				-				
Δ	$\mathbf{P}$	ub	IIC	n	OC	un	ne	nt

1.	Agency Name				Date Stamp	California 802	
	COUNTY OF LOS ANGELE	S		Form OUZ			
	Division, Department, or Reg	ion (If Applicabl	le)		]	For Official Use Only	
	BOARD OF SUPERVISORS	3					
	Designated Agency Contact (	Name, Title)	1				
	LINDA BALDERRAMA - TICKET ADMINISTRATOR				- Amondment (Market	provide explanation in Part 3.)	
	Area Code/Phone Number	E-mail					
	213-974-5555	FIFTHDIST	RICT@LACE	BOS.ORG	Date of Original Filing:	(Month, Day, Year)	
	Function or Event Inform				1.750 11 13111113	400.00	
					of Each Ticket/Pass \$ _		
	Event Description LA PHILHARMONIC Date(s)				5 , 23 , 13		
	Ticket(s)/Pass(es) provided by	y agency?	Name of So	urce			
	Was ticket distribution made at the behest No ☒ Yes ☐ If yes:					77. 9	
	of agency official?				Official's Name (	Last, First)	
3.	Recipients						
	Use Section A to identify the agency	/'s department or	ual. • Use Section C to iden	tify an outside organization.			
	A. Name of Agency, Department or Unit    Number of   Ticket(s)/   Pass(es)		lic purpose made pursuant	to the agency's policy			
			1 455(55)				
					3.00		
	Number of						
	B. Name of Individual		Ticket(s)/ Pass(es)		Identify one of the following:		
	VEGA, MICHELLE			Ceremonial Role	Other In a land of the land of	Income	
	VLOA, MIOTILLLE		2	RETAIN QUALITY			
				TETAMA GOVERN	EIVII EOTEEO		
				Ceremonial Role	Other	Income	
			2	If checking "Ceremoni	ial Role" or "Other" describe below:		
į	C. Name of Outside Organ	ization	Number of	Barrie			
	(include address and des	cription)	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
-							
				8038 ST 10 10 10 10 10 10 10 10 10 10 10 10 10			
	Verification						
I	have read and understand EPPC Regul	ations 18944.1 an	d 18942. I have ve	rified that the distribution set fo	orth above, is in accordance wit	h the requirements.	
	Detre .	un_	Linda Balde		Ticket Administrator	3/14/13	
	Signature of Agency Head or Designee		Print Nam	е	Title	(Month, Day, Year)	
0	Comment:						

1. Agency Name	COUNTY OF LOS ANGELES				
ANCHES MICHELINIA FAMILIA MINIMATA SEE MICHANIC SE MANGRANGO ANCHANISCON					
Division, Department, or Region (If Applic	able)				
BOARD OF SUPERVISORS					
Designated Agency Contact (Name, Title)	Designated Agency Contact (Name, Title)				
LINDA BALDERRAMA - TICKET ADM	MINISTRATOR		Amendment (Must pro	ovide explanation in Part 3.)	
Area Code/Phone Number E-mail		00.000	Date of Original Filing: _		
	STRICT@LACB	JS.ORG	Date of Original Filling.	(Month, Day, Year)	
2. Function or Event Information	Yes □ No 🏿		(	100.00	
Does the agency have a ticket policy?		of Each Ticket/Pass \$			
Event Description LA AUTO SHOW Date(s) 11  Provide Title/Explanation			, 29 , 12		
HOME!			LESS HEALTH CARE	LOS ANGELES	
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐			Name of Soul	тсе	
Was ticket distribution made at the behest No ☐ Yes ☒ If yes:			DNOVICH, MIKE		
of agency official?		, 550.	Official's Name (La	ast, First)	
8. Recipients					
Use Section A to identify the agency's department	• Use Section A to identify the agency's department or unit. • Use Section B to identify an individu				
A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy			
	Pass(es)				
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the followin	g;	
NAME ALL		Ceremonial Role		Income	
NAVID, ALI		-	ial Role" or "Other" describe below: LIC/PRIVATE FACILIT	ES EOD COLINTY	
		RESIDENTS	LIC/PRIVATE PACILIT	ES FOR COUNT	
		Ceremonial Role	Other	Income	
			ial Role" or "Other" describe below:		
A STATE OF THE STA					
Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant t	o the agency's policy	
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Pass(es)				
			.00		
	_				
. Verification  Whave read and understand FPPC Regulations 18944.1	and 18042 I have veri	fied that the distribution set fo	orth above is in accordance with	the requirements	
Maldesand Fre Regulations 10544.				3/14/13	
Signature of Agency Head or Designee	Linda Balder	Idilid	Ticket Administrator	(Month, Day, Year)	
Signature of Againsy Fladu of Designed	i ilik isalile		1	(	
Comment:					

