

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

A Public Document

1. Agency Name County of Los Angeles		Date Stamp	California Form 802 For Official Use Only
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	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small>	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ 165.00

Event Description LA Philharmonic Date(s) 02 / 25 / 14
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 <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Han, Karen	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Promoting public/private facility
	4	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	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.

 <small>Signature of Agency Head or Designee</small>	Linda Balderrama <small>Print Name</small>	Ticket Administrator <small>Title</small>	2/13/14 <small>(Month, Day, Year)</small>
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