1.	Agency Name				Date Stamp	California 802	
	County of Los Angeles Division, Department, or Regi	on (If Applicab	le)			For Official Use Only	
			,				
	Board of Supervisors Designated Agency Contact (N T'U-)					
	Linda Balderrama - Ticket A				Amendment (Must pi	rovide explanation in Part 3.)	
	Area Code/Phone Number 213-974-5555	E-mail	Diaches and		Date of Original Filing: .		
_			@lacbos.org		Date of Original Filling.	(Month, Day, Year)	
	Function or Event Inform			— F Value	(165.00	
	Does the agency have a ticket	5.50	Yes 🛛 No		f Each Ticket/Pass \$		
	Event Description LA Philhar	monic Provide Title/Exp	planation	Date(s) <u>12</u>	12 , 13		
	Ticket(s)/Pass(es) provided by	/ agency?	Yes 🛛 No	☐ If no:	Name of Sou	ırce	
,	Was ticket distribution made at the behest No ☐ Yes ☐ If yes:						
	of agency official?		110 🗀 100	П усз	Official's Name (L	ast, First)	
3.	Recipients			S TEST			
	Use Section A to identify the agency	's department o	al. • Use Section C to ident	ify an outside organization.			
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to the agency's policy		
Ī	B. Name of Individual		Number of Ticket(s)/		Identify one of the following	100	
	(Last, First)		Pass(es)		identify one of the following	ig.	
				Ceremonial Role	Other all Role" or "Other" describe below:	Income 🔲	
-	\$ 5 5			Ceremonial Role If checking "Ceremonial Role If checking "Ceremonial Role If the Ceremonial	Other al Role" or "Other" describe below:	Income 🔲	
Č	Name of Outside Organi (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant t	to the agency's policy	
	Greater LA Chapter of Assoc. of US Army			non profit for Wound	ded Warriors		
	5506 Malachite Ave., Alta Lo 91737	oma, CA					
4. \	Verification		· · · · · · · · · · · · · · · · · · ·				
1	have read and understand FPPC Regula	ations 18944.1 an	d 18942. I have ve	rified that the distribution set fo	rth above, is in accordance with	the requirements.	
040	2 Billens	m	Linda Balde	rrama	Ticket Administrator	11-1-13	
-	Signature of Agency Head or Designee		Print Name	9	Title	(Month, Day, Year)	
•	Comment:						

						Tit abile becamen
1.	Agency Name				Date Stamp	California 802
	County of Los Angeles					Form UUZ
	Division, Department, or Reg	ion (If Applicabl	le)		1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)			1	
	Linda Balderrama - Ticket A	.dministratro				
	Area Code/Phone Number	E-mail			Amendment (Must pr	rovide explanation in Part 3.)
	213-974-5555	fifthdistrict@	lacbos.org		Date of Original Filing: -	(Month, Day, Year)
2.	Function or Event Infor	mation				(Monthly 20), Today
	Does the agency have a ticke	t policy?	Yes 🛛 No	☐ Face Value	of Each Ticket/Pass \$	165.00
	Event Description LA Philhar	monic		Deta(s) 1	2 , 21 , 13	I I
	Event Description	Provide Title/Exp	olanation	Date(s)		
	Ticket(s)/Pass(es) provided by	/ agency?	Yes 🗵 No	☐ If no:		
			1577.06.35		Name of Sou	rce
	Was ticket distribution made a of agency official?	t the behest	No 🗌 Yes	☐ If yes:	Official's Name (L	ast First)
			3		Onicial S Name (E	201, 1 1101/
	Recipients • Use Section A to identify the agency	r's denartment or	ual allea Section C to identi	fy an outside organization		
		zowania orani swa	Number of			
	A. Name of Agency, Department or Unit Ticket(s)/ Pass(es) Describe the put				blic purpose made pursuant	to the agency's policy
	7			9		
	B. Name of Individual		Number of Ticket(s)/		Identify one of the following	ıg:
	(Last, First)		Pass(es)			
					Other	Income
			2		na risio or onio dossino solom.	
				HOWAND IN		
				Ceremonial Role	Other	Income
			2	If checking "Ceremor	nial Role" or "Other" describe below:	
	; V					
			Number of			reservation are not considered as the
	C. Name of Outside Organ (include address and des		Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant t	o the agency's policy
	D # 0 0 #		1 455(65)	N S		
	Delta Company Operation a Home - Lancaster High School		2	Non profit		
	- Editodotor Figit Con-		+			
	44701 -32nd St West, Lanca 93536	aster, CA				
	Verification					
	I have read and understand FPPC Regul	ations 18944.1 an)		forth above, is in accordance with	the requirements.
	7 Dalle	nam	Linda Balde	errama	Ticket Administrator	11-1-13
	Signature of Agency Head or Designee	**************************************	Print Nam	θ	Title	(Month, Day, Year)
	Commonts					
	Comment:					