1. Agency Name		With the second	Date Stamp	California 802
COUNTY OF LOS ANGELES		Form 002		
Division, Department, or Region (If Application)	ble)		1	For Official Use Only
BOARD OF SUPERVISORS				
Designated Agency Contact (Name, Title)	1	*		
LINDA BALDERRAMA - TICKET ADM	INISTRATOR		Amendment (Must on	ovide explanation in Part 3.)
Area Code/Phone Number E-mail				· · · · · · · · · · · · · · · · · · ·
	TRICT@LACE	BOS.ORG	Date of Original Filing: _	(Month, Day, Year)
2. Function or Event Information				100.00
Does the agency have a ticket policy?	Yes 🔲 No		f Each Ticket/Pass \$	
Event Description LA AUTO SHOW  Provide Title/E	volanation	Date(s) <u>11</u>	, 29 , 12	
		HOME	LESS HEALTH CARE	LOS ANGELES
Ticket(s)/Pass(es) provided by agency?	Yes No	If no:	LESS HEALTH CARE  Name of Sou	rce
Was ticket distribution made at the behest	No ☐ Yes	If yes: ANTO	NOVICH, MIKE	
of agency official?		•	Official's Name (La	ast, First)
. Recipients				
Use Section A to identify the agency's department	or unit. • Use Sec	tion B to identify an individu	ual. • Use Section C to identi	fy an outside organization.
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant to the agency's policy	
	,			Anna Anna Anna Anna Anna Anna Anna Anna
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
LIN, CHRIS		Ceremonial Role		Income
LIN, OTIKIS	2	73	ial Role" or "Other" describe below: LIC/PRIVATE FACILIT	ES FOR COUNTY
		RESIDENTS	LION KITTALL TROILET	201010001111
		Ceremonial Role	Other	Income
		If checking "Ceremoni	al Role" or "Other" describe below:	
C. Name of Outside Organization	Number of			
(include address and description)	Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant t	o the agency's policy
			8	
. Verification				
I have read and understand FPPC Regulations 18944.1	and 18942. I have ve	rified that the distribution set fo	orth above, is in accordance with	the requirements.
I predenam	Linda Balde		Ticket Administrator	3/14/13
Signature of Agency Head or Designee	Print Name	е	Title	(Month, Day, Year)
Comment:			*	

1. Agency Name	33. 48. 40. 40. 40. 40. 40. 40. 40. 40. 40. 40		Date Stamp	California 202		
COUNTY OF LOS ANGELES				Form OUZ		
Division, Department, or Region	(If Applicable)			For Official Use Only		
BOARD OF SUPERVISORS						
Designated Agency Contact (Nam	ne, Title)					
LINDA BALDERRAMA - TICKE	ET ADMINISTRATO	OR	Amenda at at			
Area Code/Phone Number E-r	mail	· · · · · · · · · · · · · · · · · · ·	Amendment (Must pro	,		
213-974-5555 FII	FTHDISTRICT@LA	ACBOS.ORG	Date of Original Filing: _	(Month, Day, Year)		
2. Function or Event Informat				100.00		
Does the agency have a ticket po			e of Each Ticket/Pass \$	100.00		
Event Description LA AUTO SHO	OW vide Title/Explanation	Date(s)	11 , 29 , 12			
		HO!	MELESS HEALTH CARE	LOS ANGELES		
Ticket(s)/Pass(es) provided by ag	gency? Yes ☐	No 🗵 It no: 🕂	Name of Sour	rce		
Was ticket distribution made at the	e behest No □ \	∕es⊠ If yes: AN	TONOVICH, MIKE	_		
of agency official?		•	Official's Name (La	ast, First)		
. Recipients						
Use Section A to identify the agency's de	Number		vidual. • Use Section C to identit	fy an outside organization.		
A. Name of Agency, Department of	r Unit Ticket(s	)/ Describe the p	Describe the public purpose made pursuant to the agency's policy			
	Number	of				
B. Name of Individual	Ticket(s	)/	Identify one of the followin	g:		
		Ceremonial Ro	le Other	Income		
HU, ANTHONY	5	The state of the s	monial Role" or "Other" describe below:	E0 E0D 001 11 TO		
		RESIDENTS	JBLIC/PRIVATE FACILIT	ES FOR COUNTY		
		Ceremonial Ro	le Other	Income		
	pac	1	monial Role" or "Other" describe below:			
O News of Outside Course of	Number	of				
Name of Outside Organization (include address and descript)	UII Tielsette	)/ Describe the p	public purpose made pursuant to	o the agency's policy		
				:		
			, , , , , , , , , , , , , , , , , , ,			
. Verification						
I have read and understand FPPC Regulation.		e verified that the distribution s	et forth above, is in accordance with	the requirements.		
I Pildename	Linda Ba	lderrama	Ticket Administrator	3/14/13		
Signature of Agency Head or Designee	Print	Name	Title	(Month, Day, Year)		
Comment:			*			
Common.		***************************************		EDDC F 202 (4/42)		

