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

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. Agency Name		The second second			THE RESERVE OF THE PARTY OF THE	
				Date Stamp	California 80	
County of Los Angeles					Form OU	
Division, Department, or Region (if appl	icable)				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	provide explanation in Part 3.)	
Linda Balderrama Ticket Administra	tor			Amendment (Must)	orovide explanation in Part 3.)	
Area Code/Phone Number E-mail				Date of Original Filing:	(month, day, year)	
213-974-5555 fifthdistr	rict@lacbos.org			ů.	(monar, day, year)	
Function, Event, or Ceremonial	CONTRACTOR OF THE PARTY OF THE	tion	A CHARLES TO SEE			
Title LA Philharmonic			Face \	/alue of Each Admis	sion \$ _\$165.00	
Description concert	100 to		Date(s	i) 12 12 11		
Ticket(s)/Admission(s) provided by	agency? Yes	☐ No ☑	If no: LAP	hilharmonic	1.0 magazina	
				Name of Source		
Was the distribution to persons ide	entified below n	nade at the	e behest of	an agency official?		
Yes 🗸 No 🔲 If yes: Anton	ovich, Mike Super					
res M Ro M II yes.	Official's	Name (Last, I	First) and Title			
The identity of recipient(s) and t	the evalanatio	n.				
	The explanation	/11.				
Name (Last, First)	N1	Agonou		e income box if the agency on scome. If the agency official	performed a ceremonial role,	
or	Number of Admission(s)/	Agency Official		ride a description.		
Organization (Name, Address, Description)	Ticket(s)			ome, describe the public pur ial roles, performed by an ag		
(100110,71001000, 20001.ptio.i)			organiza	lion.		
Kiwanis La Canada/Flintridge		Yes 🗖				
	2	No 🗹				
Po Box 33		Yes 🗖			Income	
1 0 DOX 00					Income	
		No 🗖				
La Canada Eliptridae 01012		Yes 🗖			Income	
La Canada Flintridge 91012		Yes No			Income	
		Yes No Tes			Income Income	
La Canada Flintridge 91012 Support for community non-profit		Yes No			Income Income	
		Yes No Service Yes			Income	
		Yes			Income Income	
Support for community non-profit		Yes			Income Income	
	ations 18944.1 and	Yes	ave verified t	hat the distribution of ac	Income Income Income	
Support for community non-profit Verification I have read and understand FPPC Regular is in accordance with the provisions.		Yes		hat the distribution of ac	Income Income Income Income	
Verification I have read and understand FPPC Regulation is in accordance with the provisions. Linguistic Community non-profit	nda Balderrama	Yes No Yes No Yes No		t Administrator	Income In	
Support for community non-profit Verification I have read and understand FPPC Regular is in accordance with the provisions.		Yes No Yes No Yes No			Incom Incom Incom Incom Incom Incom Incom Incom Incom	

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A Name	- delono				O West to a control
1. Agency Name				Date Stamp	California 802
County of Los Angeles	For Official Use C				
Division, Department, or Region	partment, or Region (if applicable)				Tor Cilician ode Ciliy
Board of Supervisors - Fifth Di	strict				
Street Address					
500 W. Temple St. #869, LA 9	0012				8
Designated Agency Contact (Na	me, Title)			☐ Amendment /Must	provide explanation in Part 3.)
Linda Balderrama Ticket Adm	inistrator			Amendment (Must	provide explanation in Fait 3.)
	mail			Date of Original Filing	:(month, day, year)
213-974-5555 fi	fthdistrict@lacbos.org				(monui, day, year)
Function, Event, or Cerem		tion		L	
I dilotion, Event, or ocient	omai Roic informa	tion.			
Title Joffrey Ballet			Face \	/alue of Each Admis	ssion \$ _\$100.00
Description Ballet			Date(s	s) 12 / 3 / 11	
·			ia.	2	
Ticket(s)/Admission(s) provide	ded by agency? Yes	□ No □	I If no. Musi	ic Center	
monon(o) provide	aoa ay agonoy 1 100		11110.	Name o	of Source
The identity of recipient(s)	Antonovich, Mike Super Official's and the explanation	A			
Name (Last, First) or Organization (Name, Address, Descriptio	Number of Admission(s)/ Ticket(s)	Agency Official	taxable in also prov	ncome. If the agency officia vide a description. ome, describe the public pu ial roles, performed by an a	official claims admission as Il performed a ceremonial role, Irpose, including gency official, individual, or
		Yes 🗖	o gamea	····	Income
Saparito, Stephanie	2	No ☑			
retain quality employee		Yes ☐ No ☐			Income
		Yes 🗖			Income
		No 🗖			
		Yes 🗖			Income
		No 🗖			
		Yes 🗖			Income
		No 🗖			
. Verification			4		
I have read and understand FPPC is in accordance with the provision		d 18942. I h	ave verified t	hat the distribution of a	dmissions, set forth above,
L - Stildeman			angun s		
Dias principal	Linda Balderrama	l:	Ticke	et Administrator	12-2-11
Signature of Agency Head or Designee	Print Na	me		Title	(month, day, year)
Signature of Agency Head or Designee Comment: (Use this space or an att.			cluding amend		(month, day, y