### 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@lacobos.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 $  
170.00
- Date(s) 5/7/15
- Ticket(s)/Pass(es) provided by agency?  Yes [x]  No [ ]
- If no:  
LA Philharmonic  
Name of Source
- Was ticket distribution made at the behest of agency official?  No [ ]  Yes [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.*

<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>

| Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:  
Ceremonial Role [ ]  Other [ ]  Income [ ]  
|---------------------------------|-----------------------------|-----------------------------------------------------------------|
| Schofer, Raymond                 |                             | Cерemonial Role [x]  Other [ ]  Income [ ]  
If checking "Ceremonial Role" or "Other" describe below:  
Promote public/private facilities |
| 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  
5/12/15  
(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 Balderama - 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 ☐
Event Description LA Philharmonic
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
Face Value of Each Ticket/Pass $ 170.─
Date(s) 5 / 8 / 15
If no: LA Philharmonic
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>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
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<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
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<td></td>
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<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
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<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>Altadena Chamber of Commerce</td>
<td>2</td>
<td>support non-profit</td>
</tr>
<tr>
<td>730 E. Altadena Dr. Altadena 91001</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: L. Balderama
Print Name: Ticket Administrator
Title: (Month, Day, Year) 5/12/15

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

   Face Value of Each Ticket/Pass $ 170—
   Date(s) 5/21/15
   If no: LA Philharmonic
   Name of Source
   If yes: ____________________________
   Official’s Name (Last, First)

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description LA Philharmonic
   Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
   Was ticket distribution made at the behest of agency official? No ☐ 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.

   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:
      ____________________________

   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
      Glendale Youth Alliance
      1255 S. Central Ave
      Glendale 91204
      2 support non-profit

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 5/12/15
   (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@lacsos.org

2. **Function or Event Information**
   - Does the agency have a ticket policy? Yes ☑ No ☐
   - Face Value of Each Ticket/Pass $40.00
   - Event Description: LA Dodgers
   - Provide Title/Explanation:
   - Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   - Date(s): 6 / 21 / 15 7 / 3 / 15
   - If no: LA Dodgers
   - 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**
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<tr>
<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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   **B. Name of Individual**
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<tr>
<th>Number of Ticket(s)/ Pass(es)</th>
<th>Identify one of the following:</th>
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</thead>
<tbody>
<tr>
<td>Pangborn, Michelee</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td>Retain quality employees</td>
</tr>
</tbody>
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   **C. Name of Outside Organization** (include address and description)
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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 - Ticket Administrator
   - Signature of Agency Head or Designee
   - Print Name
   - Title
   - Date: 5/12/15

Comment: 

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
1. Agency Name
   County of Los Angeles
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Linda Balderrama - Ticket Administrator

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description: LA Dodgers
   Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
   Was ticket distribution made at the behest of agency official? No ☒ Yes ☐
   Face Value of Each Ticket/Pass $ 40.00
   Date(s) 8 / 2 / 15 3 / 30 / 15

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>
<td>Pangborn, Michelee</td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐ Retain quality employees</td>
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<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
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<th>Name of Outside Organization (include address and description)</th>
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<th>Describe the public purpose made pursuant to the agency’s policy</th>
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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: 5/12/15
   (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 (Name, Title)
     - Linda Balderrama - Ticket Administrator
   - Area Code/Phone Number
     - 213-974-5555
     - E-mail
       - fifthdistrict@lacbos.org

   [Date Stamp] [California Form 802]
   - Date of Original Filing: (Month, Day, Year)

2. **Function or Event Information**
   - Does the agency have a ticket policy? Yes [ ] No [ ]
   - Event Description
     - LA Dodgers
   - Ticket(s)/Pass(es) provided by agency? Yes [ ] No [ ]
   - Was ticket distribution made at the behest of agency official? Yes [ ] No [ ]
   - Face Value of Each Ticket/Pass $ 40.00
   - Date(s) 9 / 20 / 15 10 / 4 / 15
   - If no: LA Dodgers
   - 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
     - Pangborn, Michele
   - Number of Ticket(s)/Pass(es)
   - Describe the public purpose made pursuant to the agency's policy
     - Ceremonial Role [ ] Other [ ]
     - Income [ ]
     - 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
   - Title
     - Ticket Administrator
   - Date (Month, Day, Year)
     - 5/12/15

   Comment:

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   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)