## Ceremonial Role Events and Ticket/Pass Distributions

1.	Agency Name				Date Stamp	California 802
	COUNTY OF LOS ANGELES	3				Form 002
	Division, Department, or Regio	n (If Applicabl	(e)		1	For Official Use Only
	BOARD OF SUPERVISORS					
	Designated Agency Contact (Na	ame, Title)				
	LINDA BALDERRAMA - TICI	KET ADMIN	Amendment (Must pro	wide explanation in Bort 2.)		
	Area Code/Phone Number	E-mail				vide explanation in Falt 5.)
	213-974-5555	FIFTHDIST	RICT@LACE	BOS.ORG	Date of Original Filing: _	(Month, Day, Year)
2.	Function or Event Inform	ation		100.00		
	Does the agency have a ticket p	100	f Each Ticket/Pass \$	1000704-700070000		
	Event Description LA AUTO S	HOW	٠	Date(s)11		
	Provide Title/Explanation					
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: HOMEL				LESS HEALTH CARE  Name of Sour	COS ANGELES
	Was ticket distribution made at	No ☑ Yes	☐ If yes:			
	of agency official?				Official's Name (La	st, First)
3.	Recipients					
	• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual				al. • Use Section C to identif	y an outside organization.
	A. Name of Agency, Department	Number of Ticket(s)/ Describe the public Pass(es)		lic purpose made pursuant to the agency's policy		
			r dss(es)		and the second s	
	B. Name of Individual		Number of Ticket(s)/	Identify one of the following:		
	(Lust, Filsy		Pass(es)			
	ANTONOVICH, MIKE			Ceremonial Role  If checking "Ceremoni	Other	Income
	39		5	PROMOTING INTE	RGOVENMENTAL RE	LATIONS
				Ceremonial Role	Participation of the same of t	Income
				If checking "Ceremoni	ial Role" or "Other" describe below:	
	C. Name of Outside Organiza	ation	Number of			
	(include address and descr		Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant to	the agency's policy
					e	
4.	Verification		•			
	I have read and understand FPPC Regulati		d 18942. I have ve	rified that the distribution set fo	orth above, is in accordance with	the requirements.
	& Pildens	m	Linda Balde		Ticket Administrator	3/14/13
	Signature of Agency Head or Designee		Print Nam	е	Title	(Month, Day, Year)
	Comment:					

## **Ceremonial Role Events and Ticket/Pass Distributions**

1.	Agency Name			Date Stamp	California 802	
	COUNTY OF LOS ANGELES				Form OUZ	
	Division, Department, or Region (If Applicable	le)			For Official Use Only	
	BOARD OF SUPERVISORS					
	Designated Agency Contact (Name, Title)	Designated Agency Contact (Name, Title)				
	LINDA BALDERRAMA - TICKET ADMIN	Amendment (Must pro	uside evalenation in Dest 2.)			
	Area Code/Phone Number E-mail				entrodes describes en sistema 💆 que producio, en este vola en entrodución especial se en vincionio e describes en 💆 ()	
_	213-974-5555 FIFTHDISTRICT@LACBOS.ORG			Date of Original Filing: _	(Month, Day, Year)	
2.	Function or Event Information				168.00	
	Does the agency have a ticket policy?	Yes 🛛 No 🗌		of Each Ticket/Pass \$		
	Event Description LA PHILHARMONIC	1	Date(s) <u>03</u>	3 , 13 , 13		
	Frovide TrierExp	pianation				
	Ticket(s)/Pass(es) provided by agency?	Name of Sour	се			
	Was ticket distribution made at the behest of agency official?	No ☑ Yes ☐	If yes:	Official's Name (La	st, First)	
3.	Recipients		Massacon com some some some some some			
	Use Section A to identify the agency's department or	ual. • Use Section C to identif	y an outside organization.			
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	o the agency's policy	
		1 433(63)		THE AREA SECTION AND THE SECTION SECTI		
	B. Name of Individual	Number of Ticket(s)/		Identify one of the followin	g:	
		Pass(es)	Ceremonial Role	Other	Income	
	SAPORITO, STEPHANIE		The second secon	ial Role" or "Other" describe below:	moonie 🗖	
			retain quality emplo	oyees		
		-	0	ПопП		
			Ceremonial Role  If checking "Ceremonial Role	Other Dial Role" or "Other" describe below:	Income L	
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant to	the agency's policy	
	(minute)	Pass(es)				
		+				
A	Varification					
4.	Verification I have read and understand FPPC Regulations 18944.1 and	d 18942. I have verifie	ed that the distribution set fo	orth above, is in accordance with	the requirements.	
	I Bilderson	Linda Balderra		Ticket Administrator	3/14/13	
	Signature of Agency Head or Designee	Print Name		Title	(Month, Day, Year)	
	Comment:				EDDC Form 902 (4/12)	

