## Agency Report of:
### Ceremonial Role Events and Ticket/Pass Distributions

### 1. Agency Name
- COUNTY OF LOS ANGELES
- Division, Department, or Region (If Applicable)
- BOARD OF SUPERVISORS
- Designated Agency Contact (Name, Title)
- LINDA BALDERAMA - TICKET ADMINISTRATOR
- Area Code/Phone Number 213-974-5555
- E-mail FIFTHDISTRICT@LACBOS.ORG

### 2. Function or Event Information
- Does the agency have a ticket policy? Yes ☒ No ☐
- Face Value of Each Ticket/Pass $ 100.00
- Event Description LA PHILHARMONIC
  - Provide Title/Explanation
- Date(s) 05 / 23 / 13
- Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
- If no: __________________________ Name of Source
- Was ticket distribution made at the behest of agency official? No ☒ Yes ☐
- If yes: __________________________ Official’s Name (Last, First)

### 3. Recipients
- Use Section A to identify the agency’s department or unit.
- Use Section B to identify an individual.
- Use Section C to identify an outside organization.

#### A.
<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### B.
<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>VEGA, MICHELLE</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>RETAIN QUALITY EMPLOYEES</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
</tbody>
</table>

#### C.
<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 4. Verification
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee: LINDA BALDERAMA
Print Name: Linda Balderama
Title: Ticket Administrator
Date (Month, Day, Year): 3/14/13

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions  

1. Agency Name  
COUNTY OF LOS ANGELES  
Division, Department, or Region (If Applicable)  
BOARD OF SUPERVISORS  
Designated Agency Contact (Name, Title)  
LINDA BALDERRAMA - TICKET ADMINISTRATOR  
Area Code/Phone Number  
213-974-5555  
E-mail  
FIFTHDISTRICT@LACBOS.ORG  

2. Function or Event Information  
Does the agency have a ticket policy? Yes [ ] No [x]  
Face Value of Each Ticket/Pass $ 100.00  
Event Description  
LA AUTO SHOW  
Date(s) 11 / 29 / 12  
Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]  
If no:  
HOMELESS HEALTH CARE LOS ANGELES  
Name of Source  
If yes:  
ANTONOVICEH, MIKE  
Official’s Name (Last, First)  

3. Recipients  
* Use Section A to identify the agency's department or unit.  
* Use Section B to identify an individual.  
* Use Section C to identify an outside organization.  

A. Name of Agency, Department or Unit  
Number of Ticket(s)/Pass(es)  
Describe the public purpose made pursuant to the agency's policy  

B. Name of Individual  
(Last, First)  
Number of Ticket(s)/Pass(es)  
Identify one of the following:  
Ceremonial Role [ ] Other [ ] Income [ ]  
If checking “Ceremonial Role” or “Other” describe below:  
PROMOTING PUBLIC/PRIVATE FACILITIES FOR COUNTY RESIDENTS  
Ceremonial Role [ ] Other [ ] Income [ ]  
If checking “Ceremonial Role” or “Other” describe below:  

C. Name of Outside Organization  
(Include address and description)  
Number of Ticket(s)/Pass(es)  
Describe the public purpose made pursuant to the agency's policy  

4. Verification  
I have read and understand FPPC Regulations 18941.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.  

Linda Balderrama  
Ticket Administrator  

Signature of Agency Head or Designee  
Print Name  
Title  

Comment:  

FPPC Form 802 (4/12)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
COUNTY OF LOS ANGELES
Board of Supervisors
Designated Agency Contact (Name, Title)
LINDA BALDERRAMA - TICKET ADMINISTRATOR
Area Code/Phone Number 213-974-5555
E-mail: FIFTHDISTRICT@LACBOS.ORG

2. Function or Event Information
Does the agency have a ticket policy? No
Event Description LA AUTO SHOW
Ticket(s)/Pass(es) provided by agency? No
Was ticket distribution made at the behest of agency official? Yes
Face Value of Each Ticket/Pass $100.00
Date(s) 11/29/12
If no: HOMELESS HEALTH CARE LOS ANGELES
Name of Source
If yes: ANTONOVICH, MIKE
Official's Name (Last, First)

3. Recipients
* Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization.

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>LIN, CHRIS</td>
<td>2</td>
<td>PROMOTING PUBLIC/PRIVATE FACILITIES FOR COUNTY RESIDENTS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role Other Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee: Linda Balderrama
Print Name: Ticket Administrator
Title: 3/14/13
(Month, Day, Year)

