

**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 (if applicable)		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)  Date of Original Filing: _____ <small>(month, day, year)</small>	
Board of Supervisors - Fifth District			
Street Address			
500 W. Temple St. #896, LA 90012			
Designated Agency Contact (Name, Title)			
Linda Balderrama - Ticket Administrator			
Area Code/Phone Number	E-mail		
213-974-5555	fifthdistrict@lacbos.org		

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

Title Opera Face Value of Each Admission \$ 210.00

Description Opera Date(s) 11 / 12 / 11

Ticket(s)/Admission(s) provided by agency? Yes  No  If no: LA Opera  
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>
Stephanie Saporito	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Income <input type="checkbox"/>
Retain quality employee		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		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 11-9-11  
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.)

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213-974-5555	fifthdistrict@lacbos.org		

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

Title LA Philharmonic Face Value of Each Admission \$ 100.00

Description Concert Date(s) 11 / 1 / 11

Ticket(s)/Admission(s) provided by agency? Yes  No  If no: LA Philharmonic  
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>
Stephanie Saporito	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Income <input type="checkbox"/>
Retain quality employee		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		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**

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 Linda Balderrama Ticket Administrator 11-9-11  
Signature of Agency Head or Designee Print Name Title (month, day, year)

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500 W. Temple St. #869, LA 90012		<input type="checkbox"/> <b>Amendment</b> <i>(Must provide explanation in Part 3.)</i>  Date of Original Filing: _____ <small>(month, day, year)</small>	
Designated Agency Contact <i>(Name, Title)</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 Philharmonic Face Value of Each Admission \$ 100.00

Description Concert Date(s) 11 / 11 / 11

Ticket(s)/Admission(s) provided by agency? Yes  No  If no: LA Philharmonic  
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>
The Painted Turtle	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Income <input type="checkbox"/>
1300-4th St., Ste 300		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
Santa Monica 90401		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
Support for community & 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 11/11/11  
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.)*

Pursuant to contract

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

Title LA Philharmonic Face Value of Each Admission \$ 100.00

Description Concert Date(s) 11 / 05 / 11

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

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

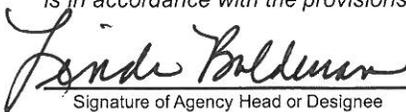
Yes  No  If yes: Antonovich, Mike Supervisor  
Official's Name (Last, First) and Title

**The identity of recipient(s) and the explanation:**

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<input type="checkbox"/> 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. <input type="checkbox"/> If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.
Hoffman Hospice	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Income <input type="checkbox"/>
8501 Brimbhall Rd, Bdlg 100		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
Bakersfield 93312		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
Support for community & 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"/>

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 Linda Balderrama Ticket Administrator 11/5/11  
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.)

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