						m socialist at
Δ	PI	ıhl	10	Doc	um	ont

1. Agency Name				Date Stamp	California OOO
County of Los Angeles					Form OUZ
Division, Department, or Region (if applica	able)			1	For Official Use Only
Board of Supervisors - Fifth District					
Street Address					
500 W. Temple St. #869 LA 90012					
Designated Agency Contact (Name, Title)				☐ Amendment (Must pro	ovide explanation in Part 3.)
Linda Balderrama - Ticket Administrato	or			Data of Original Fillians	
Area Code/Phone Number E-mail				Date of Original Filing: _	(month, day, year)
	t@lacbos.org			<u> </u>	
2. Function, Event, or Ceremonial R	lole Informat	tion			
Title LA Philharmonic			Face \	/alue of Each Admiss	ion \$ _100.00
Description Concert			Date(s	s) <u>12 / 17 / 11</u>	/
Ticket(s)/Admission(s) provided by a	igency? Yes	□ No ☑	If no: LAP	hilharmonic Name of S	Payron
				rvame or s	source
Was the distribution to persons iden	tified below n	nade at the	e behest of	an agency official?	
				-07	
Yes No lf yes: Antonov	rich, Mike Super	visor	First) and Title		
			-irst) and Title		
The identity of recipient(s) and th	e explanation	n:			
Name				e income box if the agency offincome. If the agency official po	
(Last, First) or	Number of Admission(s)/	Agency Official		ride a description.	eriornica a ceremoniarroie,
Organization (Name, Address, Description)	Ticket(s)			ome, describe the public purpo ial roles, performed by an agen	
(Name, Address, Description)			organiza		
Soroptimist International Altadena/	2	Yes 🗖			Income
		No 🗆			
Pasadena PO Box 66, Altadena, CA		Yes			Income
		No 🗖	-		
91003		Yes			Income
		No 🗖			Ц
Support for community/non-profit	2.44	Yes ☐ No ☐			Income
		Yes ☐ No ☐			Income
	L	ио Ц			
3. Verification	100111	-1.400.40 1.1-		h - 4 46 15 - 45	in in a second facility of the second
I have read and understand FPPC Regulation is in accordance with the provisions.	ons 16944.1 and	u 16942. I II	ave verilled t	nat the distribution of adm	iissions, set iorth above,
0 - (1)					
Linds Balderione Lind	la Balderrama	3	Ticke	t Administrator	11-15-11
Signature of Agency Head or Designee	Print Nar	ne		Title	(month, day, year)
Comment: (Use this space or an attachment for	or any additional is	oformation inc	dudina amend	ment evolunation 1	3
Commont. 1000 this space of all attachment to	n arry additional il	Of Thation Inc	aning amendi	mont explanation.)	