Comment: 
## Agency Report of:
**Ceremonial Role Events and Ticket/Pass Distributions**

### 1. Agency Name
- COUNTY OF LOS ANGELES
- BOARD OF SUPERVISORS
- LINDA BALDERRAMA - TICKET ADMINISTRATOR

### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes [ ] No [x]
- **Event Description** LA AUTO SHOW
- **Face Value of Each Ticket/Pass** $100.00
- **Date(s)** 11 / 29 / 12
- **Ticket(s)/Pass(es) provided by agency?** Yes [x] No [ ]
- **Was ticket distribution made at the behest of agency official?** No [ ] Yes [x]

### 3. Recipients
- **A. Name of Agency, Department or Unit**
  - **Number of Ticket(s)/Pass(es)**
  - **Describe the public purpose made pursuant to the agency's policy**

- **B. Name of Individual**
  - **Number of Ticket(s)/Pass(es)**
  - **Identify one of the following:**
    - **Ceremonial Role** [ ] **Other** [ ] **Income** [ ]
    - **PROMOTING PUBLIC/PRIVATE FACILITIES FOR COUNTY RESIDENTS**
    - **If checking "Ceremonial Role" or "Other" describe below:**

- **C. Name of Outside Organization**
  - **(Include address and description)**
  - **Number of Ticket(s)/Pass(es)**
  - **Describe the public purpose made pursuant to the agency's policy**

### 4. Verification
- **Signature of Agency Head or Designee**
- **Linda Balderrama**
- **Ticket Administrator**
- **3/14/13**

**Comment:**

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**FPPC Form 802 4(12)**
**FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)**
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
COUNTY OF LOS ANGELES
Division, Department, or Region (If Applicable)
BOARD OF SUPERVISORS
Designated Agency Contact (Name, Title)
LINDA BALDERRAMA - TICKET ADMINISTRATOR
Area Code/Phone Number 213-974-5555
E-mail FIFTHDISTRICT@LACBOS.ORG

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☒
Face Value of Each Ticket/Pass $ 100.00
Event Description LA AUTO SHOW
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: HOMELESS HEALTH CARE LOS ANGELES
Name of Source
Was ticket distribution made at the behest of agency official? Yes ☐ No ☒
If yes: _______________________________
Official's Name (Last, First)

3. Recipients
• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

B. Name of Individual

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
<th>Ceremonial Role ☐ Other ☐ Income ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANTONOVICH, MIKE</td>
<td>5</td>
<td>PROMOTING INTERGOVERNMENTAL RELATIONS</td>
<td></td>
</tr>
</tbody>
</table>

C. Name of Outside Organization

| Name of Outside Organization (Include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy |
|                                                               |                             |                                                               |

4. Verification
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee: [Signature]
Linda Balderrama
Ticket Administrator

Print Name
Title
3/14/13 (Month, Day, Year)

Comment: ______________________________

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
**Agency Report of:**
Ceremonial Role Events and Ticket/Pass Distributions

### 1. Agency Name

COUNTY OF LOS ANGELES
Division, Department, or Region (If Applicable)
BOARD OF SUPERVISORS

**Designated Agency Contact (Name, Title)**
LINDA BALDERRAMA - TICKET ADMINISTRATOR

<table>
<thead>
<tr>
<th>Area Code/Phone Number</th>
<th>E-mail</th>
</tr>
</thead>
<tbody>
<tr>
<td>213-974-5555</td>
<td><a href="mailto:FIFTHDISTRICT@LACBOS.ORG">FIFTHDISTRICT@LACBOS.ORG</a></td>
</tr>
</tbody>
</table>

**Date Stamp**

**California Form 802**
For Official Use Only

- Amendment (Must provide explanation in Part 3.)

