

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

A Public Document

1. Agency Name		Date Stamp	California Form 802
County of Los Angeles			For Official Use Only
Division, Department, or Region <i>(if applicable)</i>			
Board of Supervisors			
Street Address			
500 W. Temple St #869 LA 90012		<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i> Date of Original Filing: _____ <small>(month, day, year)</small>	
Designated Agency Contact <i>(Name, Title)</i>			
Linda Balderrama Ticket Administrator			
Area Code/Phone Number	E-mail		
213-974-5555	fifthdistrict@lacbos.or		

2. Function, Event, or Ceremonial Role Information

Title _____ Face Value of Each Admission \$ 100.00

Description LA Philharmonic Date(s) 2 / 12 / 11 2 / 18 / 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.
Glasgow, Lori	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Retain quality employees 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"/>
		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
Ticket Administrator
3-18-11
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.)*

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2. Function, Event, or Ceremonial Role Information

Title _____ Face Value of Each Admission \$ 100.00

Description LA Philharmonic Date(s) 2 / 20 / 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?

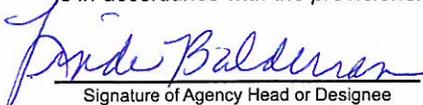
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Kid's Community Dental Clinic	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Fundraiser auction item Income <input type="checkbox"/>
400 W. Elmwood Ave., Burbank CA		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
dental services for low income		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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213-974-5555	fifthdistrict@lacbos.or		

2. Function, Event, or Ceremonial Role Information

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Description LA Philharmonic Date(s) 3 / 5 / 11 _____

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Nancy Kimm	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	promoting public facility for public use	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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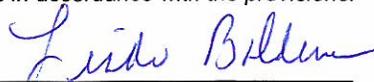
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Gayle Sun	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	promoting public facility for public use	<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>

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