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

1. Agency Name
   County of Los Angeles
   Board of Supervisors - Fifth District

2. Function, Event, or Ceremonial Role Information
   Title: LA Dodgers
   Description: Dodger game
   Face Value of Each Admission: $60.00
   Date(s): 06 19 11 07 04 11
   Ticket(s)/Admission(s) provided by agency? Yes [ ] No [x] If no:
   LA Dodgers
   Name of Source

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.

   Signature of Agency Head or Designee: Linda Balderrama
   Print Name: Ticket Administrator
   Title: 05/13/11

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kiwanis Club of Burbank</td>
<td>4</td>
<td>Yes [x]</td>
<td></td>
</tr>
<tr>
<td>PO Box 697</td>
<td></td>
<td>Yes [ ]</td>
<td></td>
</tr>
<tr>
<td>Sun Valley CA 91353</td>
<td></td>
<td>Yes [ ]</td>
<td></td>
</tr>
<tr>
<td>Supporting for community &amp; non profit</td>
<td></td>
<td>Yes [ ]</td>
<td></td>
</tr>
</tbody>
</table>
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

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@lacity.org

2. Function, Event, or Ceremonial Role Information
  Title
  LA Dodgers
  Description
  Dodger game
  Face Value of Each Admission
  $60.00
  Date(s)
  08 08 11 08 12 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:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glendale Clean &amp; Beautiful</td>
<td>4</td>
<td>Yes ☑ No ☐</td>
<td></td>
</tr>
<tr>
<td>141 N. Glendale Ave., Ste 114</td>
<td></td>
<td>Yes ☑ No ☐</td>
<td></td>
</tr>
<tr>
<td>Glendale CA 91206</td>
<td></td>
<td>Yes ☑ No ☐</td>
<td></td>
</tr>
<tr>
<td>Supporting for community &amp; non profit</td>
<td></td>
<td>Yes ☑ No ☐</td>
<td></td>
</tr>
</tbody>
</table>

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
05/13/11

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

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@lacos.org

2. Function, Event, or Ceremonial Role Information
   Title
   LA Philharmonic
   Description
   Concert
   Face Value of Each Admission $165.00
   Date(s)
   06 04 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:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antelope Valley Hospital Foundation</td>
<td>2</td>
<td>No ☑</td>
<td>☐</td>
</tr>
<tr>
<td>1600 W. Avenue J</td>
<td></td>
<td>No ☐</td>
<td>☐</td>
</tr>
<tr>
<td>Lancaster, CA 93534</td>
<td></td>
<td>No ☐</td>
<td>☐</td>
</tr>
<tr>
<td>Promote public/private facility</td>
<td></td>
<td>No ☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

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
   05/13/11
   (month, day, year)
   Signature of Agency Head or Designee
   Print Name
   Title
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
   LA Philharmonic pursuant to contract
Agency Report of:  
Ceremonial Role Events and  
Ticket/Admission Distributions

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**
   LA Dodgers
   
   **Description**
   Dodger game
   
   **Face Value of Each Admission $**
   60.00
   
   **Date(s)**
   06 26 11 07 24 11
   
   **Ticket(s)/Admission(s) provided by agency?**
   Yes [x] No [ ]
   
   **If no:**
   LA Dodgers
   
   **Name of Source**

   **Was the distribution to persons identified below made at the behest of an agency official?**
   Yes [x] No [ ]
   
   **If yes:**
   Antonovich, Mike Supervisor
   
   **Official's Name (Last, First) and Title**

   **The identity of recipient(s) and the explanation:**

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<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>St. Francis Alumni Assoc</td>
<td>4</td>
<td>Yes [x] 05/13/11</td>
</tr>
<tr>
<td>200 Foothill Bl</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>La Canada CA 91011</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>Supporting for community &amp;</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>non profit</td>
<td></td>
<td>Yes</td>
</tr>
</tbody>
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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.

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

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

   **FPPC Form 802 (2/11)**
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

1. Agency Name
   County of Los Angeles
   Division, Department, or Region (if applicable)
   Board of Supervisors - Fifth District

2. Function, Event, or Ceremonial Role Information
   Title: Ahmanson Theatre
   Description: Play
   Face Value of Each Admission $115.00
   Date(s): 05/14/11

3. Verifications
   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.

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

Comment: (Use this space for any additional information including amendment explanation.)
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

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 E-mail
   213-974-5555 fifthdistrict@lacos.org

2. Function, Event, or Ceremonial Role Information
   Title
   Ahmanson Theatre
   Face Value of Each Admission $115.00
   Date(s) 05 14 11

Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☑

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:

```
<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Linda Balderrama</td>
<td>2</td>
<td>Yes ☐ No ☑</td>
</tr>
<tr>
<td>Retain quality employees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retain quality employees</td>
<td></td>
<td></td>
</tr>
<tr>
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<td></td>
<td></td>
</tr>
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   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
Print Name
Title
05/13/11 (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
**Agency Report of:**
**Ceremonial Role Events and Ticket/Admission Distributions**

1. **Agency Name**
   - County of Los Angeles

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

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

4. **Designated Agency Contact (Name, Title)**
   - Linda Balderrama Ticket Administrator

5. **Area Code/Phone Number**
   - 213-974-5555

   **E-mail**
   - fifthdistrict@lacbos.org

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

   **Title**
   - Ahmanson Theatre

   **Face Value of Each Admission**
   - $115.00

   **Date(s)**
   - 05 14 11

   **Ticket(s)/Admission(s) provided by agency?**
   - Yes [ ] No [x] If no: Ahmanson

   **Was the distribution to persons identified below made at the behest of an agency official?**
   - Yes [x] No [ ] If yes: Antonovich, Mike Supervisor

   **Official's Name (Last, First) and Title**

   **The identity of recipient(s) and the explanation:**

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<tr>
<th>Name (Last, First) or Organization Name (Name, Address, Description)</th>
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<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Henry Roman</td>
<td>2</td>
<td>No [x]</td>
<td></td>
</tr>
<tr>
<td>17027 Wedgeworth Drive</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hacienda Heights, CA 91745</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Promote public/private facility</td>
<td></td>
<td></td>
<td></td>
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7. **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.

   **Signature of Agency Head or Designee**
   - Linda Balderrama

   **Ticket Administrator**
   - 05/13/11

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