Tickets Provided by
Agency Report

1. Agency Name
   County of Los Angeles
   Board of Supervisors

   Street Address
   500 W. Temple St. #869 Los Angeles 90012

   Area Code/Phone Number 213-974-5555
   E-mail fifthdistrict@lacbos.org

   Agency Contact Linda Balderrama Ticket Administrator

   Date Stamp California Form 802
   Amendment (Must explain in Part 5.)
   Date of Original Filing: (month, day, year)

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 4/1/10
   Description of Event: Dodger Game
   Face Value of Ticket: $200.00
   Agency Event Yes No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Metropolitan Transit Authority
   Number of Tickets Received: 1
   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</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>Citraro, AI</td>
<td>1</td>
<td>Promoting security &amp; safety</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
   Print Name Title
   Date (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><strong>1. Agency Name</strong></th>
<th>County of Los Angeles</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Division, Department, or Region (if applicable)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Board of Supervisors</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Street Address</strong></td>
<td>500 W. Temple St. #869 Los Angeles 90012</td>
</tr>
<tr>
<td><strong>Area Code/Phone Number</strong></td>
<td>213-974-5555</td>
</tr>
<tr>
<td><strong>E-mail</strong></td>
<td><a href="mailto:fifthdistrict@lacbos.org">fifthdistrict@lacbos.org</a></td>
</tr>
<tr>
<td><strong>Agency Contact (name and title)</strong></td>
<td>Linda Balderrama Ticket Administrator</td>
</tr>
</tbody>
</table>

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

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

<table>
<thead>
<tr>
<th><strong>Date(s) of Event:</strong></th>
<th>4/1/10</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description of Event:</strong></td>
<td>Dodger Game</td>
</tr>
<tr>
<td><strong>Face Value of Ticket:</strong></td>
<td>$200.00</td>
</tr>
</tbody>
</table>

**Agency Event:**  
☐ Yes  ☒ No (Identify source of tickets below.)

**Name of Outside Source of Ticket(s) Provided to Agency:** Metropolitan Transit Authority

<table>
<thead>
<tr>
<th><strong>Number of Tickets Received:</strong></th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ticket(s) Provided to Agency:</strong></td>
<td>☒ Gratuitously</td>
</tr>
<tr>
<td><strong>Pursuant to Contract</strong></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th><strong>Name of Official (Last, First)</strong></th>
<th><strong>Number of Tickets</strong></th>
<th><strong>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Zamora, Martin</td>
<td>1</td>
<td>Job duties of County Office requiring attendance</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:**

<table>
<thead>
<tr>
<th><strong>Number and Street</strong></th>
<th><strong>City</strong></th>
<th><strong>State</strong></th>
<th><strong>Zip Code</strong></th>
</tr>
</thead>
</table>

**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:**  
4-2-10

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

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FPPC Form 802 (Feb/03)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)


2. Event For Which Tickets Were Distributed

<table>
<thead>
<tr>
<th>Date(s) of Event: 4/1/10</th>
<th>Description of Event: Dodger Game</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Face Value of Ticket: $200.00</td>
</tr>
</tbody>
</table>

Agency Event: No

Name of Outside Source of Ticket(s) Provided to Agency: Metropolitan Transit Authority

Number of Tickets Received: 4

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</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>Antonovich, Mike</td>
<td>4</td>
<td>Performance of ceremonial role representing the County</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

Print Name

Title

4-2-10

(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 Supervisors
   Street Address
   500 W. Temple St. #869 Los Angeles 90012
   Area Code/Phone Number 213-974-5555
   E-mail fifthdistrict@iacbos.org
   Agency Contact (name and title)
   Linda Balderrama  Ticket Administrator

Date Stamp

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 04/01/10
   Description of Event: Dodger Game
   Face Value of Ticket: $200.00
   Agency Event □ Yes  □ No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Metropolitan Transit Authority
   Number of Tickets Received: 1
   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>Pangborn, Michelle</td>
<td>1</td>
<td>Promoting public &amp; private facility available for County 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]
   [Print Name]
   [Title]
   [Date] (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)
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: 4/24/10
   - Description of Event: LA Philharmonic
   - Face Value of Ticket: $100.00
   - Agency Event: Yes
   - Name of Outside Source of Ticket(s) Provided to Agency: LA Philharmonic
   - Number of Tickets Received: 4

3. **Agency Official(s) Receiving Ticket(s)**
   - 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:

4. **Individual or Organization Receiving Ticket(s)**
   - Name of Behesting Agency Official: Raymond Shofer
   - Number of Tickets: 4
   - Description of Organization:
   - Address of Organization: 2601 W. Alameda St. #314 Burbank CA 91505
   - Purpose for Distribution: Promoting public & private facilities available to county resident use

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: 4-2-10 (month, day, year)
   - Comment: (Use this space or an attachment for any additional information including amendment explanation.)

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