-	1000			-					
Λ	D.	Ih	lic	п	0	01	Im	Or	4
_		46.0						C	

Tottody talliflooron Blottibation	<u> </u>				A I abile became		
. Agency Name		Date Stamp California					
County of Los Angeles					Form OUA		
Division, Department, or Region (if applied	able)				For Official Use Only		
Board of Supervisors - Fifth District							
Street Address	treet Address						
500 W. Temple St. #869 LA 90012							
Designated Agency Contact (Name, Title)							
				Amendment (Must	provide explanation in Part 3.)		
Linda Balderrama - Ticket Administrat Area Code/Phone Number E-mail	Or	7		Date of Original Filing	¥:		
				Date of Original Filing	(month, day, year)		
	ct@lacbos.org						
. Function, Event, or Ceremonial F	Role Informat	tion					
Title LA Auto Show			Face \	/alue of Each Admis	ssion \$ <u>100.00</u>		
				11 17 11			
Description Auto Show			Date(s	s)			
Ticket(s)/Admission(s) provided by	agency? Yes	□ No ☑	If no: Hom	eless Health Care Los A	ngeles		
				Name o	of Source		
Was the distribution to persons idea	ntified below r	nade at th	e penest of	an agency official?	•		
Van D. Na D. If Antono	vich. Michael Sur	pervisor					
Yes No lf yes: Antono	vich, Michael Sup Official's	pervisor Name (Last, I	First) and Title				
			First) and Title	The state of the s			
Yes ☑ No ☐ If yes: Antono The identity of recipient(s) and the							
The identity of recipient(s) and the Name		on:	Check th	e income box if the agency	official claims admission as		
The identity of recipient(s) and the Name (Last, First)	ne explanatio	Agency	Check th taxable in	e income box if the agency	official claims admission as Il performed a ceremonial role,		
Name (Last, First) or Organization	ne explanatio	on:	Check th taxable in also prov If not inc.	e income box if the agency ncome. If the agency officia vide a description. ome, describe the public pu	Il performed a ceremonial role,		
Name (Last, First) or	Number of Admission(s)/	Agency	Check th taxable in also prov If not inc.	e income box if the agency ncome. If the agency officia vide a description. ome, describe the public pu ial roles, performed by an a	Il performed a ceremonial role,		
The identity of recipient(s) and the Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/	Agency	Check th taxable in also prov If not inc ceremon organizate	e income box if the agency ncome. If the agency officia vide a description. ome, describe the public pu ial roles, performed by an a tion.	Il performed a ceremonial role, Irpose, including gency official, individual, or Income		
Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/	Agency Official	Check th taxable in also prov If not inc ceremon organizate	e income box if the agency ncome. If the agency officia vide a description. ome, describe the public pu ial roles, performed by an a	Il performed a ceremonial role, Irpose, including gency official, individual, or Income		
Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/	Agency Official Yes No	Check th taxable in also prov If not inc ceremon organizate	e income box if the agency ncome. If the agency officia vide a description. ome, describe the public pu ial roles, performed by an a tion.	Il performed a ceremonial role, Irpose, including gency official, individual, or Income		
Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/	Agency Official Yes No Yes Yes	Check th taxable in also prov If not inc ceremon organizate	e income box if the agency ncome. If the agency officia vide a description. ome, describe the public pu ial roles, performed by an a tion.	I performed a ceremonial role, prose, including gency official, individual, or income lations Income Income		
Name (Last, First) or Organization	Number of Admission(s)/	Agency Official Yes No Yes No	Check th taxable in also prov If not inc ceremon organizate	e income box if the agency ncome. If the agency officia vide a description. ome, describe the public pu ial roles, performed by an a tion.	I performed a ceremonial role, Irpose, including gency official, individual, or Income elations		
Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/	Agency Official Yes No Yes No Yes Yes Yes Yes Yes	Check th taxable in also prov If not inc ceremon organizate	e income box if the agency ncome. If the agency officia vide a description. ome, describe the public pu ial roles, performed by an a tion.	Irpose, including gency official, individual, or Income elations Income		
Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/	Agency Official Yes No Yes No Yes No Yes No No No No No No No No No No	Check th taxable in also prov If not inc ceremon organizate	e income box if the agency ncome. If the agency officia vide a description. ome, describe the public pu ial roles, performed by an a tion.	I performed a ceremonial role, prose, including gency official, individual, or income lations Income Income		
Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/	Agency Official Yes	Check th taxable in also prov If not inc ceremon organizate	e income box if the agency ncome. If the agency officia vide a description. ome, describe the public pu ial roles, performed by an a tion.	Irpose, including gency official, individual, or Income lations Income		
Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/	Agency Official Yes	Check th taxable in also prov If not inc ceremon organizate	e income box if the agency ncome. If the agency officia vide a description. ome, describe the public pu ial roles, performed by an a tion.	I performed a ceremonial role, prose, including gency official, individual, or elations Income Income Income Income		
Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/	Agency Official Yes	Check th taxable in also prov If not inc ceremon organizate	e income box if the agency ncome. If the agency officia vide a description. ome, describe the public pu ial roles, performed by an a tion.	Irpose, including gency official, individual, or Income lations Income		
Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/	Agency Official Yes	Check th taxable in also prov If not inc ceremon organizate	e income box if the agency ncome. If the agency officia vide a description. ome, describe the public pu ial roles, performed by an a tion.	Income Income Income		
The identity of recipient(s) and the Name (Last, First) or Organization (Name, Address, Description) ANTONIVICH, MICHREL 500 W Jample #869 LB 90012	Number of Admission(s)/	Agency Official Yes	Check th taxable in also prov If not inc ceremon organizate	e income box if the agency ncome. If the agency officia vide a description. ome, describe the public pu ial roles, performed by an a tion.	Irpose, including gency official, individual, or elations Income		
The identity of recipient(s) and the Name (Last, First) or Organization (Name, Address, Description) ANTONIVICH, MICHREL 500 W Jample #869 LB 90012	Number of Admission(s)/ Ticket(s)	Agency Official Yes	Check th taxable in also prove if not incompanizate. Promoting	e income box if the agency ncome. If the agency officia vide a description. ome, describe the public put ial roles, performed by an action. Intergovernmental re	Income Income Income Income Income Income Income Income Income		
Name (Last, First) or Organization (Name, Address, Description) ANTONIVICH, MICHAEL 500 W Jample #869 LB 90012	Number of Admission(s)/ Ticket(s)	Agency Official Yes	Check th taxable in also prove if not incompanizate. Promoting	e income box if the agency ncome. If the agency officia vide a description. ome, describe the public put ial roles, performed by an action. Intergovernmental re	Income Income Income Income Income Income Income Income Income		
Name (Last, First) or Organization (Name, Address, Description) ANTONOVICH, MICHAEL 500 W Tomple #869 LB 90012 Verification I have read and understand FPPC Regulatis in accordance with the provisions.	Number of Admission(s)/ Ticket(s) 5	Agency Official Yes	Check th taxable in also prove the first incompanization organization organization. Promoting ave verified to the taxable in also prove the taxable in all	e income box if the agency ncome. If the agency officiaride a description. ome, describe the public put ial roles, performed by an action. intergovernmental researched by the public put intergovernmental researched by the public put is a constant.	Income		
Name (Last, First) or Organization (Name, Address, Description) ANTONOVICH, MICHAEL 500 W Tomple #869 LB 90012 Verification I have read and understand FPPC Regulatis in accordance with the provisions.	Number of Admission(s)/ Ticket(s)	Agency Official Yes	Check th taxable in also prove the first incompanization organization organization. Promoting ave verified to the taxable in also prove the taxable in all	e income box if the agency ncome. If the agency officia vide a description. ome, describe the public put ial roles, performed by an action. Intergovernmental re	Income Income Income Income Income Income Income Income Income		