**Date of Original Filing:**
(Month, Day, Year)

### 2. Function or Event Information

- Does the agency have a ticket policy? Yes ☒ No ☐
- Face Value of Each Ticket/Pass $ __________
- Event Description: LA PHILHARMONIC
  
**Provide Title/Explanation**

<table>
<thead>
<tr>
<th>Date(s)</th>
<th>03 / 13 / 13</th>
</tr>
</thead>
</table>

- Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
- If no: __________
  
**Name of Source**

- Was ticket distribution made at the behest of agency official? No ☒ Yes ☐
- If yes: __________
  
**Official’s Name (Last, First)**

### 3. Recipients

- Use Section A to identify the agency’s department or unit. Use Section B to identify an individual. Use Section C to identify an outside organization.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
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<tbody>
<tr>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAPORITO, STEPHANIE</td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>retain quality employees</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee: Linda Balderrama

Ticket Administrator: 3/14/13

Comment: ____________________________

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   COUNTY OF LOS ANGELES
   Division, Department, or Region (If Applicable)
   BOARD OF SUPERVISORS
   Designated Agency Contact (Name, Title)
   LINDA BALDERRAMA - TICKET ADMINISTRATOR
   Area Code/Phone Number 213-974-5555
   E-mail 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)

2. Function or Event Information
   Does the agency have a ticket policy?  Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 168.00
   Event Description LA PHILHARMONIC
   Date(s) 03/24/13
   Ticket(s)/Pass(es) provided by agency?  Yes ☒ No ☐
   If no: ________________________________
   Name of Source ____________________________
   Was ticket distribution made at the behest of agency official?  No ☒ Yes ☐
   If yes: ________________________________
   Official’s Name (Last, First) ____________________________

3. Recipients
   • Use Section A to identify the agency’s department or unit.
   • Use Section B to identify an individual.
   • Use Section C to identify an outside organization.

   A. Name of Agency, Department or Unit
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency’s policy

   B. Name of Individual (Last, first)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking “Ceremonial Role” or “Other” describe below:
      retain quality employees

   C. Name of Outside Organization
      (Include address and description)
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency’s policy

4. Verification
   I have read and understood FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Linda Balderrama
   Print Name
   Title
   March 14, 2013

Comment: ____________________________________________

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name  
COUNTY OF LOS ANGELES  
Division, Department, or Region (If Applicable)  
BOARD OF SUPERVISORS  
Designated Agency Contact (Name, Title)  
LINDA BALDERRAMA - TICKET ADMINISTRATOR  
Area Code/Phone Number  
213-974-5555  
E-mail  
FIFTHDISTRICT@LACBOS.ORG

2. Function or Event Information  
Does the agency have a ticket policy?  
Yes ☒ No ☐  
Face Value of Each Ticket/Pass $168.00  
Event Description  
LA PHILHARMONIC  
Provide Title/Explanation  
Ticket(s)/Pass(es) provided by agency?  
Yes ☐ No ☒  
If no:  
Name of Source  
Date(s)  
03 / 10 / 13  
Was ticket distribution made at the behest of agency official?  
No ☒ Yes ☐  
If yes:  
Official’s Name (Last, First)

3. Recipients  
- Use Section A to identify the agency’s department or unit. - Use Section B to identify an individual. - Use Section C to identify an outside organization.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAPORITO, STEPHANIE</td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>retain quality employees</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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</tbody>
</table>

4. Verification  
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee  
Linda Balderrama  
Print Name  
Ticket Administrator  
Title  
3/14/13 (Month, Day, Year)

Comment:  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. **Agency Name**
   COUNTY OF LOS ANGELES
   Division, Department, or Region (If Applicable)
   BOARD OF SUPERVISORS
   Designated Agency Contact (Name, Title)
   LINDA BALDERRAMA - TICKET ADMINISTRATOR
   Area Code/Phone Number 213-974-5555
   E-mail FIFTHDISTRICT@LACBOS.ORG
   Date Stamp
   California Form 802
   For Official Use Only

2. **Function or Event Information**
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 168.00
   Event Description LA PHILHARMONIC
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Date(s) 04 / 07 / 13
   If no: ____________________________
   Name of Source ____________________________
   Was ticket distribution made at the behest of agency official? No ☒ Yes ☐
   If yes: ____________________________
   Official's Name (Last, First) ____________________________

3. **Recipients**
   * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization.