## Ceremonial Role Events and Ticket/Pass Distributions

1.	Agency Name				Date Stamp	California 802
	COUNTY OF LOS ANGELE	S	W-190001001001001			Form OUZ
	Division, Department, or Regi	on (If Applicabl	le)		8	For Official Use Only
	BOARD OF SUPERVISORS	3				
	Designated Agency Contact (	Name, Title)				
	LINDA BALDERRAMA - TIO	CKET ADMI	VISTRATOR		Amendment (Must pro	vide evolanation in Part 2.)
	Area Code/Phone Number	E-mail			3 <u> </u>	vide explanation in Falt 5.)
	213-974-5555		RICT@LACE	OS.ORG	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Inform			MD2 WMD94 oc	MANAGES OF MESSAS TO MANAGES NO	168.00
	Does the agency have a ticket	0.5.0	Yes 🛛 No		f Each Ticket/Pass \$	100.00
	Event Description LA PHILHA	ARMONIC  Provide Title/Exp	olanation	Date(s)		
	Ticket(s)/Pass(es) provided by	agency?	Yes ☐ No	If no:	Name of Source	~a
	Was ticket distribution made a	t the hehest	N - KZI - V I			
	of agency official?	t the benest	No 🛛 Yes l	☐ If yes:	Official's Name (La	st, First)
3.	Recipients					
	Use Section A to identify the agency		Number of	tion B to identify an individu	ial. • Use Section C to identify	/ an outside organization.
	A. Name of Agency, Department or Unit Ticket(s)/ Pass(es)			Describe the pub	lic purpose made pursuant to	the agency's policy
	B. Name of Individua	Number of Ticket(s)/ Pass(es)		Identify one of the following	<b>1:</b>	
	SAPORITO, STEPHANIE			Ceremonial Role	Other Dial Role" or "Other" describe below:	Income
	o, ii o, iii			retain quality emplo		
	New Address of the Control of the Co			Ceremonial Role	Other	Income
					al Role" or "Other" describe below:	
					9	
	C. Name of Outside Organi (include address and desc		Number of Ticket(s)/	Describe the publ	lic purpose made pursuant to	the agency's policy
			Pass(es)			
	Verification					
•	I have read and understand FPPC Regula	ations 18944.1 an	d 18942. I have ve	rified that the distribution set fo	orth above, is in accordance with t	he requirements.
	L Belderia	me	Linda Balde	rrama	Ticket Administrator	3/14/13
	Signature of Agency Head or Designee		Print Name	9	Title	(Month, Day, Year)
	Comment:					

## Ceremonial Role Events and Ticket/Pass Distributions

1.	Agency Name		Date Stamp	California 802		
	COUNTY OF LOS ANGELE	2000			(6	Form For Official Use Only
	Division, Department, or Reg	ion (If Applicab	le)			1 of Official Use Offiy
	BOARD OF SUPERVISORS	3				
	Designated Agency Contact (	Name, Title)				
	LINDA BALDERRAMA - TIO	CKET ADMII	NISTRATOR		Amendment (Must pro	vide explanation in Part 3.)
	Area Code/Phone Number	E-mail		00.000		The explaination in all on,
_	213-974-5555		RICT@LACB	OS.ORG	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information Does the agency have a ticket policy?			V KOLU I	T Face Value o	f Each Ticket/Pass \$	168.00
	DOLLAR DESIGNATION SELECTION SELECTI		Yes 🛛 No			
	Event Description LA PHILH	Provide Title/Exp	planation	Date(s)		
	Ticket(s)/Pass(es) provided by	v agency?	Yes □ No [	<b>⊠</b> If no:	Name of Soun	
			Ÿ		Name of Soun	се
	Was ticket distribution made a of agency official?	t the behest	No 🛛 Yes [	If yes:	Official's Name (La	st, First)
	Recipients					
٠.	Use Section A to identify the agency	/'s department o	r unit. • Use Sect	tion B to identify an individu	al. • Use Section C to identify	y an outside organization.
	A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
			rass(es)			
	B. Name of Individua	l .	Number of Ticket(s)/ Pass(es)	Identify one of the following:		
	CARORITO OTERHANIE			Ceremonial Role		Income
	SAPORITO, STEPHANIE			₩	al Role" or "Other" describe below:	
				retain quality emplo	ryees	
				Ceremonial Role	Other	Income
				If checking "Ceremonic	al Role" or "Other" describe below:	
	C. Name of Outside Organi	ization	Number of	Dear-th- th- 11		4h
	(include address and des		Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant to	o the agency's policy
					2	
	Verification I have read and understand FPPC Regul	ations 18944 1 ar	nd 18942. I have ver	ified that the distribution set fo	orth above. Is in accordance with t	the requirements
	1 Bildenan		Linda Baldei		Ticket Administrator	3/14/13
	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)
	Comment:					