Δ	PI	ıhl	ic	D	ocu	ım	en	t
		4 10 1					~ 11	

		-			AE-10-70			
1.	Agency Name		Date Stamp California 202					
	County of Los Angeles					Form OUZ		
	Division, Department, or Region (if applica	able)			1	For Official Use Only		
	Board of Supervisors - Fifth District							
	Street Address	treet Address						
	500 W. Temple St. #869 LA 90012							
	Designated Agency Contact (Name, Title)	Amendment (Must pre	ovide explanation in Part 3.)					
	Linda Balderrama - Ticket Administrato Area Code/Phone Number E-mail	or			Date of Original Filing: _			
		70° 12888 120			Date of Original Filling.	(month, day, year)		
_		t@lacbos.org		250 4 Fe 1 MM				
2.	Function, Event, or Ceremonial R	ole informat	tion					
	Title LA Auto Show			Face \	Value of Each Admiss	ion \$ <u>100.00</u>		
	Description Auto Show			Date(s	s) 11 / 17 / 11			
	Ticket(s)/Admission(s) provided by a	agency? Yes	□ No ☑	If no: Hom	eless Health Care Los Ang	geles		
		.3,			Name of S	Source		
	NAT Al II- A-II AI A	Aidie al le al esse se			f an anamay afficial?			
	Was the distribution to persons iden	tiffed below fi	nade at the	e penest of	an agency official?			
	Yes No I If yes: Antonov	rich, Michael Sup	pervisor					
	163 M 110 M 11 yes.	Official's i	Name (Last, I	irst) and Title				
	The identity of recipient(s) and th	e explanatio	n:					
		I I		Check th	e income box if the agency off	ficial claims admission as		
	Name (Last, First)	Number of	Agency	taxable ii	ncome. If the agency official p			
	or Organization	Admission(s)/	Official		vide a description. come, describe the public purp	ose, includina		
	(Name, Address, Description)	Ticket(s)			ial roles, performed by an age			
			Yes 🗖	Organiza	tion.	Income		
	Hu, Anthony	5	No ☑					
			Yes 🗖			Income		
	1230 Elm Ave. Apg 3		No 🗖					
			Yes 🗖	1 11 11 11 11 11 11 11 11 11 11 11 11 1		Income		
	San Gabriel, CA 91775		No 🗖					
			Yes 🗖			Income		
	Promote public facility		No 🗖					
		Yes 🗖		2000		Income		
			No 🗖					
2	Verification					-		
ა.	I have read and understand FPPC Regulati is in accordance with the provisions.	ons 18944.1 and	d 18942. I h	ave verified t	that the distribution of adn	missions, set forth above,		
	C A							
	Linda Balenam Line	la Balderrama		Ticke	et Administrator	11-15-11		
	Signature of Agency Head or Designee	Print Nar	me		Title	(month, day, year)		
	Comment: (Use this space or an attachment for	or any additional in	nformation inc	cluding amend	ment explanation.)			

