

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

A Public Document

1. Agency Name

County of Los Angeles

Division, Department, or Region (if applicable)  
Board of Supervisors

Street Address  
500 W. Temple St. #869 LA 90012

Designated Agency Contact (Name, Title)  
Linda Balderrama Ticket Administrator

Area Code/Phone Number  
213-974-5555

E-mail  
fifthdistrict@lacbos.org

Date Stamp

California Form 802  
For Official Use Only

Amendment (Must provide explanation in Part 3.)

Date of Original Filing: \_\_\_\_\_  
(month, day, year)

2. Function, Event, or Ceremonial Role Information

Title LA Dodgers

Face Value of Each Admission \$ 60.00

Description Dodger game

Date(s) 05 / 28 / 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?

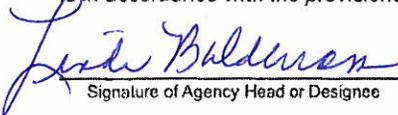
Yes  No  If yes: \_\_\_\_\_  
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	Income
LA County Secretarial Council	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Income <input type="checkbox"/>
4700 Ramona Bl, Monterey Pk 91754		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
Non profit County org - seminar		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.

 Signature of Agency Head or Designee

Linda Balderrama Print Name

Ticket Administrator Title

03/28/11 (month, day, year)

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

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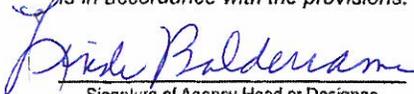
Yes  No  If yes: \_\_\_\_\_  
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	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.	Income
Cano, Michael	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	retain quality employees	<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>

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 Linda Balderrama Ticket Administrator 03/28/11  
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.)

\_\_\_\_\_