

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

A Public Document

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

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description _____
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No

Was ticket distribution made at the behest of agency official? No Yes

Face Value of Each Ticket/Pass \$ 60.00

Date(s) 08 / 05 / 12

If no: LA Dodgers
Name of Source

If yes: Antonovich, Mike
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 (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following: |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: |
| C. Name of Outside Organization (Include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy |
| Altadena Community Garden | 2 | support non profit |
| 3330 N. Lincoln, Altadena | | |

4. Verification
 I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

 Linda Balderrama Ticket Administrator 6-5-12
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: _____

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

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description: Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No

Was ticket distribution made at the behest of agency official? No Yes

Face Value of Each Ticket/Pass \$

Date(s) / /

If no: Name of Source

If yes: Official's Name (Last, First)

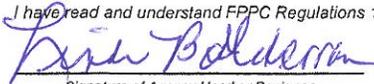
3. Recipients

• 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>(Last, First)</small> | Number of Ticket(s)/Pass(es) | Identify one of the following: |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| | | |
| C. Name of Outside Organization <small>(Include address and description)</small> | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy |
| Nat'l Alliance on Mental Illness | 2 | support non profit |
| 14545 Sherman Circle, Van Nuys 91405 | | |

4. Verification

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

| | | | |
|---|---|---|-------------------------------------|
|  | <input type="text" value="Linda Balderrama"/> | <input type="text" value="Ticket Administrator"/> | <input type="text" value="6-5-12"/> |
| <small>Signature of Agency Head or Designee</small> | <small>Print Name</small> | <small>Title</small> | <small>(Month, Day, Year)</small> |

Comment:

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2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description: Jr. Philharmonic Face Value of Each Ticket/Pass \$ 75.00
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No

Was ticket distribution made at the behest of agency official? No Yes

Date(s) 06 / 06 / 12

If no: Jr. Philharmonic Name of Source

If yes: Antonovich, Mike 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 (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following: |
| Saparito, Stephanie | 3 | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: promoting quality employee |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy |
| | | |
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4. Verification

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

Linda Balderrama Linda Balderrama Ticket Administrator 6-5-12
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: _____

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| Division, Department, or Region (If Applicable) | | | |
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| Designated Agency Contact (Name, Title) | | | |
| Linda Balderrama Ticket Administrator | | | |
| Area Code/Phone Number | E-mail | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small> | |
| 213-974-5555 | fifth.district@lacbos.gov | | |

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description: Jr. Philharmonic
Provide Title/Explanation

Face Value of Each Ticket/Pass \$ 75.00

Date(s) 06 / 06 / 12

Ticket(s)/Pass(es) provided by agency? Yes No

Was ticket distribution made at the behest of agency official? No Yes

If no: Jr. Philharmonic
Name of Source

If yes: Antonovich, Mike
Official's Name (Last, First)

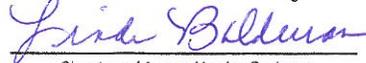
3. Recipients

• 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 (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following: |
| Citraro, Al | 1 | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> <u>promoting quality employee</u> |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| | | |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy |
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Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

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2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description: Jr. Philharmonic
Provide Title/Explanation

Face Value of Each Ticket/Pass \$ 75.00

Date(s) 06 / 06 / 12

Ticket(s)/Pass(es) provided by agency? Yes No

Was ticket distribution made at the behest of agency official? No Yes

If no: Jr. Philharmonic
Name of Source

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 (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following: |
| Antonovich, Mike & immediate family | 4 | Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Presenting commendation |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: |
| | | |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy |
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4. Verification

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

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|  | Linda Balderrama | Ticket Administrator | 6-5-12 |
| <i>Signature of Agency Head or Designee</i> | <i>Print Name</i> | <i>Title</i> | <i>(Month, Day, Year)</i> |

Comment: _____