

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

A Public Document

1. Agency Name Los Angeles County Division, Department, or Region (if applicable) Board of Supervisors - Fifth District Street Address 500 W. Temple #869, Los Angeles CA Designated Agency Contact (Name, Title) Linda Balderrama Ticket Administrator Area Code/Phone Number 213-974-5555 E-mail fifthdistrict@lacos.org		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, Event, or Ceremonial Role Information

Title	Dodger Game	Face Value of Each Admission \$	60.00
Description	Dodger Game	Date(s)	06 / 18 / 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"> 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. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. 	Income
Danielle Goodwin	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Fundraiser	<input type="checkbox"/>
44751 N. Date St., Lancaster 93534		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
Evangelical Fellowship Luncheon		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	Ticket Administrator	3/31/11
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.)

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

A Public Document

1. Agency Name Los Angeles County Division, Department, or Region (if applicable) Board of Supervisors - Fifth District Street Address 500 W. Temple #869, Los Angeles CA 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 <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: (month, day, year)
---	--	---

2. Function, Event, or Ceremonial Role Information

Title	Dodger Game	Face Value of Each Admission \$	60.00
Description	Dodger Game	Date(s)	07 / 09 / 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?

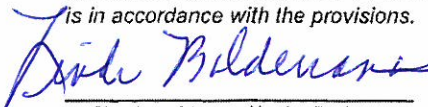
Yes ☒ No ☐ If yes: Antonovich, Mike Supervisor
 Official's Name (Last, First) and Title

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"> 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. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. 	Income
Boys & Girls Club of Santa Clarita	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Fundraiser	<input type="checkbox"/>
PO Box 221507, Santa Clarita 91322		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
Youth organization		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
 Signature of Agency Head or Designee Print Name Ticket Administrator Title 3/31/11
 (month, day, year)

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