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

1. Agency Name
   County of Los Angeles
   Division, Department, or Region (if applicable)
   Board of Supervisors - Fifth District
   Street Address
   500 W. Temple St. #669 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 LA Philharmonic
   Face Value of Each Admission $ 100.00
   Description Concert
   Date(s) 12/17/11
   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:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Soroptimist International Altadena/</td>
<td>2</td>
<td>Yes ☐ No ☐</td>
<td>Income ☐</td>
</tr>
<tr>
<td>Pasadena PO Box 66, Altadena, CA</td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income ☐</td>
</tr>
<tr>
<td>91003</td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income ☐</td>
</tr>
<tr>
<td>Support for community/non-profit</td>
<td></td>
<td>Yes ☐ No ☐</td>
<td>Income ☐</td>
</tr>
</tbody>
</table>

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: 11-15-11
   (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

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   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 LA Auto Show
   Description Auto Show
   Face Value of Each Admission $ 100.00
   Date(s) 11/17/11
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
   If no: Homeless Health Care Los Angeles
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☐
   If yes: Antonovich, Michael Supervisor
   Official's Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
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<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antonovich, Michael 500 W. Temple St. #869 LA 90012</td>
<td>5</td>
<td>Yes ☐ No ☐</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Promoting intergovernmental relations</td>
<td>☐</td>
</tr>
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</table>

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   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
   Signature of Agency Head or Designee Print Name Title
   11-15-11 (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
**Agency Name**
County of Los Angeles
Division, Department, or Region (If applicable)
Board of Supervisors - Fifth District
Street Address
500 W. Temple St. #669 LA 90012
Designated Agency Contact (Name, Title)
Linda Balderrama - Ticket Administrator
Area Code/Phone Number E-mail
213-974-5555 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)

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

**Title** LA Auto Show

Face Value of Each Admission $100.00

**Date(s)** 11/17/11

**Ticket(s)/Admission(s) provided by agency?** Yes [ ] No [x]

If no: Homeless Health Care Los Angeles

**Name of Source**

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

Yes [ ] No [x]

If yes: Antonovich, Michael Supervisor

**Official’s Name (Last, First) and Title**

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

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</thead>
<tbody>
<tr>
<td>Hu, Anthony</td>
<td>5</td>
<td>Yes [x] No [ ]</td>
<td></td>
</tr>
<tr>
<td>1230 Elm Ave. Apt 3</td>
<td></td>
<td>Yes [x] No [ ]</td>
<td></td>
</tr>
<tr>
<td>San Gabriel, CA 91775</td>
<td></td>
<td>Yes [x] No [ ]</td>
<td></td>
</tr>
<tr>
<td>Promote public facility</td>
<td></td>
<td>Yes [x] No [ ]</td>
<td></td>
</tr>
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**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**

**Date** (month, day, year)

11-15-11

**Comment:** (Use this space or an attachment for any additional information including amendment explanation.)
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   Description Auto Show
   Face Value of Each Admission $ 100.00
   Date(s) 11/17/11
   Ticket(s)/Admission(s) provided by agency? Yes [ ] No [x]
   Name of Source Homeless Health Care Los Angeles
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes [x] No [ ] If yes: Antonovich, Michael Supervisor
   Official's Name (Last, First) and Title

   The identity of recipient(s) and the explanation:

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</thead>
<tbody>
<tr>
<td>Cheng Tian Hu</td>
<td>3</td>
<td>Yes [ ]</td>
<td>No [ ]</td>
</tr>
<tr>
<td>1230 Elm Ave. Apg 3</td>
<td></td>
<td>Yes [ ]</td>
<td>No [ ]</td>
</tr>
<tr>
<td>San Gabriel, CA 91775</td>
<td></td>
<td>Yes [ ]</td>
<td>No [ ]</td>
</tr>
<tr>
<td>Promote public facility</td>
<td></td>
<td>Yes [ ]</td>
<td>No [ ]</td>
</tr>
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   Linda Balderrama
   Signature of Agency Head or Designee
   Ticket Administrator
   Print Name
   Title
   11-15-11 (month, day, year)

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