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 ☒
Date(s) 4 / 17 / 13 4 / 26 / 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.

<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</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></td>
<td>PROMOTE PUBLIC/PRIVATE FACILITIES FOR RESIDENT USE</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>
</tbody>
</table>

4. Verification
I have read and understand FPPC Regulations 19944.1 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.
LINDA BALDERRAMA TICKET ADMINISTRATOR 4-2-13
(Month, Day, Year)

Comment:
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 $ 240.00
Event Description LA OPERA
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Date(s) 3/31/13
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.

<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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</thead>
<tbody>
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<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>STEPHANIE SAPORITO</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>RETAIN QUALITY EMPLOYEE</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>
</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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<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
I have read and understand FPPC Regulations 19944.1 and 19942. 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: ___________________________________________________________

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

<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

2. **Function or Event Information**  
Does the agency have a ticket policy? Yes ☒ No ☐  
Face Value of Each Ticket/Pass $ 168.00

<table>
<thead>
<tr>
<th>Event Description</th>
<th>Face Value of Each Ticket/Pass</th>
<th>Date(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>LA PHILHARMONIC</td>
<td>168.00</td>
<td>5 / 2 / 13</td>
</tr>
</tbody>
</table>

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

Was ticket distribution made at the behest of agency official? No ☐ Yes ☒  
If yes: ____________________________  
If no: ____________________________  
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 | Number of Ticket(s)/Pass(es) | Identify one of the following:  
Ceremonial Role ☐ Other ☐ Income ☐  
If checking “Ceremonial Role” or “Other” describe below: |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</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>Methodist Hospital Foundation</td>
<td>2</td>
<td>support of non-profit</td>
</tr>
<tr>
<td>300 W. Huntington Dr, Arcadia 91007</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. **Verification**  
I have read and understand FPPC Regulations 19944.1 and 19942. 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  
4-2-13  
(Month, Day, Year)

Comment: ____________________________
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: __________________________
If yes: __________________________
Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
If yes: __________________________
Name of Source __________________________
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:

Ceremonial Role ☐ Other ☐ Income ☐
If checking "Ceremonial Role" or "Other" describe below:

B. 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
--- | --- | ---
TIERRA DEL SOL FOUNDATION 2 | support of non-profit
9919 SUNLAND BL, SUNLAND 91040

4. Verification
I have read and understand FPPC Regulations 19944.1 and 19942. 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 4-2-13

Comment: ____________________________________________________________________________
**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    E-mail
213-974-5555    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
   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:

   **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
   CRESCENTA VALLEY CHAMBER OF COMMERCE   2
   support of non-profit

3131 Foothill Bl #D, La Crescenta 91214

4. **Verification**
   I have read and understand FPPC Regulations 19644.1 and 19642. I have verified that the distribution set forth above, is in accordance with the requirements.

   Signature of Agency Head or Designee
   [Signature]
   LINDA BALDERRAMA   PRINT NAME
   TICKET ADMINISTRATOR   TITLE
   4-2-13  (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
   - BOARD OF SUPERVISORS
   - LINDA BALDERRAMA - TICKET ADMINISTRATOR

2. **Function or Event Information**
   - Event Description: LA PHILHARMONIC
   - Face Value of Each Ticket/Pass: $168.00
   - Date(s): 5/4/13
   - Ticket(s)/Pass(es) provided by agency: Yes [x] No [ ]
   - If no: ____________________________  Name of Source
   - Was ticket distribution made at the behest of agency official? Yes [ ] No [x]
   - 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 | Number of Ticket(s)/Pass(es) | Identify one of the following:
   - Ceremonial Role [ ] Other [ ] Income [ ]
   - [ ]
   - Ceremonial Role [ ] Other [ ] Income [ ]
   - [ ]

   **C.** Name of Outside Organization | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency’s policy
   - Zonta Club of Santa Clarita Valley | 2 | support of non-profit
   - PO Box 802332, Santa Clarita 91380

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

   Comment: ____________________________

   (Signature of Agency Head or Designee) LINDA BALDERRAMA
   (Print Name) TICKET ADMINISTRATOR
   (Title) 4-2-13 (Month, Day, Year)