1.	Agency Name	40			Date Stamp	California Q02
	County of Los Angeles				5000	Form OUZ
	Division, Department, or Regi	on (If Applicab	le)		1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)			1	
	Linda Balderrama - Ticket A	dministratro				
	Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
	213-974-5555	fifthdistrict@	placbos.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform	nation				
	Does the agency have a ticket	policy?	Yes 🛛 No	☐ Face Value of	of Each Ticket/Pass \$ _	165.00
	Event Description LA Philharr	monic		Date(s)12	2 , 14 , 13	
	,	Provide Title/Exp	olanation	()		
	Ticket(s)/Pass(es) provided by	agency?	Yes 🛛 No	☐ If no:	Name of Soi	urce
	Was ticket distribution made at the behest No ☐ Yes ☐ If yes:					
	of agency official?	t ti lo borioot	No 🔲 Yes	□ If yes:	Official's Name (L	ast, First)
3.	Recipients				1000	
	Use Section A to identify the agency	's department o	ual. • Use Section C to ident	ify an outside organization.		
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	B. Name of Individual		Number of Ticket(s)/		Identify one of the followi	ng:
			Pass(es)	Ceremonial Role	Other	Income \square
					ial Role" or "Other" describe below:	moone 🗖
			2			
				Ceremonial Role If checking "Ceremoni	Other I	Income
			2			
	C. Name of Outside Organia (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	Our Savior Lutheran Church - Fall Festival		2	Non profit		
	512 W. Duarte Road Arcadia, CA 91007					
	Verification		•			
	I have read and understand FPPC Regula	tions 18944.1 an	d 18942. I have ve	rified that the distribution set fo	orth above, is in accordance with	h the requirements.
	L Maldena	m	Linda Balde	errama	Ticket Administrator	11-1-13
	Signature of Agency Head or Designee		Print Name	е	Title	(Month, Day, Year)
	Comment:					

1. /	Agency Name				Date Stamp	California 202		
	County of Los Angeles					Form 802		
C	Division, Department, or Reg	ion (If Applicabl	le)		1	For Official Use Only		
E	Board of Supervisors							
Ī	Designated Agency Contact (Name, Title)			1			
L	inda Balderrama - Ticket A	dministratro			Amendment (Must pr	rovide explanation in Part 3.)		
	Area Code/Phone Number	E-mail				35% to		
-	213-974-5555	fifthdistrict@)lacbos.org		Date of Original Filing:	(Month, Day, Year)		
	Function or Event Infor					165.00		
	oes the agency have a ticke		Yes 🛛 No		of Each Ticket/Pass \$			
E	event Description LA Philhar	monic Provide Title/Exp	lanation	Date(s)12	2 , 07 , 13			
Т	icket(s)/Pass(es) provided by	y agency?	Yes ☐ No	☑ If no:	Name of Sou	irce		
٧	Vas ticket distribution made a	t the behest	No ☐ Yes	□ If ves:				
1	of agency official?		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Official's Name (L	ast, First)		
	Recipients							
•	Use Section A to identify the agency	r's department or		ction B to identify an individu	ual. • Use Section C to identi	ify an outside organization.		
F	Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	al. • Use Section C to identify an outside organization. c purpose made pursuant to the agency's policy			
-						***************************************		

