Tickets Provided by Agency Report

A Public Document

TICKETS	PRO\	/IDED	B
AGI	ENCY	REPO	ORT

Agency Report					
1. Agency Name			Date Stamp	California 802	
County of Los Angeles			Form OUZ For Official Use Only		
Division, Department, or Region (if applicable)				For Official Ose Offig	
Board of Supervisors					
Street Address					
500 W. Temple St. #869 Los Angeles 90012					
Area Code/Phone Number E-mail			☐ Amendment (Must o	volain in Part 5.)	
213-974-5555 fifthdistrict@lacbos.org		Amendment (Must explain in Part 5.)			
Agency Contact (name and title)	J		Date of Original Filing: .	(month, day, year)	
Linda Balderrama Ticket Administrator				(monui, day, year)	
2. Event For Which Tickets Were Distribut	od				
		Dodger gan	ne		
Date(s) of Event: 8 / 30 / 10 Desc	cription of Eve	nt: <u>Boager gan</u>			
/Face	Value of Ticke	et: \$	60.00		
Agency Event ☐ Yes ☑ No (Identify					
Name of Outside Source of Ticket(s) Provided	to Agency: LA	Dodgers			
Number of Tickets Received:2			y: 🗵 Gratuitously	☐ Pursuant to Contrac	
3. Agency Official(s) Receiving Ticket(s)	use a continuation	on sheet for addi	tional names)		
Name of Official Number State Whet			ther the Distribution is Income to the Official or		
(Last, First)	of Tickets	Descri	be the Public Purpose fo	r the Distribution	
IOsuna, Susie	2	retain quality	employees		
	*				
	-l+/-) (B :		(- f		
4. Individual or Organization Receiving Ti	CKet(S) (Provid	ded at the benes	t of an agency official.)		
Name of Behesting Agency Official:		West Control of the C			
Hamo of Bonooming rigoroy of motors	1001.00				
Name of Individual or Organization:			Numb	er of Tickets:	
Description of Organization:					
Address of Organization: Number and Street		City		State Zip Code	
	1000 1000 100		and the second s	Better regulations C. Better W. and St. Charles Control	
Purpose for Distribution: (Describe the public pu	irpose for the di	stribution to the o	organization.)		
5. Verification					
A have determined that the distribution of tickets set	forth above is in	n accordance wit	h the provisions of FPPC	Regulation 18944.1.	
With Bullerson Linda Bald			et Administrator	7-28-10	
	Print Name		Title	(month, day, year)	
Signature of Agency Head or Designee				(month, day, year)	
Comment: (Use this space or an attachment for any a	aaitional informati	on including amend	unent explanation.)		