

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

A Public Document

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

**2. Function, Event, or Ceremonial Role Information**

Title LA Dodgers

Face Value of Each Admission \$ 60.00

Description Dodger game

Date(s) 06/19/11 07/04/11

Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☒ If no: LA Dodgers  
 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"> <li>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.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>
Kiwanis Club of Burbank	4	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Income <input type="checkbox"/>
PO Box 697		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
Sun Valley CA 91353		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
Supporting for community &		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
non profit		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  
 Signature of Agency Head or Designee Print Name

Ticket Administrator 05/13/11  
 Title (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

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<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: <input type="text"/> (month, day, year)			

**2. Function, Event, or Ceremonial Role Information**

Title	LA Dodgers	Face Value of Each Admission \$	60.00
Description	Dodger game	Date(s)	08/08/11 08/12/11
Ticket(s)/Admission(s) provided by agency? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no:		LA Dodgers <small>Name of Source</small>	

Was the distribution to persons identified below made at the behest of an agency official?

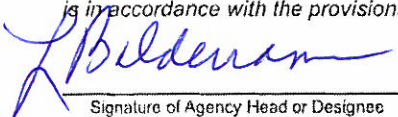
Yes ☒ No ☐ If yes: Antonovich, Mike Supervisor  
Official's Name (Last, First) and Title

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"> <li>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.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>	Income
Glendale Clean & Beautiful	4	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		<input type="checkbox"/>
141 N. Glendale Ave., Ste 114		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
Glendale CA 91206		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
Supporting for community &		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
non profit		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>

**3. Verification**

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 Signature of Agency Head or Designee	Linda Balderrama Print Name	Ticket Administrator Title	05/13/11 (month, day, year)
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<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: (month, day, year)		

**2. Function, Event, or Ceremonial Role Information**

Title	LA Philharmonic	Face Value of Each Admission \$	165.00
Description	Concert	Date(s)	06 / 04 / 11
Ticket(s)/Admission(s) provided by agency? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 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"> <li>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.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>	Income
Antelope Valley Hospital Foundation	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		<input type="checkbox"/>
1600 W. Avenue J		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
Lancaster, CA 93534		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
Promote public/private facility		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>

**3. Verification**

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 Signature of Agency Head or Designee	Linda Balderrama Print Name	Ticket Administrator Title	05/13/11 (month, day, year)
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Comment: (Use this space or an attachment for any additional information including amendment explanation.)

LA Philharmonic pursuant to contract

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**2. Function, Event, or Ceremonial Role Information**

Title	LA Dodgers	Face Value of Each Admission \$	60.00
Description	Dodger game	Date(s)	06/26/11 07/24/11

Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☒ If no: LA Dodgers  
 Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

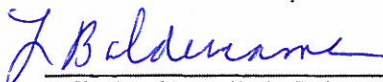
Yes ☒ No ☐ If yes: Antonovich, Mike Supervisor  
 Official's Name (Last, First) and Title

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"> <li>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.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>	Income
St. Francis Alumni Assoc	4	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		<input type="checkbox"/>
200 Foothill Bl		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
La Canada CA 91011		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
Supporting for community &		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
non profit		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>

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	Linda Balderrama	Ticket Administrator	05/13/11
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: <span style="border: 1px solid black; padding: 2px 20px;"></span> (month, day, year)		

**2. Function, Event, or Ceremonial Role Information**

Title	Ahmanson Theatre	Face Value of Each Admission \$	115.00
Description	Play	Date(s)	05 / 14 / 11
Ticket(s)/Admission(s) provided by agency? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no:		Ahmanson <small>Name of Source</small>	

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"> <li>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.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>	Income
Kathryn Barger	2	Yes <input type="checkbox"/> No <input checked="" 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"/>
Promote public/private facility		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>

**3. Verification**

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	Linda Balderrama	Ticket Administrator	05/13/11
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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**1. Agency Name**

County of Los Angeles

Division, Department, or Region (if applicable)  
Board of Supervisors - Fifth District

Street Address  
500 W. Temple St. #869, LA 90012

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, Event, or Ceremonial Role Information**

Title Ahmanson Theatre

Face Value of Each Admission \$ 115.00

Description Play

Date(s) 05 / 14 / 11

Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☒ If no: Ahmanson  
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  
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Linda Balderrama	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		<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"/>
Retain quality employees		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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L Balderrama Linda Balderrama Ticket Administrator 05/13/11  
Signature of Agency Head or Designee Print Name Title (month, day, year)

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**2. Function, Event, or Ceremonial Role Information**

Title	Ahmanson Theatre	Face Value of Each Admission \$	115.00
Description	Play	Date(s)	05 / 14 / 11

Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☒ If no: Ahmanson  
 Name of Source

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Henry Roman	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		<input type="checkbox"/>
17027 Wedgeworth Drive		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
Hacienda Heights, CA 91745		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
Promote public/private facility		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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Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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