	Number of							
E	B. Name of Individual (Lest, First)		Ticket(s)/ Pass(es)		Identify one of the following	ng:		
ı	i, Meiline			Ceremonial Role	Other I	Income		
-	ii, Woliiio		4		rate facilities for county	residents		
100					•			
				Ceremonial Role		Income		
			4	If checking "Ceremoni	ial Role" or "Other" describe below:			
C	Name of Outside Organi		Number of Ticket(s)/	Describe the pub	lic purpose made pursuant t	to the agency's nolicy		
	(include address and des	cription)	Pass(es)		To parpage industry	to the agency a pency		
_	2 -	0.000						
	erification ave read and understand FPPC Regul	ations 18944 1 and	d 18942. I have ve	rified that the distribution set fo	orth above is in accordance with	the requirements		
. //	T BOD ALLA	10077.7 07	Linda Balde		Ticket Administratro	11/17/13		
-	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)		
C	omment.							

Ceremonial Role Events and Ticket/Pass Distributions

I. Agency Name			Date Stamp	California Ong	
County of Los Angeles				Form 8U2	
Division, Department, or Region (If Ap	plicable)			For Official Use Only	
Board of Supervisors					
Designated Agency Contact (Name, Tit.	le)		-		
Linda Balderrama - Ticket Administ	(E)				
Area Code/Phone Number E-mail	rauo		Date of Original Filing:(Month, Day, Year)		
ACTION IN THE PROPERTY OF THE	trict@lacbos.org				
. Function or Event Information				(Month, Day, Year)	
Does the agency have a ticket policy?] Face Value o	f Each Ticket/Pass \$	165.00	
Event Description LA Philharmonic			. , 17 , 13		
Provide 7	itle/Explanation	Date(s)			
Ticket(s)/Pass(es) provided by agency	/? Yes ☐ No 🗵	If no:	Name of Sou		
Was tisted distribution made at the bal		Name of Source			
Was ticket distribution made at the be of agency official?	hest No ☐ Yes ☐	If yes:	Official's Name (La	ast, First)	
. Recipients				40.0	
Use Section A to identify the agency's departr	nent or unit. • Use Section	on B to identify an individu	al. • Use Section C to identi	fy an outside organization.	
A. Name of Agency, Department or Unit	Number of Ticket(s)/		lic purpose made pursuant t		
	Pass(es)				
	Number of				
B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)		Identify one of the following	ig:	
Roubik, Alan		Ceremonial Role	3.00.00.00.000	Income	
Nouble, Alaii		1974	al Role" or "Other" describe below: ate facilities for county	residents	
		Tromoto publicipiti	ato raominos for ocurry	redidente	
		Ceremonial Role	Other	Income	
		If checking "Ceremoni	al Role" or "Other" describe below:		
C. Name of Outside Organization	Number of				
(include address and description)	Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant t	o the agency's policy	
				3000 0000000000	
Verification		The second secon			
I have read and understand FPPC Regulations 189-	14.1 and 18942. I have verifi	ed that the distribution set fo	orth above, is in accordance with	the requirements.	
Siste Baldenson	Linda Balderr	ama	Ticket Administratro	11/17/13	
Signature of Agency Head or Designee	Print Name		Title	(Month, Day, Year)	
Comment:					

