

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

**A Public Document**

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> For Official Use Only
County of Los Angeles			
Division, Department, or Region <i>(if applicable)</i>			
Board of Supervisor - Fifth District			
Street Address			
500 W. Temple St. #869, LA 90012			
Designated Agency Contact <i>(Name, Title)</i>		<input type="checkbox"/> <b>Amendment</b> <i>(Must provide explanation in Part 3.)</i>  Date of Original Filing: _____ <i>(month, day, year)</i>	
Linda Balderrama Ticket Administrator			
Area Code/Phone Number	E-mail		
213-974-5555	fifthdistrict@lacbos.org		

**2. Function, Event, or Ceremonial Role Information**

Title LA Dodgers Face Value of Each Admission \$ 60.00

Description Dodger Game Date(s) 07 / 29 / 11 08 / 13 / 11

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

Was the distribution to persons identified below made at the behest of an agency official?

Yes  No  If yes: Antonovich, Mike Supervisor  
*Official's Name (Last, First) and Title*

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> <li>• Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.</li> <li>• If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>
Pasadena Chamber of Commerce	4	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Income <input type="checkbox"/>
844 E. Green St., Suite 208		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
Pasadena 91101		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
Non profit		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

**3. Verification**

*I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.*

Linda Balderrama Linda Balderrama Ticket Administrator 06-29-11  
*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.)*