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 F-E-mail
213-974-5555 fifth district@lacbos.gov

[Signature]
Date Stamp

2. Function or Event Information
Does the agency have a ticket policy? [Yes] [No] [ ] [ ]
Face Value of Each Ticket/Pass $ 60.00
Event Description
Provide Title/Explanation
Date(s) 08 05 12
Ticket(s)/Pass(es) provided by agency? [Yes] [No] [ ] [ ]
If no: LA Dodgers
Name of Source
If yes: Antonovich, Mike
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>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
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<tbody>
<tr>
<td></td>
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<td>Ceremonial Role [ ] Other [ ]</td>
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<td></td>
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<td>Income [ ] Other [ ]</td>
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<tr>
<td></td>
<td></td>
<td>Income [ ] Other [ ]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<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 Community Garden</td>
<td>2</td>
<td>support non profit</td>
</tr>
<tr>
<td>3330 N. Lincoln, Altadena</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]
Linda Balderrama Ticket Administrator
Print Name
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
Area Code/Phone Number 213-974-5555 E-mail fifth district@lacbos.gov

2. Function or Event Information
Does the agency have a ticket policy? Yes [X] No [ ]
Event Description
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
Was ticket distribution made at the behest of agency official? No [ ] Yes [X]
Face Value of Each Ticket/Pass $60.00
Date(s) 08 06 12
If no: LA Dodgers Name of Source
If yes: Antonovich, Mike 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

Nat'l Alliance on Mental Illness 2 support non profit
14545 Sherman Circle, Van Nuys 91405

4. Verification
I have read and understand FPPC Regulations 18964.1 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.

Linda Balderrama Ticket Administrator 6-5-12
Signature of Agency Head or Designee Print Name Title

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
   Area Code/Phone Number: 213-974-5555
   E-Mail: fifth_district@lacbos.gov
   Date Stamp
   California Form 802
   For Official Use Only
   Amendment (Must provide explanation in Part 2.)
   Date of Original Filing:

2. Function or Event Information
   Does the agency have a ticket policy? Yes X No
   Face Value of Each Ticket/Pass $75.00
   Event Description: Jr. Philharmonic
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes X No
   If no: Jr. Philharmonic
   Name of Source:
   If yes: Antonovich, Mike
   Official's Name (Last, First)
   Date(s)

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)
      Ceremonial Role □ Other X
      Income □
      If checking "Ceremonial Role" or "Other" describe below:
      promoting quality employee

   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 18044, 1 and 18042. 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
   Print Name
   Title
   Date (Month, Day, Year)
   6-5-12
   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
   Area Code/Phone Number: 213-974-5555
   E-mail: fifth.district@lacity.ca.gov
   Date Stamp: [Blank]

2. Function or Event Information
   Does the agency have a ticket policy? Yes [x] No □
   Face Value of Each Ticket/Pass $ 75.00
   Event Description: Jr. Philharmonic
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes [x] No □
   Date(s) 06 06 12
   If no: Jr. Philharmonic
   Name of Source: [Blank]
   If yes: Antonovich, Mike
   Official's Name (Last, First): [Blank]

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 [x] Income [ ]
      promoting quality employee
      Ceremonial Role [ ] Other [ ] Income [ ]
      describing 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

4. Verification
   I have read and understand FPPC Regulations 19844.1 and 19842. 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: 6-5-12 (Month, Day, Year)
   Comment: [Blank]
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: fifth_district@lachols.gov

   - DateStamp
   - 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: $75.00
   - Event Description: Jr. Philharmonic
   - Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   - Date(s): 06 06 12
   - 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**
   - Number of Ticket(s)/Pass(es)
   - Identify one of the following:
     - Ceremonial Role ☑ Other ☐ Income ☐
     - Presenting commendation
     - 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

4. **Verification**
   - I have read and understand FPPC Regulations 18646.1 and 18647. 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
   - (Month, Day, Year)

   **Comment:**