A Public Document

1. Agency Name			Date Stamp	California OOO	
County of Los Angeles			2000 - 100 -	Form 802	
Division, Department, or Region (if applicable)			For Official Use Only		
Board of Supervisors					
Street Address					
500 W. Temple St #869 Los Angeles 90012					
Area Code/Phone Number E-mail			☐ Amandaraut (()		
213-974-5555 fifthdistirct@lacbd	os.org		Amendment (Must	explain in Part 5.)	
Agency Contact (name and title)	 		Date of Original Filing:	(month, day, year)	
Linda Balderrama Ticket Administrator				(monar, day, year)	
2. Event For Which Tickets Were Distribute	ed				
Date(s) of Event: 8 / 19 / 10 Desc	rintion of Eve	nt. Dodger Gar	me		
	value of Tick	et: \$			
Agency Event ☐ Yes ☑ No (Identify s	ource of ticke	ets below.)			
Name of Outside Source of Ticket(s) Provided t	to Agency: LA	A Dodgers			
Number of Tickets Received:2	Ticket(s) Pro	vided to Agency	y: 🗵 Gratuitously	☐ Pursuant to Contract	
3. Agency Official(s) Receiving Ticket(s) (us					
200 100 100 100 100 100 100 100 100 100					
Name of Official (Last, First)	Number of Tickets		ther the Distribution is Income to the Official or be the Public Purpose for the Distribution		
	Of Honors	200011	oo tilo i abilo i arpose i	or the bistribution	
Cruz, Sandra 2 retain q		retain quality	uality employees		
	(SOME)				
			3000 W		
4. Individual or Organization Receiving Tic	ket(s) (Provid	ded at the behest	of an agency official.)		
Name of Behesting Agency Official:					
Training of Borrooming Algorito's Officially	1.00				
Name of Individual or Organization:	-		Numb	er of Tickets:	
Description of Organization:					
Address of Ossasinstians					
Address of Organization: Number and Street		City		State Zip Code	
Purpose for Distribution: (Describe the public purp	nose for the dis	stribution to the o	rganization)		
Tarpose for Bistribation. (Bessilve the public part	pose for the die		rganization.)		
5. Verification	·	With the second			
	arth abaya ia in	aaaardamaa with	the previous of FRR	2 December - 400444	
I have determined that the distribution of tickets set for				regulation 18944.1.	
Juda Baldenane Linda Balder		Ticket	Administrator	8-26-10	
	Print Name		Title	(month, day, year)	
Comment: (Use this space or an attachment for any add	litional informatio	n including amendr	ment explanation.)		

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	A	3E	N	CY	RI	EP	OR	т

1. Agency Name		# 1.5±	Date Stamp	California OOO	
County of Los Angeles				Form 8UZ	
Division, Department, or Region (if applicable)				For Official Use Only	
Board of Supervisors					
Street Address					
500 W. Temple St #869 Los Angele	s 90012				
Area Code/Phone Number E-mail				<u> </u>	
213-974-5555 fifthdist	irct@lacbos.org		Amendment (Must exp	olain in Part 5.)	
Agency Contact (name and title)	g		Date of Original Filing: _	(month, day, year)	
Linda Balderrama Ticket Administra	ntor			(montn, day, year)	
2. Event For Which Tickets Were	Distributed				
Date(s) of Event: 9 / 1 / 10		nt. Dodger Gar	me		
			00.00		
	Face Value of Tick	et: \$			
Agency Event ☐ Yes 区 No	(Identify source of ticke	ets below.)			
Name of Outside Course of Tisketta	Described to Assess	1-A 200	6ER (
Name of Outside Source of Ticket(s)					
Number of Tickets Received:2	Ticket(s) Pro	vided to Agenc	y: 🗵 Gratuitously	☐ Pursuant to Contract	
3. Agency Official(s) Receiving Tid	cket(s) (use a continuation	on sheet for addit	tional names)		
Name of Official	Number	State Wheti	her the Distribution is Income to the Official or		
(Last, First)	of Tickets	Descrit	be the Public Purpose for	the Distribution	
Wheatcroft, Steve 2 retain quality employees					
4. Individual or Organization Rece	iving Ticket(s) (Provide	l	of an aganov official \		
4. Individual of Organization Nece	iving ficket(s) (Flow	ded at the benest	or an agency official.)		
Name of Behesting Agency Official: _					
Name of Individual or Organization: _		1.500 (180 - 100 B)	Number	r of Tickets:	
Description of Organization					
Description of Organization:					
Address of Organization:	eet	City		State Zip Code	
Purpose for Distribution: (Describe the	Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)				
Fulpose for Distribution. (Describe the	s public purpose for the dis	stribution to the o	rganization.)		
- Vanification					
5. Verification	Unlands and fault at the state of the		4	D	
have determined that the distribution of the		accordance with	the provisions of FPPC F	Regulation 18944.1.	
took Baldersom Li	nda Balderrama	Ticket	t Administrator	8-26-10	
Signature of Agency Head or Designee	Print Name		Title	(month, day, year)	
Comment: (Use this space or an attachmer	nt for any additional informatio	n including amendi	ment explanation.)		

