3	
I have determined that the distribution of tickets set for	orth above is in	accordance with	the provisions of FPPC	Regulation 18944.1.	
9					
Signature of Agency Head or Designee	rrama Print Name	1 icke	t Administrator	3/31/10 (month, day, year)	
				(monur, day, year)	
Comment: (Use this space or an attachment for any add	ditional informatio	on including amend	lment explanation.)		