   **A. Name of Agency, Department or Unit**
   **Number of Ticket(s)/Pass(es)**
   **Describe the public purpose made pursuant to the agency's policy**
   ____________________________
   ____________________________
   ____________________________

   **B. Name of Individual**
   (Last, first)
   **Number of Ticket(s)/Pass(es)**
   **Identify one of the following:**
   **Ceremonial Role ☐ Other ☐ Income ☐**
   If checking "Ceremonial Role" or "Other" describe below:
   retain quality employees
   ____________________________
   ____________________________
   ____________________________

   **C. Name of Outside Organization**
   (Include address and description)
   **Number of Ticket(s)/Pass(es)**
   **Describe the public purpose made pursuant to the agency's policy**
   ____________________________
   ____________________________
   ____________________________

4. **Verification**
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Linda Balderrama 3/14/13
   Ticket Administrator
   Signature of Agency Head or Designee
   Print Name
   Title
   (Month, Day, Year)

   Comment: ____________________________________________

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
**Agency Report of:**
Ceremonial Role Events and Ticket/Pass Distributions

1. **Agency Name**
   COUNTY OF LOS ANGELES
   Division, Department, or Region (If Applicable)
   BOARD OF SUPERVISORS
   Designated Agency Contact (Name, Title)
   LINDA BALDERRAMA - TICKET ADMINISTRATOR
   Area Code/Phone Number 213-974-5555
   E-mail FIFTHDISTRICT@LACBOS.ORG

2. **Function or Event Information**
   Does the agency have a ticket policy? Yes [x] No [ ]
   Face Value of Each Ticket/Pass $ 168.00
   Event Description LA PHILHARMONIC
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   If no: ____________________________
   Name of Source ____________________________
   If yes: ____________________________
   Official's Name (Last, First) ____________________________
   Date(s) 04 / 23 / 13 __________ / __________

3. **Recipients**
   Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an outside organization.

   **A. Name of Agency, Department or Unit**
   **Number of Ticket(s)/Pass(es)**
   **Describe the public purpose made pursuant to the agency's policy**

   **B. Name of Individual**
   (Last, First)
   **Number of Ticket(s)/Pass(es)**
   **Identify one of the following:**

   Glasgow, Lori
   **4**
   Ceremonial Role [ ] Other [ ] Income [ ]
   If checking "Ceremonial Role" or "Other" describe below:
   retain quality employees

   **C. Name of Outside Organization**
   (include address and description)
   **Number of Ticket(s)/Pass(es)**
   **Describe the public purpose made pursuant to the agency's policy**

4. **Verification**
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Signature of Agency Head or Designee
   Linda Balderrama
   Print Name
   Ticket Administrator
   Title
   Date 3/14/13
   (Month, Day, Year)

Comment: ____________________________

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name  
COUNTY OF LOS ANGELES  
Division, Department, or Region (If Applicable)  
BOARD OF SUPERVISORS  
Designated Agency Contact (Name, Title)  
LINDA BALDERRAMA - TICKET ADMINISTRATOR  
Area Code/Phone Number  
213-974-5555  
E-mail  
FIFTHDISTRICT@LACBOS.ORG

2. Function or Event Information  
Does the agency have a ticket policy?  
Yes ☒ No ☐  
Face Value of Each Ticket/Pass $  
168.00  
Event Description LA PHILHARMONIC  
Provide Title/Explanantion  
Date(s)  
03 / 12 / 13  
Ticket(s)/Pass(es) provided by agency?  
Yes ☐ No ☒  
If no:  
Name of Source  
Was ticket distribution made at the behest of agency official?  
No ☐ Yes ☒  
If yes:  
Official’s Name (Last, First)

3. Recipients  
• Use Section A to identify the agency’s department or unit.  
• Use Section B to identify an individual.  
• Use Section C to identify an outside organization.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:  
Ceremonial Role ☐ Other ☐ Income ☐ |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Glasgow, Lori</td>
<td>4</td>
<td>Retain quality employees</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other,” describe below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
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4. Verification  
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Linda Balderrama  
Ticket Administrator  
3/14/13  
(Month, Day, Year)

Comment:  
FPPC Form 802 (4/12)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   COUNTY OF LOS ANGELES
   Division, Department, or Region (If Applicable)
   BOARD OF SUPERVISORS
   Designated Agency Contact (Name, Title)
   LINDA BALDEARRAMA - TICKET ADMINISTRATOR
   Area Code/Phone Number 213-974-5555
   E-mail FIFTHDISTRICT@LACBOS.ORG

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $168.00
   Event Description LA PHILHARMONIC
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: ___________________________
   Name of Source ___________________________
   Date(s) 04 / 03 / 13
   Was ticket distribution made at the behest of agency official?
   No ☒ Yes ☐
   If yes: ___________________________
   Official’s Name (Last, First) ___________________________

3. Recipients
   Use Section A to identify the agency’s department or unit.
   Use Section B to identify an individual.
   Use Section C to identify an outside organization.