	-							
A	PL	ıbı	IIC	IJ	OCI	um	er	١t

1. Agency Name				Date Stamp	California 000		
				Date Stamp	Form 802		
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)	500 W. Temple St. #869 LA 90012						
				Amendment (Must pr	ovide explanation in Part 3.)		
Linda Balderrama - Ticket Administrato Area Code/Phone Number E-mail	or			Date of Original Filings			
				Date of Original Filing: _	(month, day, year)		
	ct@lacbos.org						
. Function, Event, or Ceremonial F	Role Informat	tion					
Title LA Auto Show			Face \	/alue of Each Admiss	sion \$		
Description Auto Show			Date(s	s) <u>11 / 17 / 11</u>			
Ticket(s)/Admission(s) provided by	agency? Yes	□ No ☑	I If no. Hom	eless Health Care Los An	geles		
rionos(o), rannooron(o) providos o	agonoy. 100			Name of	Source		
Was the distribution to persons iden	ntified below r	nade at the	e behest of	an agency official?			
A 4	del Mieles I O						
Yes No I If yes: Antono	vich, Michael Sup Official's	Name (Last)	First) and Title				
	Oniciais	ivarne (Last, i	-irsi) and nue				
The identity of recipient(s) and the	ne explanation	on:					
Name				e income box if the agency of			
(Last, First)	Number of	Agency		ncome. If the agency official printer a description.	performed a ceremonial role,		
or Organization	Admission(s)/ Ticket(s)	Official	• If not inc	ome, describe the public purp			
(Name, Address, Description)			ceremon	ial roles, performed by an age tion.	ncy official, individual, or		
		Yes 🗖			Income		
Cheng Tian Hu	3	No ☑			. \square		
		Yes 🗆			Income		
1230 Elm Ave. Apg 3		No 🗖					
		Yes 🗖			Income		
San Gabriel, CA 91775		No 🗆					
	-	10000	-				
Promote public facility					Income		
- Torrioto public fucility		No 🗖					
		Yes 🗖			Income		
		No 🗖					
Verification							
I have read and understand FPPC Regulati	ions 18944.1 an	d 18942. I h	ave verified t	hat the distribution of adr	missions, set forth above,		
is in accordance with the provisions.							
Y- , DO.	J- D-11		71-1	t Administrate	44.46.44		
Serde Bolderan Line	da Balderrama		I ICKE	et Administrator	11-15-11 		
Signature of Agency Head or Designee	Print Na	me		Title	(month, day, year)		
Comment: ///ee this	for one additional	nformation !-	duding amaz-l	ment evalenation			
Comment: (Use this space or an attachment for	or any additional i	niormation inc	uaing amend	тепс ехріапацоп.)			