

A Public Document

2. Function, Event, or Ceremonial Role Information

FPPC Form 802 (2/11)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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

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1. Agency Name		Date Stamp	California Form 802 For Official Use Only
County of Los Angeles			
Division, Department, or Region (if applicable)			
Board of Supervisors - Fifth District			
Street Address			
500 W. Temple St. #869 LA 90012			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Linda Balderrama - Ticket Administrator		Date of Original Filing: _____	
Area Code/Phone Number	E-mail	(month, day, year)	
213-974-5555	fifthdistrict@lacbos.org		

2. Function, Event, or Ceremonial Role Information

Title LA Auto Show Face Value of Each Admission \$ 100.00

Description Auto Show 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:

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.
Cheng Tian Hu	3	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Income <input type="checkbox"/>
1230 Elm Ave. Apt 3		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
San Gabriel, CA 91775		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
Promote public facility		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 11-15-11
 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.)