

**Tickets Provided by  
Agency Report**

**A Public Document**

TICKETS PROVIDED BY  
AGENCY REPORT

|  |                                  |  |   |
|--|----------------------------------|--|---|
| <b>1. Agency Name</b><br>County of Los Angeles                           |                                  | Date Stamp   | <b>California Form 802</b><br>For Official Use Only |
| Division, Department, or Region (if applicable)<br>Board of Supervisors  |                                  |  |   |
| Street Address<br>500 W. Temple St #869 Los Angeles 90012                |                                  |  |   |
| Area Code/Phone Number<br>213-974-5555                                   | E-mail<br>fifthdistrc@jacbos.org | <input type="checkbox"/> Amendment (Must explain in Part 5.)<br><br>Date of Original Filing: _____<br>(month, day, year) |   |
| Agency Contact (name and title)<br>Linda Balderrama Ticket Administrator |                                  |  |   |

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

Date(s) of Event: 8 / 19 / 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<br>(Last, First) | Number<br>of Tickets | State Whether the Distribution is Income to the Official or<br>Describe the Public Purpose for the Distribution |
|-----------------------------------|----------------------|---|
| Cruz, Sandra                      | 2                    | retain quality 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 8-26-10  
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.)  
\_\_\_\_\_  
\_\_\_\_\_

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| County of Los Angeles  |                                   |  |   |
| Division, Department, or Region (if applicable)<br>Board of Supervisors  |                                   |  |   |
| Street Address<br>500 W. Temple St #869 Los Angeles 90012                |                                   |  |   |
| Area Code/Phone Number<br>213-974-5555                                   | E-mail<br>fifthdistirct@lacos.org | <input type="checkbox"/> Amendment (Must explain in Part 5.)<br><br>Date of Original Filing: _____<br>(month, day, year) |   |
| Agency Contact (name and title)<br>Linda Balderrama Ticket Administrator |                                   |  |   |

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

Date(s) of Event: 9 / 1 / 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<br>(Last, First) | Number<br>of Tickets | State Whether the Distribution is Income to the Official or<br>Describe the Public Purpose for the Distribution |
|-----------------------------------|----------------------|---|
| Wheatcroft, Steve                 | 2                    | retain quality 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 Linda Balderrama Ticket Administrator 8-26-10  
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.)  
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**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

fifthdistirct@lacos.org

Agency Contact (name and title)

Linda Balderrama Ticket Administrator

Date Stamp

California  
Form **802**

For Official Use Only

☐ Amendment (Must explain in Part 5.)

Date of Original Filing: \_\_\_\_\_  
(month, day, year)

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

Date(s) of Event: 9 / 19 / 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<br>(Last, First) | Number<br>of Tickets | State Whether the Distribution is Income to the Official or<br>Describe the Public Purpose for the Distribution |
|-----------------------------------|----------------------|---|
| Huston, Gary                      | 2                    | retain quality 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: \_\_\_\_\_

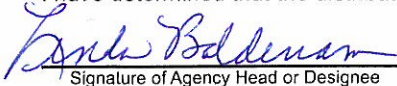
Address of Organization: \_\_\_\_\_  
Number and Street City State Zip Code

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

Title

8-26-10

(month, day, year)

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



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|  |  | <input type="checkbox"/> <b>Amendment</b> (Must explain in Part 5.)<br><b>Date of Original Filing:</b> _____<br>(month, day, year) |   |

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

Date(s) of Event: 9 / 21 / 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

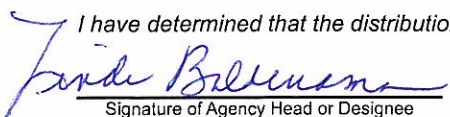
**3. Agency Official(s) Receiving Ticket(s)** (use a continuation sheet for additional names)

| Name of Official<br>(Last, First) | Number<br>of Tickets | State Whether the Distribution is Income to the Official or<br>Describe the Public Purpose for the Distribution |
|-----------------------------------|----------------------|---|
| Munoz, Ernie                      | 2                    | retain quality 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 8-26-10  
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.)  
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| County of Los Angeles                           |                         |   |  |
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| Board of Supervisors                            |                         |   |  |
| Street Address                                  |                         | <input type="checkbox"/> <b>Amendment</b> (Must explain in Part 5.) | Date of Original Filing: _____<br>(month, day, year) |
| Area Code/Phone Number                          | E-mail                  |   |  |
| 213-974-5555                                    | fifthdistirct@lacos.org |   |  |
| Agency Contact (name and title)                 |                         |   |  |
| Linda Balderrama Ticket Administrator           |                         |   |  |

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

Date(s) of Event: 9 / 22 / 10 Description of Event: Dodger Game  
9 / 31 / 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: 4 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<br>(Last, First) | Number<br>of Tickets | State Whether the Distribution is Income to the Official or<br>Describe the Public Purpose for the Distribution |
|-----------------------------------|----------------------|---|
| Coblentz, Paul                    | 2                    | retain quality 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.)  
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