Ceremonial Role Events and Ticket/Pass Distributions

						A Fublic Document
1. /	Agency Name		Date Stamp	California 802		
(County of Los Angeles					Form OUZ
Ī	Division, Department, or Reg	ion (If Applicab	le)			For Official Use Only
F	Board of Supervisors					
	Designated Agency Contact	(Name.Title)		TOTAL PROPERTY OF THE PROPERTY	}	
		. 88 850				
1000	_inda Balderrama - Ticket A				Amendment (Must pr	ovide explanation in Part 3.)
	Area Code/Phone Number	E-mail	Diaghas and		Date of Original Filing:	
	213-974-5555		Dlacbos.org		Date of Original Filing: _	(Month, Day, Year)
	Function or Event Infor					165.00
	loes the agency have a ticke	Yes 🛛 No 🗌	Face Value o	f Each Ticket/Pass \$	100.00	
E	vent Description LA Philhar	monic Provide Title/Exp		Date(s)12	<u>, 10 , 13 </u>	
		Provide Title/Exp	planation			
T	icket(s)/Pass(es) provided by	y agency?	Yes 🔲 No 🛛	If no:	Name of Sou	
1.0		المحماحية حطالية				
	Vas ticket distribution made a of agency official?	it the benest	No ☐ Yes ☐	If yes:	Official's Name (L	ast First)
	800 -0				omoura namo (El	
	Recipients Use Section A to identify the agency	da danadmant a	runit allas Sastia	n D to identify an individu	- II 0 11 0	
565			Number of			
F	A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the publ	olic purpose made pursuant to the agency's policy	
-						
0		***************************************				
_	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		Number of			
E	Name of Individua (Last, First)	.	Ticket(s)/ Pass(es)		Identify one of the following	ng:
				Ceremonial Role	Other	Income
	Daniels, Brenda		4	If checking "Ceremonial Role" or "Other" describe below:		
			4	Retain quality empl	oyees	
					Other	Income
			4	If checking "Ceremonia	al Role" or "Other" describe below:	
			Number of			
C	Name of Outside Organ (include address and des		Ticket(s)/	Describe the publ	ic purpose made pursuant t	o the agency's policy
			Pass(es)			
_						
V	erification					
	ave read and understand FPPC Regul	ations 18944.1 an	nd 18942. I have verifie	ed that the distribution set fo	orth above, is in accordance with	the requirements.
7	Baldona	ne	Linda Balderra	ama	Ticket Administratro	11/17/13
	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)
С	omment:					

1.	Agency Name		Date Stamp	California 802			
	County of Los Angeles					Form OUZ	
	Division, Department, or Reg	ion (If Applicab	le)		1	For Official Use Only	
	Board of Supervisors						
	Designated Agency Contact	(Name, Title)			1		
	Linda Balderrama - Ticket A	dministratro			Amendment (Must provide explanation in Part 3.)		
	Area Code/Phone Number	E-mail					
	213-974-5555		lacbos.org		Date of Original Filing: .	(Month, Day, Year)	
2.	Function or Event Information					165.00	
	Does the agency have a ticke	0.50 HT0151	Yes 🛛 No [of Each Ticket/Pass \$		
	Event Description LA Philhar	monic Provide Title/Exp	, 09 , 13				
	Ticket(s)/Pass(es) provided by	y agency?	Yes No	If no:	Name of Sou	urce	
	Was ticket distribution made a of agency official?	it the behest	No 🗌 Yes [If yes:	Official's Name (L	ast, First)	
3.	Recipients			1700 SF 105 106 1 SS			
	Use Section A to identify the agency	y's department o	runit. • Use Sect	tion B to identify an individu	ual. • Use Section C to ident	ify an outside organization.	
	A. Name of Agency, Department or Unit Num Tick Pas			Describe the pub	lic purpose made pursuant	to the agency's policy	
	B. Name of Individua	ıl	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:	
	Chen, Vincent			₩	Other Dial Role" or "Other" describe below: Tate facilities for county	ncome ☐	
				Ceremonial Role	Other Islands of "Other" describe below:	Income	
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant t	to the agency's policy	
						· · ·	
	Verification						
0	I have read and understand FPPC Regul	ations 18944.1 an	d 18942. I have ven Linda Balder		orth above, is in accordance with Ticket Administratro	the requirements.	
	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)	
	Comment:						