			A STATE OF THE STA			
1. Agency Name	Date Stamp	California 802				
COUNTY OF LOS ANGELES			_	Form For Official Use Only		
Division, Department, or Region (If Appl	licable)					
BOARD OF SUPERVISORS						
Designated Agency Contact (Name, Title,	Designated Agency Contact (Name, Title)					
LINDA BALDERRAMA - TICKET AD	MINISTRATOR		Amendment (Must pr	covide evalenation in Part 2.1		
Area Code/Phone Number E-mail						
213-974-5555 FIFTHD	ISTRICT@LACB	OS.ORG	Date of Original Filing: _	(Month, Day, Year)		
2. Function or Event Information				168.00		
Does the agency have a ticket policy?	f Each Ticket/Pass \$					
Event Description LA PHILHARMONI	С	Date(s)04	, 07 , 13			
Provide Titl	le/Explanation					
Ticket(s)/Pass(es) provided by agency?	Yes No 🛚	₫ If no:	Name of Sou	ırce		
Was ticket distribution made at the beha	est No⊠ Yes□	٦ ، ،				
of agency official?	INO M YES L	л п yes:	Official's Name (L	ast, First)		
. Recipients						
Use Section A to identify the agency's department	ent or unit. • Use Secti	ion B to identify an individu	ual. • Use Section C to identi	fy an outside organization.		
A. Name of Agency, Department or Unit	A. Name of Agency, Department or Unit  Number of Ticket(s)/			Describe the public purpose made pursuant to the agency's policy		
	Pass(es)					
1						
R Name of Individual						
B. Name of Individual	Ticket(s)/ Pass(es)		Identify one of the following	ng:		
		Ceremonial Role	Other	Income		
SAPORITO, STEPHANIE		₫	ial Role" or "Other" describe below:			
		retain quality emplo	oyees			
		Ceremonial Role	Other	Income		
			ial Role" or "Other" describe below:	moonie 🗖		
Name of the second seco				va veneral ven		
Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant t	to the agency's policy		
(metalo dall'oso anti deson,phon,	Pass(es)					
		9 186 SWB 1865 P				
			3			
. Verification  I have read and understand FPPC Regulations 18944	1.1 and 18942. I have veri	fied that the distribution set fo	orth above is in accordance with	the requirements		
historial and thousand in the conductions 10544						
Signature of Agency Head or Designee	Linda Balder	Iailia	Ticket Administrator	3/14/13 (Month, Day, Year)		
Signature St. Igonop Hood of Boolghoo	. III Namo		MATE .	(, 20), 10di)		
Comment:						

				A i dono bocament	
I. Agency Name	-	-	Date Stamp	California 802	
COUNTY OF LOS ANGELES				Form OUZ	
Division, Department, or Region (	If Applicable)		1	For Official Use Only	
BOARD OF SUPERVISORS					
Designated Agency Contact (Name	ə, Title)				
LINDA BALDERRAMA - TICKE	T ADMINISTRATOR				
Area Code/Phone Number   E-m			Amendment (Must pro		
213-974-5555 FIF	THDISTRICT@LACE	OS.ORG	Date of Original Filing: _	(Month, Day, Year)	
. Function or Event Informat	ion				
Does the agency have a ticket pol	icy? Yes⊠ No	Face Value o	f Each Ticket/Pass \$	168.00	
Event Description LA PHILHARN	IONIC	Date(s) 04	23 , 13	1 1	
Prov	ide Title/Explanation	Date(s)			
Ticket(s)/Pass(es) provided by age	ency? Yes□ No!	☑ If no:	Name of Sou		
Was ticket distribution made at the of agency official?	behest No 🛛 Yes	If yes:	Official's Name (La	ast, First)	
Recipients     Use Section A to identify the agency's de	partment or unit. • Use Sec	tion B to identify an individu	ual. • Use Section C to identi	fv an outside organization.	
A. Name of Agency, Department or	Use Section A to identify the agency's department or unit.     Use Section B to identify an individ     Number of				
A. Name of Agency, Department of	Ticket(s)/ Pass(es)	bescribe trie pub	olic purpose made pursuant to the agency's policy		
B. Name of Individual	Number of	Number of Ticket(s)/ Identify one of the following:			
(Last, First)	Pass(es)		identity one of the followin		
Classow Lori		Ceremonial Role		Income	
Glasgow, Lori	4	retain quality emplo	ial Role" or "Other" describe below:		
		rotain quality omple	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		Ceremonial Role	Other	Income	
		If checking "Ceremon	ial Role" or "Other" describe below:		
	_ Number of				
C. Name of Outside Organization (include address and description)	Ticket(a)/	Describe the pub	lic purpose made pursuant t	o the agency's policy	
	1 033(63)				
		No. 1			
Varification					
<ul> <li>Verification         I have read and understand FPPC Regulations     </li> </ul>	: 18944.1 and 18942. I have ve	rified that the distribution set fo	orth above, is in accordance with	the requirements.	
P Baldessa m.	Linda Balde		Ticket Administrator	3/14/13	
Signature of Agency Head or Designee	Print Nam		Title	(Month, Day, Year)	
Comment:					

