**Tickets Provided by Agency Report**

**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**
213-974-555

**E-mail**
fifthdistrict@iacbos.org

**Agency Contact (name and title)**
Linda Balderrama Ticket Administrator

**Date Stamp**

**California Form 802**
For Official Use Only

**2. Event For Which Tickets Were Distributed**
Date(s) of Event: 4/29/10

Description of Event: Los Angeles Philharmonic

Face Value of Ticket: $95.00

Agency Event: Yes

[ ] No (Identify source of tickets below.)

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

Number of Tickets Received: 4

Ticket(s) Provided to Agency: [x] 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>
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<td></td>
</tr>
</tbody>
</table>

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

Name of Behesting Agency Official:
Supervisor Mike Antonovich

Name of Individual or Organization:
Boy Scouts of America - Balboa Oaks

Number of Tickets: 4

Description of Organization:
Boy Scouts

Address of Organization:
16525 Sherman Way Suite C-8
Van Nuys
CA 91406

Number and Street
City
State
Zip Code

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

Fundraiser

**5. Verification**

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18044.1.

Linda Balderrama
Signature of Agency Head or Designee

Ticket Administrator
Print Name
Title

4-15-10
(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

2. **Division, Department, or Region (if applicable)**
   - Board of Supervisors

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

4. **Area Code/Phone Number**
   - 213-974-5555

5. **E-mail**
   - fifthdistrict@lacbos.org

6. **Agency Contact (name and title)**
   - Linda Balderrama
   - Ticket Administrator

---

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

   **Date(s) of Event:** 4/14/10

   **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

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

   **Name of Official (Last, First):**
   - Cano, Michael

   **Number of Tickets:** 2

   **State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution:**
   - retaining qualified 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:**

   **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:**
   - [Signature]

   **Print Name:**
   - Linda Balderrama

   **Title:**
   - Ticket Administrator

   **Date:**
   - 4/14/10

   **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)
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  E-mail
   213-974-5555  fifthdistrict@lacbos.org
   Agency Contact (name and title)
   Linda Balderama  Ticket Administrator

2. Event For Which Tickets Were Distributed
   Date(s) of Event:  4/15/10  Description of Event:  Dodger Game
   4/17/10  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>
<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>Garcia, Lizette</td>
<td>2</td>
<td>retaining qualified 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
   Print Name
   Title  4-14-10
   (month, day, year)
   Comment:  (Use this space or an attachment for any additional information including amendment explanation.)
1. Agency Name
   County of Los Angeles
   Board of Supervisors
   500 W. Temple St. #869 Los Angeles 90012
   213-974-5555
   E-mail: fifthdistrict@acbos.org
   Agency Contact (name and title): Linda Balderrama Ticket Administrator

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 4/18/10
   Description of Event: Dodger Game
   Face Value of Ticket: $60.00
   Agency Event: Yes
   Name of Outside Source of Ticket(s) Provided to Agency: LA Dodgers
   Number of Tickets Received: 2
   Ticket(s) Provided to Agency: ✔ Gratuitously

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
   Cruz, Sandra | 2 | retaining qualified employees

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: ____________________________
   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
   4-14-10
   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 Supervisors
   Street Address
   500 W. Temple St. #869 Los Angeles 90012
   Area Code/Phone Number
   213-974-5555
   E-mail
   fifthdistrict@lecsos.org
   Agency Contact (name and title)
   Linda Balderrama  Ticket Administrator

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 4/16/10
   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: x 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  retaining qualified 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  4-14-10
   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.)
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@lacbos.org
   Agency Contact (name and title)
   Linda Balderrama Ticket Administrator

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 4/29/10
   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

   Pangborn, Michelle
   2
   promoting public & private facilities for 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
   Print Name
   Title
   Date (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
## 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@lacobos.org
Agency Contact (name and title)
Linda Balderrama  Ticket Administrator

### 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>4/30/10</td>
<td>Dodger Game</td>
<td>60.00</td>
</tr>
</tbody>
</table>

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)

<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>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></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:  Promoting public and private facilities for 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.

Linda Balderrama  Ticket Administrator
Signature of Agency Head or Designee
Print Name
Title
Date of Filing: 4-14-10
(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

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   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@lacobos.org
   Agency Contact (name and title)
   Linda Balderrama  Ticket Administrator

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 6/12/10  Description of Event: LA Dodgers
   6/26/10  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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<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>
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</thead>
<tbody>
<tr>
<td>Duarte, Cindy</td>
<td>2</td>
<td>retain quality 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  Print Name  Title

   4-15-10 (month, day, year)

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

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