

**Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions**

A Public Document

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|---|--|--|---|
| 1. Agency Name County of Los Angeles Division, Department, or Region <i>(If Applicable)</i> Board of Supervisors Designated Agency Contact <i>(Name, Title)</i> Linda Balderrama - Ticket Administrator Area Code/Phone Number E-mail 213-974-5555 fifthdistrict@lacbos.org | | Date Stamp | California Form 802 For Official Use Only |
| | | <input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i> Date of Original Filing: _____ (Month, Day, Year) | |

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ 170.00

Event Description LA Dodgers Date(s) 03 / 06 / 15
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: LA Dodgers
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: _____
Official's Name (Last, First)

3. Recipients
 • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy |
|---|------------------------------|--|
| | | |
| | | |
| B. Name of Individual <small><i>(Last, First)</i></small> | Number of Ticket(s)/Pass(es) | Identify one of the following: |
| Osuna, Susie | 2 | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> retain quality employees |
| | 2 | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> |
| C. Name of Outside Organization <small><i>(include address and description)</i></small> | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy |
| | | |
| | | |

4. Verification

(d)(5) _____ 44.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

_____ _____ _____
Print Name Title (Month, Day, Year)