   A. Name of Agency, Department or Unit | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency’s policy

   B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:
   Glasgow, Lori | 4 | Ceremonial Role ☐ Other ☐ Income ☐
   If checking “Ceremonial Role” or “Other” describe below:
   retain quality employees

   C. Name of Outside Organization (Include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency’s policy

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Signature of Agency Head or Designee __________________________
   Linda Balderrama
   Ticket Administrator
   Title __________________________
   3/14/13 (Month, Day, Year)

   Comment: __________________________
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   COUNTY OF LOS ANGELES
   Division, Department, or Region (If Applicable)
   BOARD OF SUPERVISORS
   Designated Agency Contact (Name, Title)
   LINDA BALDERRAMA - TICKET ADMINISTRATOR
   Area Code/Phone Number 213-974-5555
   E-mail FIFTHDISTRICT@LACBOS.ORG
   Date of Original Filing: ____________ (Month, Day, Year)

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ ____________ 168.00
   Event Description LA PHILHARMONIC
   Date(s) 04 / 19 / 13 ____________ / ____________ / ____________
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: ____________________________
   Name of Source ____________________________
   Was ticket distribution made at the behest of agency official? No ☒ Yes ☐
   If yes: ____________________________
   Official’s Name (Last, First) ____________________________

3. Recipients
   * Use Section A to identify the agency’s department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization.

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<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
</table>
   | Busalacchi, Nicholas            | 4                          | Ceremonial Role ☐ Other ☐ Income ☐
   |                                 |                             | retain quality employees |
   |                                 |                             | Ceremonial Role ☐ Other ☐ Income ☐
   |                                 |                             | If checking “Ceremonial Role” or “Other” describe below:
   |                                 |                             |                                |

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4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Signature of Agency Head or Designee ____________________________
   Linda Balderrama
   Print Name ____________
   Ticket Administrator ____________
   Title ____________ (Month, Day, Year)

   Comment: ____________________________
### Agency Report of:
**Ceremonial Role Events and Ticket/Pass Distributions**

#### 1. Agency Name
- **COUNTY OF LOS ANGELES**
- **BOARD OF SUPERVISORS**
- **Designated Agency Contact**
  - **LINDA BALDERRAMA - TICKET ADMINISTRATOR**
- **Area Code/Phone Number**
  - **213-974-5555**
- **E-mail**
  - **FIFTHDISTRICT@LAC8OS.ORG**

#### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes [x] No [ ]
- **Event Description**
  - **LA PHILHARMONIC**
- **Face Value of Each Ticket/Pass $**
  - **168.00**
- **Date(s)**
  - **03 / 2 / 13**
- **Ticket(s)/Pass(es) provided by agency?**
  - Yes [ ] No [x]
- **Was ticket distribution made at the behest of agency official?**
  - No [x] Yes [ ]

#### 3. Recipients
- Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an outside organization.

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<tr>
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<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>SHOFLER, RAYMOND</td>
<td>2</td>
<td>Promote public/private facilities for county residents</td>
</tr>
</tbody>
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<tr>
<th>C. Name of Outside Organization (include address and description)</th>
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#### 4. Verification
- I have read and understand FPPC Regulations 18941.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

- **Linda Balderrama**
  - Signature of Agency Head or Designee
  - **Date**
  - **3/14/13**

- **Ticket Administrator**
  - Print Name
  - Title

Comment: ____________________________________________

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
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Designated Agency Contact (Name, Title)
LINDA BALDERRAMA - TICKET ADMINISTRATOR
Area Code/Phone Number 213-974-5555
E-mail FIFTHDISTRICT@LACBOS.ORG
Date Stamp
Date of Original Filing: (Month, Day, Year)

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass $ 168.00
Event Description LA PHILHARMONIC
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no:
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒ If yes:

3. Recipients
- Use Section A to identify the agency’s department or unit.
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<tbody>
<tr>
<td>Citraro, Rosa</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☒ retain quality employees</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
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Signature of Agency Head or Designee: Linda Balderrama
Print Name: Ticket Administrator
Title: 3/14/13 (Month, Day, Year)

Comment: 
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
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   Event Description LA PHILHARMONIC
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: ____________________________
   Date(s) 04 / 14 / 13
   If yes: ____________________________
   Name of Source
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<td></td>
<td>retain quality employees</td>
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   Signature of Agency Head or Designee
   Linda Balderrama
   Ticket Administrator
   3/14/13 (Month, Day, Year)

Comment: ____________________________