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 | E-mail
   213-974-5555 | fifthdistrict@lacobos.org
   Date Stamp

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 165.00
   Event Description: Ahmanson
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
   If no: ________________________________
   Name of Source
   Date(s) 5/16/14
   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>
<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>

<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>
</tr>
</thead>
<tbody>
<tr>
<td>Glasgow, Lori</td>
<td>2</td>
<td>Covenerial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>promote quality employees</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>Covenerial Role ☐ Other ☐ Income ☐</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></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.

Linda Balderrama
Ticket Administrator
5/21/14

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $ 165.00
Event Description: Ahmanson
Provide Title/Explanation:
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
If no: ____________________________
Name of Source
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>

<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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

If checking "Ceremonial Role" or "Other" describe below:

|                                  |                              | Ceremonial Role ☐ Other ☐ Income ☐ |
|                                  |                              |                                  |

If checking "Ceremonial Role" or "Other" describe below:

<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>San Marino High School PTA</td>
<td>2</td>
<td>support non profit</td>
</tr>
</tbody>
</table>

4. Verification
I have read and understand FPPC Regulations 18944.1 and 19042. I have verified that the distribution set forth above, is in accordance with the requirements.

[Linda Balderrama](signature)
Signature of Agency Head or Designee

Linda Balderrama
Ticket Administrator

5/21/14
(Month, Day, Year)
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  E-mail
   213-974-5555   fifthdistrict@lacsos.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 $ 165.00
   Date(s) 5 / 23 / 14
   If no: ____________________________
   Name of Source ____________________________
   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
<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>

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

   C. Name of Outside Organization (include address and description)
<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>Michael Hofflin Foundation 26470 Ruether Ave., Santa Clarita 9135</td>
<td>2</td>
<td>support non profit</td>
</tr>
</tbody>
</table>

4. Verification
   I have read and understood 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: 5/21/14 (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@lacobos.org

## 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
- **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.**

<table>
<thead>
<tr>
<th>A. 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>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<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>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. 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>Asian Youth Center 100 W. Clary Ave., San Gabriel 91776</td>
<td>2</td>
<td>support non profit</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:** Linda Balderrama
- **Print Name:**
- **Title:** Ticket Administrator
- **Date:** 5/21/14 (Month, Day, Year)

Comment: ____________________________

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 fifthdistrict@lacobos.org

Date Stamp
California Form 802
For Official Use Only

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description LA Philharmonic
   Face Value of Each Ticket/Pass $ 165.00
   Date(s) 5 / 25 / 14 /
   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 (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:
   ___________________________________ | __________________________ | Ceremonial Role ☐ Other ☐ Income ☐
   If checking “Ceremonial Role” or “Other” describe below:
   ___________________________________ | __________________________ | 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
   Autry National Center 4700 Heritage Way, LA 90027 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.
   ________________________________ Linda Balderrama 5/21/14
   Signature of Agency Head or Designee Print Name Title
   FPPC Toll-Free Hotline: 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 fifthdistrict@lacbos.org

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
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: ______________________ Name of Source
Date(s) 5 / 25 / 14
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>
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<tr>
<th>Name of Agency, Department or Unit</th>
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<th>Describe the public purpose made pursuant to the agency's policy</th>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shoffler, Raymond</td>
<td>2</td>
<td>promote public/private facilities for county residents</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></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]
Linda Balderrama
Ticket Administrator

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 fifthdistrict@lacobos.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 166.00
   Event Description LA Philharmonic
   Provide Title/Explanation
   Date(s) 3 / 26 / 14
   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
      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:
      promote quality employee
      ____________________________________________
      ____________________________________________
      ____________________________________________
      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
      ____________________________________________
      ____________________________________________
      ____________________________________________

4. Verification
   I declare and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Linda Balderrama
   Signature of Agency Head or Designee
   Print Name
   Ticket Administrator
   Title
   5/21/14 (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@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 ☐
   If no: ___________________________
   Was ticket distribution made at the behest of agency official? No ☒ Yes ☐
   If yes: ___________________________
   Name of Source ___________________________
   Official's Name (Last, First) ___________________________
   Face Value of Each Ticket/Pass $165.00
   Date(s) 3 / 15 / 14 __________ / __________

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:
      promote 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 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 ___________________________
   Ticket Administrator ___________________________
   Print Name ___________________________
   Title ___________________________
   5/21/14 (Month, Day, Year)

Comment: ___________________________

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 fifthdistrict@lacbos.org

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) 03/26/14
   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 (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:
   ________________________________________________________________
   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
   Kids’ Community Dental Clinic 400 W. Elmwood, Burbank 91506 | 2 | support of 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 Ticket Administrator
   Print Name __________________________ Title __________________________
   5/21/14 (Month, Day, Year)

   Comment: __________________________

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)