Ceremonial Role Events and Ticket/Pass Distributions

1.	Agency Name				Date Stamp	California 802
	County of Los Angeles					Form OUZ
	Division, Department, or Reg	ion (If Applicat	ole)		1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact	(Name, Title)			1	
	Linda Balderrama - Ticket A					
	Area Code/Phone Number	E-mail				rovide explanation in Part 3.)
	213-974-5555	fifthdistrict(@lacbos.org		Date of Original Filing:	(Month, Dav, Year)
2.	Function or Event Infor	mation		The state of the s		,
	Does the agency have a ticke	t policy?	Yes 🛛 No	☐ Face Value	of Each Ticket/Pass \$ _	165.00
	Event Description LA Philhar	monic		Date(s) 1	1 , 02 , 13	
	Event Description	Provide Title/Ex	planation	Date(s)		
	Ticket(s)/Pass(es) provided by	y agency?	Yes 🛛 No	☐ If no:	Name of So	
	Was ticket distribution made a of agency official?	it the benest	No 🗌 Yes	If yes:	Official's Name (I	Last. First)
_					(-	
ა.	Recipients • Use Section A to identify the agency	v's department o	runit. • Use Se	ction B to identify an individ	ual. • Use Section C to ident	tify an outside organization.
	A. Name of Agency, Departme		Number of Ticket(s)/		olic purpose made pursuant	
			Pass(es)			
	*		= /			
	B. Name of Individua	ı	Number of		Identify one of the followi	
	(Last, r Pat)		Ticket(s)/			ng:
			Pass(es)			
	Shofler, Raymond		Pass(es)	Ceremonial Role If checking "Ceremon	Other ial Role" or "Other" describe below:	
	Shofler, Raymond			If checking "Ceremon	The second secon	Income _
	Shofler, Raymond		Pass(es)	If checking "Ceremon	ial Role" or "Other" describe below:	Income _
	Shofler, Raymond		Pass(es)	If checking "Ceremon	ial Role" or "Other" describe below: Private Facilities for Co	Income Lunty Residents
	Shofler, Raymond		Pass(es)	If checking "Ceremor Promoting Public/F	ial Role" or "Other" describe below: Private Facilities for Co	Income Lunty Residents
	Shofler, Raymond		Pass(es)	If checking "Ceremor Promoting Public/F	ial Role" or "Other" describe below: Private Facilities for Co	Income Lunty Residents
			2 2	If checking "Ceremor Promoting Public/F	ial Role" or "Other" describe below: Private Facilities for Co	Income Lunty Residents
	Shofler, Raymond C. Name of Outside Organ (include address and des		Pass(es) 2 Number of Ticket(s)/	If checking "Ceremor Promoting Public/F Ceremonial Role If checking "Ceremon	ial Role" or "Other" describe below: Private Facilities for Co	Income L
	C Name of Outside Organ		Pass(es) 2 Number of	If checking "Ceremor Promoting Public/F Ceremonial Role If checking "Ceremon	ial Role* or *Other* describe below: Private Facilities for Col Other ial Role* or *Other* describe below:	Income L
	C Name of Outside Organ		Pass(es) 2 Number of Ticket(s)/	If checking "Ceremor Promoting Public/F Ceremonial Role If checking "Ceremon	ial Role* or *Other* describe below: Private Facilities for Col Other ial Role* or *Other* describe below:	Income L
	C Name of Outside Organ		Pass(es) 2 Number of Ticket(s)/	If checking "Ceremor Promoting Public/F Ceremonial Role If checking "Ceremon	ial Role* or *Other* describe below: Private Facilities for Col Other ial Role* or *Other* describe below:	Income L
	C Name of Outside Organ		Pass(es) 2 Number of Ticket(s)/	If checking "Ceremor Promoting Public/F Ceremonial Role If checking "Ceremon	ial Role* or *Other* describe below: Private Facilities for Col Other ial Role* or *Other* describe below:	Income L
4	C. Name of Outside Organ (include address and des		Pass(es) 2 Number of Ticket(s)/	If checking "Ceremor Promoting Public/F Ceremonial Role If checking "Ceremon	ial Role* or *Other* describe below: Private Facilities for Col Other ial Role* or *Other* describe below:	Income L
	C. Name of Outside Organ (include address and des	cription)	Pass(es) 2 Number of Ticket(s)/ Pass(es)	If checking "Ceremor Promoting Public/F Ceremonial Role If checking "Ceremon Describe the pub	ial Role" or "Other" describe below: Private Facilities for Col Other ial Role" or "Other" describe below: Ilic purpose made pursuant	Income unity Residents Income to the agency's policy
	C. Name of Outside Organ (include address and des	cription)	Pass(es) 2 Number of Ticket(s)/ Pass(es)	If checking "Ceremor Promoting Public/F Ceremonial Role If checking "Ceremon. Describe the public or if it is a continuous set for the checking that the distribution set for the public or if it is a continuous set for the checking that the distribution set for the public or if it is a continuous set for the checking that the distribution set for the public or if it is a continuous set for the checking that the distribution set for the public or if it is a continuous set for the checking the c	ial Role" or "Other" describe below: Private Facilities for Col Other ial Role" or "Other" describe below: Ilic purpose made pursuant	Income unty Residents Income to the agency's policy