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1. Agency Name			Date Stamp	California 802	
County of Los Angeles				Form UUZ	
Division, Department, or Region (if applicable)				For Official Use Only	
Board of Supervisors					
Street Address	50 020 050 no				
500 W. Temple St #869 Los Angeles 90012					
Area Code/Phone Number E-mail			☐ Amendment (Must exp	olain in Part 5)	
213-974-5555 fifthdistirct@lacbo	s.org			•	
Agency Contact (name and title)			Date of Original Filing:	(month, day, year)	
Linda Balderrama Ticket Administrator				(···, ·, //	
2. Event For Which Tickets Were Distribute	ed				
Date(s) of Event: 9 / 19 / 10 Desc	ription of Eve	nt. Dodger Gar	me		
			60.00		
/Face	Value of Lick	et: \$			
Agency Event ☐ Yes ☑ No (Identify s					
Name of Outside Source of Ticket(s) Provided t	o Agency: LA	Doagers			
Number of Tickets Received:2	Ticket(s) Pro	vided to Agenc	y: 🗵 Gratuitously [☐ Pursuant to Contract	
3. Agency Official(s) Receiving Ticket(s) (us	se a continuatio	on sheet for addit	ional names)		
Name of Official (Last, First)	Number		her the Distribution is Income to the Official or be the Public Purpose for the Distribution		
(Last, 1 list)	of Tickets	Descri	be the Public Purpose for	the Distribution	
Huston, Gary 2 retain quality			employees		
			ONLY SECTION OF THE PROPERTY O		
4. Individual or Organization Receiving Tic	ket(s) (Provid	ded at the behest	of an agency official.)		
Name of Behanting Among Officials					
Name of Behesting Agency Official:		*	* * *		
Name of Individual or Organization:			Number	of Tickets:	
Hamo of marriagar of organization.			rumber	or monero.	
Description of Organization:					
•					
Address of Organization:		015			
Number and Street		City		State Zip Code	
Purpose for Distribution: (Describe the public pur	pose for the dis	stribution to the o	rganization.)		
5. Verification					
. I have determined that the distribution of tickets set for	orth above is in	accordance with	the provisions of FPPC F	Regulation 18944.1.	
Linda Balde	rrama	Ticket	t Administrator	Q 26 10	
William I Sulling II	Print Name		Tille	8-26-10 (month, day, year)	
Comment: (Use this space or an attachment for any add		n including amend	W1557	(monus, day, year)	
Commont. Tose this space of an attachment for any aut	onar informatio	ar aloudally dillolld	o.s. explanation.)		