1.	Agency Name			Date Stamp	California 802
	COUNTY OF LOS ANGELES				Form OUZ
	Division, Department, or Region (If Applicable	е)		1	For Official Use Only
	BOARD OF SUPERVISORS	*			
	Designated Agency Contact (Name, Title)				
	LINDA BALDERRAMA - TICKET ADMIN	Amandanant (Martan	ride conforming Ded 2)		
	Area Code/Phone Number E-mail	Amendment (Must pro	a a capacitima es a qual No em central in colore em 1 mescrimo do presentado. Em central esta como em 1 mescrimo em 1 mescrimo de 1 mescrimo em 1 mescrimo		
_	213-974-5555 FIFTHDISTI	Date of Original Filing: _	(Month, Day, Year)		
2.	Function or Event Information				168.00
	Does the agency have a ticket policy?	Yes 🛛 No 🗆		f Each Ticket/Pass \$	
	Event Description LA PHILHARMONIC		Date(s)03	12 , 13	
	Provide Title/Expl	lanation			
	Ticket(s)/Pass(es) provided by agency?	Name of Sour	се		
	Was ticket distribution made at the behest	No ☑ Yes ☐	] If yes:		
	of agency official?		,	Official's Name (La	st, First)
3.	Recipients				
	Use Section A to identify the agency's department or	al. • Use Section C to identif	y an outside organization.		
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	o the agency's policy
		1 433(63)			
		7			
	B. Name of Individual	Number of Ticket(s)/		Identify one of the following	a:
	(Last, First)	Pass(es)			
	Glasgow, Lori		Ceremonial Role	Other Role" or "Other" describe below:	Income L
	0.8050.11, 2011	4	retain quality emplo		
				• PESSON CORRE	
			Ceremonial Role	Other	Income
			If checking "Ceremoni	al Role" or "Other" describe below:	
	C. Name of Outside Organization	Number of			
	(include address and description)	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	the agency's policy
			,		
4.	Verification				
-	I have read and understand FPPC Regulations 18944.1 and	d 18942. I have verif	ied that the distribution set fo	orth above, is in accordance with	the requirements.
	& Boldenanu	Linda Balderr	rama	Ticket Administrator	3/14/13
	Signature of Agency Head or Designee	Print Name		Title	(Month, Day, Year)
	9				
	Comment:		***************************************	AND	EDDC Form 902 (4/42)

## Ceremonial Role Events and Ticket/Pass Distributions

1.	Agency Name	-0	Date Stamp	California 802			
	The state of the s	COUNTY OF LOS ANGELES Division, Department, or Region (If Applicable)				For Official Use Only	
	BOARD OF SUPERVISORS  Designated Agency Contact (						
	LINDA BALDERRAMA - TI		NISTRATOR				
	Area Code/Phone Number	E-mail	Amendment (Must pro	ovide explanation in Part 3.)			
213-974-5555 FIFTHDISTRI			RICT@LACE	BOS.ORG	Date of Original Filing:		
2.	Function or Event Infor	mation				168.00	
	Does the agency have a ticke	t policy?	Yes 🛛 No		f Each Ticket/Pass \$	100.00	
	Event Description LA PHILH	ARMONIC  Provide Title/Exp	, 03 , 13				
	Ticket(s)/Pass(es) provided by	y agency?	Yes No	If no:	Name of Sour	се	
	Was ticket distribution made a of agency official?	No 🛛 Yes	☐ If yes:	Official's Name (La	est, First)		
3.	Recipients						
	Use Section A to identify the agency	y's department or	unit. • Use Sec	ction B to identify an individu	al. • Use Section C to identif	y an outside organization.	
	A. Name of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	o the agency's policy	
	B. Name of Individua	Number of Ticket(s)/ Pass(es)		Identify one of the followin	g:		
	Glasgow, Lori	4	Ceremonial Role   If checking *Ceremoni retain quality emplo	ial Role" or "Other" describe below:	Income		
				Ceremonial Role	Other I	Income 🔲	
	C. Name of Outside Organ (include address and des		Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant to	o the agency's policy	
,	Verification I have read and understand FPPC Regulation	lations 18944.1 an	d 18942. I have ve	erified that the distribution set fo	orth above, is in accordance with	the requirements.	
	L Bildenas	u_	Linda Balde	errama	Ticket Administrator	3/14/13	
	Signature of Agency Head or Designee		Print Nam	е	Title	(Month, Day, Year)	
	Comment:						

### Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name		Date Stamp California					
COUNTY OF LOS ANGELE	15.84			1	Form For Official Use Only		
Division, Department, or Regi	on (If Applicable						
BOARD OF SUPERVISORS							
Designated Agency Contact (	Name, Title)		-				
LINDA BALDERRAMA - TIO	CKET ADMIN	Amendment (Must p	rovide explanation in Part 3.)				
Area Code/Phone Number	SECURITY CONTROL CONTR				2		
213-974-5555 FIFTHDISTRICT@LACBOS.ORG				Date of Original Filing:	(Month, Day, Year)		
2. Function or Event Inform		6 E - 1 E - 1 - 1 - 1 - 1	168.00				
	Does the agency have a ticket policy? Ye			of Each Ticket/Pass \$ _			
Event Description LA PHILHA	Event Description LA PHILHARMONIC Date(s						
			gen oc				
Ticket(s)/Pass(es) provided by	agency?	Yes No	☑ If no:	Name of So	urce		
Was ticket distribution made a	t the behest	No 🛛 Yes	☐ If yes:	Official's Name (I			
of agency official?			•	Official's Name (L	.ast, First)		
. Recipients							
Use Section A to identify the agency	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, Departmen	nt or Unit	Number of Ticket(s)/ Describe the pub Pass(es)		olic purpose made pursuant to the agency's policy			
	Number of						
B. Name of Individual		Ticket(s)/ Pass(es)		Identify one of the followi	ng:		
			Ceremonial Role	Other	Income		
Busalacchi, Nicholas		4		ial Role" or "Other" describe below:			
			retain quality emplo	byees			
			Ceremonial Role	Other	Income		
			3-2000 DO CARTAN DO ANTO HOROCONO 100	ial Role" or "Other" describe below:			
		Number of					
C. Name of Outside Organization (include address and description)		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy		
		F 455(E5)					
. Verification		L	L				
I have read and understand FPPC Regula	ations 18944.1 and	d 18942. I have ve	erified that the distribution set fo	orth above, is in accordance wit	h the requirements.		
L Baldenas	-	Linda Balde	errama	Ticket Administrator	3/14/13		
Signature of Agency Head or Designee		Print Nam		Title	(Month, Day, Year)		
Comment:							

1.	Agency Name	1100 CO - NO			Date Stamp	California Q02	
	COUNTY OF LOS ANGELES			Form 602			
	Division, Department, or Region	(If Applicabl	1	For Official Use Only			
	BOARD OF SUPERVISORS						
	Designated Agency Contact (Nat	me, Title)	•				
	LINDA BALDERRAMA - TICK	ET ADMIN					
	Area Code/Phone Number E-	-mail	Amendment (Must provide explanation in Part 3.)				
	213-974-5555 F	IFTHDIST	RICT@LACE	BOS.ORG	Date of Original Filing: _	(Month, Day, Year)	
2.	Function or Event Informa	ation					
					of Each Ticket/Pass \$		
	Event Description LA PHILHAR	MONIC  ovide Title/Exp	2 13				
			Yes □ No				
	Ticket(s)/Pass(es) provided by a	gency?	Name of Sou	гсе			
	Was ticket distribution made at the	No 🛛 Yes	☐ If yes:				
	of agency official?		Official's Name (La	ast, 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				olic purpose made pursuant to the agency's policy		
	**************************************		Pass(es)	The state of the s			
	B. Name of Individual		Number of Ticket(s)/		Identify one of the following	u:	
	(Last, First)		Pass(es)				
	SHOFLER, RAYMOND			Ceremonial Role	Other Dial Role" or "Other" describe below:	Income	
			2	VIV.2003 - 0.345463 - 0.003	ate facilities for county	residents	
				ordered in the contract of the	,		
				Ceremonial Role	Other	Income	
				If checking "Ceremoni	al Role" or "Other" describe below:		
	Nome of Outside Organization	la.	Number of				
	C. Name of Outside Organization (include address and description)		Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant t	o the agency's policy	
1	Verification						
	I have read and understand FPPC Regulation	ns 18944.1 and	orth above, is in accordance with	the requirements.			
	Thaldenne.	Linda Balde		Ticket Administrator	3/14/13		
	Signature of Agency Head or Designee		Print Name		Title	(Month, Day, Year)	
						ARLES GARANTES CONTRACTOR TO THE STATE OF TH	
	Comment:						

