**Tickets Provided by Agency Report**

**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**
fifthdistrcit@lacobos.org

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

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**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>8 / 19 / 10</td>
<td>Dodger Game</td>
<td>$ 60.00</td>
</tr>
</tbody>
</table>

**Agency Event**
- [ ] Yes
- [x] 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

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**3. Agency Official(s) Receiving Ticket(s)**

<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>Cruz, Sandra</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**  Ticket Administrator  8-26-10

**Print Name**  **Title**  **(month, day, year)**

**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)
**Tickets Provided by Agency Report**

**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**
fifthdistric@lacbos.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>9 / 1 / 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) (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>Wheatcroft, Steve</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:**

**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**

(FPCC Form 802 (Feb/09)
FPPC Toll-Free Hotline: 866/ASK-FPPC (866/275-3772)
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
   fifthdistric@lacbos.org
   Agency Contact (name and title)
   Linda Balderrama Ticket Administrator

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
   (Last, First)
   Huston, Gary
   Number of Tickets
   2
   State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution
   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.)
Tickets Provided by
Agency Report

1. Agency Name
   County of Los Angeles
   Board of Supervisors
   Street Address
   500 W. Temple St #869 Los Angeles 90012
   Area Code/Phone Number
   213-974-5555
   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: 9/21/10
   Description of Event: Dodger Game
   Face Value of Ticket: $60.00
   Agency Event: No
   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)
   Munoz, Ernie
   Number of Tickets
   2
   State Whether the Distribution is Income to the Official or
   Describe the Public Purpose for the Distribution
   retain quality employees

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
   Name of Behesting Agency Official:
   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
   (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
   fifthdistric@lacbos.org

   Agency Contact (name and title)
   Linda Baiderrama  Ticket Administrator

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 9/22/10  9/31/10
   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: 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
   Coblentz, Paul

   Number of Tickets
   2

   State Whether the Distribution is Income to the Official or
   Describe the Public Purpose for the Distribution
   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:
   ____________________________

   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 Baiderrama  Ticket Administrator  8-26-10

   Signature of Agency Head or Designee  Print Name  Title

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

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   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)