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Division, Department, or Region (if applicable)				For Official Use Only	
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Street Address					
500 W. Temple St #869 Los Angeles 90012					
Area Code/Phone Number E-mail					
213-974-5555 fifthdistirct@lack	nos ora	9	Amendment (Must explain in Part 5.)		
Agency Contact (name and title)	333.0.g		Date of Original Filing:		
Linda Balderrama Ticket Administrator			1 K-0V	(month, day, year)	
2. Event For Which Tickets Were Distribu	ited				
Date(s) of Event: 9 / 21 / 10 Des		nt. Dodger Gar	me		
			60.00		
/ Fac	e Value of Tick	et: \$			
Agency Event ☐ Yes ☑ No (Identify	source of ticke	ets below.)			
		7 5 1 (45)451			
Name of Outside Source of Ticket(s) Provided	to Agency: —	- Boagaro			
Number of Tickets Received:2	Ticket(s) Pro	vided to Agency	y: 🗵 Gratuitously [☐ Pursuant to Contract	
3. Agency Official(s) Receiving Ticket(s) (use a continuation	on sheet for addit	ional names)		
Name of Official	Number		her the Distribution is Income to the Official or		
(Last, First)	of Tickets	Describ	be the Public Purpose for t	the Distribution	
Munoz, Ernie	2	retain quality	employees		
		retain quality	employees		
4. Individual or Organization Receiving Ti	cket(s) (Provid	led at the behest	of an agency official.)		
5	C=2 C ======				
Name of Behesting Agency Official:	e-sage			***	
Name of Individual or Organization:			Number	of Tickets:	
Description of Organization:					
Description of Organization.				ANTON	
Address of Organization:		2			
Number and Street City State Zip					
Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)					
			· ·		
		T			
5. Verification	Twee control of the c	# 14 July 19 J			
I have determined that the distribution of tickets set	forth above is in	accordance with	the provisions of EPPC P	Pegulation 18044 1	
-1 P					
and Billuan Linda Bald		Ticket	Administrator	8-26-10	
Signature of Agency Head or Designee Print Name Title (month, day, year)				(month, day, year)	
Comment: (Use this space or an attachment for any ac	daitional informatio	n including amendr	ment explanation.)		

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1. Agency Name		1000000	Date Stamp	California OOO	
County of Los Angeles			*	Form 8UZ	
Division, Department, or Region (if applicable)			For Official Use Only		
Board of Supervisors					
Street Address	100000000000000000000000000000000000000				
500 W. Temple St #869 Los Angel	es 90012				
Area Code/Phone Number E-mail			☐ Amendment (Must	ountain in Cost 5)	
213-974-5555 fifthdi	stirct@lacbos.org		Janonament (wast explain in r an o.)		
Agency Contact (name and title)			Date of Original Filing:	(month, day, year)	
Linda Balderrama Ticket Administ	rator		9	(monn, day, your)	
2. Event For Which Tickets Were	Distributed		N. 2. 1981		
Date(s) of Event: 9 / 22 / 1	0 Description of Eve	nt: Dodger Gar	me		
	0 Face Value of Tick				
	— race value of fick	ег. т			
Agency Event ☐ Yes ☑ N	lo (Identify source of ticke	ets below.)			
Name of Outside Source of Ticket(s	s) Provided to Agency: LA	A Dodgers			
Number of Tickets Received:4					
Number of Tickets Received:	Ticket(s) Pro	vided to Agency	y: 🗵 Gratuitously	☐ Pursuant to Contract	
3. Agency Official(s) Receiving T	icket(s) (use a continuation	on sheet for addit	ional names)		
Name of Official	Number		her the Distribution is In	ocome to the Official or	
(Last, First)	of Tickets		be the Public Purpose f		
0.11 / 5 /					
Coblentz, Paul	2	retain quality	employees		
. —————————————————————————————————————					
I. Individual or Organization Rec	eiving Ticket(s) (Provid	ded at the behest	of an agency official.)		
			,,,		
Name of Behesting Agency Official:					
Name of Individual or Organization:			Nicesah	or of Tigliotor	
Name of individual of Organization.	•		INUITID	er of Tickets:	
Description of Organization:					
Address of Organization:	treet	City		Ciple 7'- O-d-	
		20000 €0		State Zip Code	
Purpose for Distribution: (Describe to	he public purpose for the dis	stribution to the or	rganization.)		
i. Verification					
I have determined that the distribution o	f tickets set forth above is in	accordance with	the provisions of FPPC	C Regulation 18944.1.	
Findy Bilderian 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 attachme	ent for any additional informatio	n including amendr	ment explanation.)		