

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
County of Los Angeles			
Division, Department, or Region (if applicable)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small>	
Board of Supervisors - Fifth District			
Street Address			
500 W. Temple St. #869, 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 \$ \$165.00

Description concert Date(s) 12 / 27 / 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:

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.
Kiwanis La Canada/Flintridge	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Income <input type="checkbox"/>
Po Box 33		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
La Canada Flintridge 91012		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
Support for community non-profit		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 Linda Balderrama Ticket Administrator 12-2-11
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.)

Pursuant to contract

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Area Code/Phone Number	E-mail		
213-974-5555	fifthdistrict@lacbos.org		

2. Function, Event, or Ceremonial Role Information

Title Joffrey Ballet Face Value of Each Admission \$ \$100.00

Description Ballet Date(s) 12 / 3 / 11

Ticket(s)/Admission(s) provided by agency? Yes No If no: Music Center
Name of Source

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

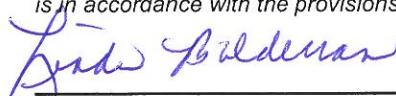
Yes No If yes: Antonovich, Mike Supervisor
Official's Name (Last, First) and Title

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.
Saparito, Stephanie	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Income <input type="checkbox"/>
retain quality employee		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"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

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