1.	Agency Name				Date Stamp	California 802	
	COUNTY OF LOS ANGELES					Form For Official Use Only	
	Division, Department, or Region (If Applicable)						
	BOARD OF SUPERVISORS						
	Designated Agency Contact (	Name, Title)					
	LINDA BALDERRAMA - TIO	CKET ADMI	Amendment (Must provide explanation in Part 3.)				
					*		
	213-974-5555		RICT@LACE	BOS.ORG	Date of Original Filing: .	(Month, Day, Year)	
2.	Function or Event Inform			168.00			
	800 MOT SWA NO SWA				of Each Ticket/Pass \$		
	Event Description LA PHILHA	ARMONIC  Provide Title/Ext	, 21 , 13				
	Ticket(s)/Pass(es) provided by						
	ricket(s)/Pass(es) provided by	agency?	Name of Sou	urce			
	Was ticket distribution made at the behest No ☒ Yes ☐ If yes:			☐ If yes:	Official's Name (L		
	of agency official?				Official's Name (L	.ast, 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 o						
	A. Name of Agency, Department or Unit		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
				c			
	B. Name of Individual		Number of Ticket(s)/		Identify one of the following:		
	(Last, First)		Pass(es)				
	Citraro, Rosa			Ceremonial Role	Other I	Income	
	511.41.5, 1.654		2	retain quality emplo			
				The second second second second second			
				Ceremonial Role	Other	Income	
				If checking "Ceremoni	ial Role" or "Other" describe below:		
	C. Name of Outside Organization		Number of Ticket(s)/	Describe the public purpose made pursuant to the agency'		to the agency's policy	
	(include address and description)		Pass(es)	besome the publi	no parpose made parsuant	to the agency a policy	
					Ja -		
	Verification	-V 400444					
	Phave read and understand FPPC Regula			forth above, is in accordance with the requirements.			
	1/ Wallam	<u></u>	Linda Balde		Ticket Administrator	3/14/13	
	Signature of Agency Head or Designee		Print Nam	e .	Title	(Month, Day, Year)	
	Comment:				-		

. Agency Name			Date Stamp	California QA2			
COUNTY OF LOS ANGELES		Form OUZ					
Division, Department, or Region (If Applicate	1	For Official Use Only					
BOARD OF SUPERVISORS							
Designated Agency Contact (Name, Title)	1						
LINDA BALDERRAMA - TICKET ADMI							
Area Code/Phone Number   E-mail			Amendment (Must pr	ovide explanation in Part 3.)			
213-974-5555 FIFTHDIS <sup>-</sup>	TRICT@LACE	BOS.ORG	Date of Original Filing:	(Month, Day, Year)			
. Function or Event Information				(MONUI, Day, Year)			
Does the agency have a ticket policy?	Yes 🛛 No	☐ Face Value of	of Each Ticket/Pass \$	168.00			
Event Description LA PHILHARMONIC							
Provide Title/Ex	Provide Title/Explanation						
Ticket(s)/Pass(es) provided by agency?	Yes ☐ No	☑ If no:	Name of Source				
10/ 4:-1-4 di-4-il4:		_		rce			
Was ticket distribution made at the behest of agency official?	No <b>⊠</b> Yes	☐ If yes:	Official's Name (L.	ast, First)			
<ul> <li>Recipients</li> <li>Use Section A to identify the agency's department of</li> </ul>	or unit. • Use Sec	ction B to identify an individu	ual. • Use Section C to identi	fy 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					
And the property of the second se							
	Number of						
B. Name of Individual	Ticket(s)/ Pass(es)		Identify one of the following	ıg:			
		Ceremonial Role	Other	Income			
Citraro, Rosa	2	If checking "Ceremon	ial Role" or "Other" describe below:				
		retain quality emplo	oyees				
		Ceremonial Role	Other Intermedial Role" or "Other" describe below:	Income			
		wantaning salaman					
C. Name of Outside Organization	Number of Ticket(s)/	Describe the nub	lic purpose made pursuant t	o the agency's policy			
(include address and description)	Pass(es)	Describe the pub	no purpose made pursuant t	o the agency's policy			
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 require							
Mudeur	Linda Balde	rrama	Ticket Administrator	3/14/13			
Signature of Agency Head or Designee	Print Nam	е	Title	(Month, Day, Year)			
Comment:							