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

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 6/23/10
   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>Daniels, Brenda</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: Linda Balderrama
   Print Name: Ticket Administrator
   Title:
   6-22-10
   (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)