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
   213-974-5555
   E-mail
   fifthdistrict@lacbos.org
   Agency Contact (name and title)
   Lisa Balderama
   TICKET AD

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 5/5/10
   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>
<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>Herrera, Rosalie</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.
   Linda Balderama
   Signature of Agency Head or Designee
   Print Name
   Ticket Administrator
   Title
   4-23-10
   (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)*
   - Board of Supervisors

2. **Address**
   - 500 W. Temple St. #669
   - Los Angeles
   - 90012

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

4. **E-mail**
   - fifthdistrict@lacsos.org

5. **Agency Contact (name and title)**
   - LINDA BALDERAMA

6. **Ticket Distribution**

   - **Event For Which Tickets Were Distributed**
     - **Date(s) of Event:** 5/9/10
     - **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>
<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>Koblentz, Paul</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 19944.1.*

   - **Signature of Agency Head or Designee:**
   - **Print Name:** Linda Balderrama
   - **Ticket Administrator:**
   - **Title:**

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

   - **Date Stamp:**

   - **Form:** 802

   - **For Official Use Only**

   - **FPPC Toll-Free Helpline:** 866/ASK-FPPC (866/275-3772)
1. Agency Name
   County of Los Angeles

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 5/4/10  Description of Event: Dodger Game
   5/6/10  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)
   Name of Official  Number of Tickets  State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution
   Reale, Gino 4  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.
   [Signature of Agency Head or Designee]  Linda Balderrama  [Print Name]  Ticket Administrator  4-23-10  (month, day, year)

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

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   County of Los Angeles
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   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

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 5/1/10
   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) (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
   Wheatcroft, Steve
   4
   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
   Signature of Agency Head or Designee
   Ticket Administrator
   Print Name
   Title
   4-23-10
   (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
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   213-974-5555
   E-mail
   fifthdistrict@lacbos.org
   Agency Contact (name and title)
   Linda Balderama  Ticket Administrator

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 5/8/10
   Description of Event: Dodger Game
   Face Value of Ticket: $60.00
   Agency Event
   Yes [ ] No [X] (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
   Huston, Gerry
   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
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   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)

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   Signature of Agency Head or Designee
   Linda Balderama  Ticket Administrator
   Print Name
   Title
   4-23-10  (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)