Ceremonial Role Events and Ticket/Pass Distributions

١.	A					
	Agency Name				Date Stamp	California 802
	County of Los Angeles					Form OUZ
	Division, Department, or Regi	on (If Applicabl	le)		1	For Official Use Only
	Board of Supervisors					
	Designated Agency Contact (Name, Title)			1	
	Linda Balderrama - Ticket A	dministratro				
	Area Code/Phone Number	E-mail			Amendment (Must pro	ovide explanation in Part 3.)
	213-974-5555	fifthdistrict@	lacbos.org		Date of Original Filing: _	(Month, Day, Year)
	Function or Event Inforr	nation				(worth, bay, roar)
	Does the agency have a ticket	policy?	Yes 🛛 No	☐ Face Value of	of Each Ticket/Pass \$	165.00
	Event Description LA Philhar	monic Provide Title/Exp			2 , 18 , 13	12 , 21 , 13
3	Ticket(s)/Pass(es) provided by		Yes 🛛 No	☐ If no:	Name of Soul	
1	Was ticket distribution made at the behest No T Yes T					
	vvas ticket distribution made a of agency official?	t the benest	No ☐ Yes	Official's Name (La	ast, First)	
	Recipients • Use Section A to identify the agency	's department or	unit. • Use Sec	ction B to identify an individu	ual. • Use Section C to identif	fy an outside organization.
	A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es)				olic purpose made pursuant t	CONTRACTOR AND ADDRESS OF THE
-						and the second s
	B. Name of Individua		Number of			
ľ	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the followin	g:
				Ceremonial Role If checking "Ceremon	Other Initial Role" or "Other" describe below:	Income
-		£		Ceremonial Role		Income
	Lee, Meiling 4730 Angeles Vista Los Angeles, CA 90043			A STATE OF THE STA	ial Role" or "Other" describe below: rate facilities for county	residents
(Name of Outside Organi (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the pub	ilic purpose made pursuant to	o the agency's policy
						-
•						
	Verification					
1	have read and understand FPPC Regula	ations 18944.1 an				the requirements.
	/ / TOUR A ON A	mh	Linda Balde	rrama	Ticket Administrator	11-1-13

Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name			Date Stamp	California 202
County of Los Angeles				Form OUZ
Division, Department, or Region (If Applied	able)		1	For Official Use Only
Board of Supervisors				
Designated Agency Contact (Name, Title)			-	
Linda Balderrama - Ticket Administrat	ro			
Area Code/Phone Number E-mail			Amendment (Must pro	ovide explanation in Part 3.)
213-974-5555 fifthdistric	ct@lacbos.org		Date of Original Filing: _	(Month, Day, Year)
2. Function or Event Information		400		(Month, Bay, Your)
Does the agency have a ticket policy?	Yes 🛛 No 🛭	Face Value o	of Each Ticket/Pass \$	165.00
Event Description LA Philharmonic			<u>, 22 , 13 </u>	
Event Description	Explanation	Date(s)		
Ticket(s)/Pass(es) provided by agency?	Yes 🛛 No 🛭] If no:	Name of Sour	тсе
Was ticket distribution made at the behe	st No ☐ Yes [If yes:		
of agency official?	140 Las L	11 yes	Official's Name (La	ast, First)
3. Recipients				
Use Section A to identify the agency's department	t or unit. • Use Sect	ion B to identify an individu	ual. • Use Section C to identif	fy an outside organization.
A. Name of Agency, Department or Unit	Describe the pub	lic purpose made pursuant t	o the agency's policy	
	Pass(es)			
			pp	
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the following:	
	2	Ceremonial Role	Other island and the second of	Income
			П Ю	
Glasgow, Lori		Ceremonial Role If checking "Ceremoni	Other X ial Role" or "Other" describe below:	Income
	2	Retain quality empl	oyees	
			•	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant to	o the agency's policy
. Verification				
I have read and understand FPPC Regulations 18944.	1 and 18942. I have veri	ified that the distribution set fo	orth above, is in accordance with	the requirements.
L Baldena m	Linda Balder	rama	Ticket Administrator	11-1-13
Signature of Agency Head or Designee	Print Name		Title	(Month, Day, Year)
Comment:				

_			mmy ,				
Cere	monial	Role	Events	and	Ticket/Pass	Distributio	ns

-					A Fublic Document
1. Ac	gency Name			Date Stamp	California 802
	unty of Los Angeles				101111
Div	rision, Department, or Region (If Applicable))			For Official Use Only
Воа	ard of Supervisors				
	signated Agency Contact (Name, Title)				
Line	da Balderrama - Ticket Administrator				
	ea Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
	3-974-5555 fifthdistrict@	lacbos.org		Date of Original Filing:	
2. Fu	Inction or Event Information				(Month, Day, Year)
	es the agency have a ticket policy?	Yes No	☐ Face Value o	of Each Ticket/Pass \$ 5	0.00
		103		,10 13	
Eve	ent Description Mark Taper Provide Title/Expla	anation	Date(s) 08	Mio Mio	
Tick	ket(s)/Pass(es) provided by agency?	v	If no:		
1101	cotoni assess provided by agency:	Yes No	A 1110.	Name of Sou	urge.
	s ticket distribution made at the behest	No⊠ Yes	If yes:		
of	agency official?	0.0000000	•	Official's Name (L	.ast, First)
	cipients				
• Us	se Section A to identify the agency's department or u	The state of the s	ction B to identify an individu	ıal. • Use Section C to ident	ify an outside organization.
Α.	Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	Α				
		Ī			
В.	Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
			Ceremonial Role	Other	Income [
Gla	sgow, Lori	4	If checking "Ceremoni	al Role" or "Other" describe below:	
			retain quality employ	yees	
L			Ceremonial Role	Other	
				al Role" or "Other" describe below:	Income
C.	Name of Outside Organization	Number of Ticket(s)/	Describe the publ	ic purpose made pursuant t	o the agency's nolicy
	(include address and description)	Pass(es)			gond, o policy
					l
. Ver	ification		11		
I have	read and understand FPPC Regulations 18944.1 and	18942. I have ve	erified that the distribution set fo	rth above, is in accordance with	the requirements.
	Wilderam Linda B	alderrama	Ticket	t Administrator	8-7-13
	Signature of Agency Head or Designee	Print Nam	e	Title	(Month, Day, Year)
Com	nment L				