Agency Report of:

| | 9 | , | | 1 | | |
|---|-------|-------|-------|-----------|--------------|--------------------|
| C | Cerei | monia | al Ro | le Events | and Ticket/I | Pass Distributions |

A Public Document

| | the second second | | | | · · · · · · · · · · · · · · · · · · · | | |
|----|---|-------------------|--|---|--|------------------------------|--|
| ١. | Agency Name | | Date Stamp | California 802 | | | |
| | County of Los Angeles | | | Form UUZ | | | |
| | Division, Department, or Regi | on (If Applicab | | For Official Use Only | | | |
| | Board of Supervisos | | | | | | |
| | Designated Agency Contact (| Name, Title) | 1 | 4 | | | |
| | Linda Balderrama - Ticket A | dministrator | | | | | |
| | Area Code/Phone Number | E-mail | | | Date of Original Filing: (Month, Day, Year) | | |
| | 213-974-5555 | fifthdistrict@ | placbos.org | | | | |
| 2. | Function or Event Inform | nation | | | | | |
| | Does the agency have a ticket | policy? | Yes ☐ No | | of Each Ticket/Pass \$ | 165.00 | |
| | Event Description LA Philharm | monic | , 28 , 14 | 1 1 | | | |
| | | Provide Title/Exp | Dutc(s) | | | | |
| | Ticket(s)/Pass(es) provided by | agency? | Yes ☐ No | ☑ If no: | Name of Source | | |
| | Was ticket distribution made at | t the behest | No ☐ Yes | ☑ If voc: | | | |
| | of agency official? | | 110 🖂 163 | ☑ If yes: | Official's Name (L | ast, First) | |
| | Recipients | | | | | | |
| | Use Section A to identify the agency | 's department or | unit. • Use Sec | ction B to identify an individ | ual. • Use Section C to identi | fy an outside organization. | |
| | A. Name of Agency, Departmen | nt or Unit | Number of Ticket(s)/ Pass(es) | Describe the pub | olic purpose made pursuant to the agency's policy | | |
| | | | 1 205(00) | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | B. Name of Individual | | Number of Ticket(s)/ Pass(es) | Identify one of the following: | | | |
| | | | , 400(00) | Ceremonial Role | Other | Income | |
| | Glasgow, Lori | | If checking "Ceremonial Role" or "Other" describe below: retain quality employees | | meeme 🗀 | | |
| | | | | | 4 | | |
| | | | | | | Income 🗌 | |
| | | | | 7 (CONTROL OF CONTROL | Ceremonial Role Other If the change "Ceremonial Role" or "Other" describe below: | | |
| | | 4 | n oncoming Geremon | al Note of Other describe below. | | | |
| | | | | | 490 | | |
| | C. Name of Outside Organiz | | Number of Ticket(s)/ Pass(es) | Describe the pub | olic purpose made pursuant to | o the agency's policy | |
| | | | | | | | |
| | | | l is | | | | |
| | | | 1 | | | | |
| | | | | | | | |
| - | Vanifi antinu | | | | | | |
| • | Verification I have fead and understand FPPC Regula | tions 18944.1 an | orth above is in accordance with | the requirements | | | |
| | Land Bildens | | Linda Balde | | | | |
| | Signature of Agency Head or Designee | - // | Print Name | | Ticket Administrator | 7-3-14 (Month, Day, Year) | |
| | | | THE CONTRACT OF THE CONTRACT O | (Workin, Day, 18di) | | | |
| | Comment: | | | | | | |
| | | | | | | EDDO E 000 (4(40) | |

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

A Public Document

| 1. Agency Name | | Date Stamp California O | | | |
|--|---|--|---|------------------------------|--|
| County of Los Angeles | | | Form OUZ | | |
| Division, Department, or Region (If | Applicable) | | For Official Use Only | | |
| Board of Supervisos | | | | | |
| Designated Agency Contact (Name, | Title) | 1 | | | |
| Linda Balderrama - Ticket Admin | istrator | | | | |
| Area Code/Phone Number E-ma | ail 4 | | Date of Original Filing: (Month, Day, Year) | | |
| 213-974-5555 fiftho | district@lacbos.org | | | | |
| 2. Function or Event Information | A 6600 4 CA 400 4400 | 165.00 | | | |
| Does the agency have a ticket police | f Each Ticket/Pass \$ | | | | |
| Event Description LA Philharmonic | C de Title/Explanation | , 10 , 14 | | | |
| Ticket(s)/Pass(es) provided by ager | Name of Sou | | | | |
| AAA - Aaaa Aaaa Aaaa Aaaa Aaaa | | | | | |
| Was ticket distribution made at the lof agency official? | behest No No Yes | i⊠ If yes: | Official's Name (La | ast, First) | |
| . Recipients | Manual annual | | | | |
| Use Section A to identify the agency's department | artment or unit. • Use Se | ction B to identify an individu | al. • Use Section C to identif | fy an outside organization. | |
| A. Name of Agency, Department or U | Init Number of Ticket(s)/ Pass(es) | Describe the public purpose made pursuant to the agency's policy | | | |
| | 1 205(05) | | | | |
| | | | 8 | | |
| | | | | | |
| B. Name of Individual | Number of Ticket(s)/ | | Identify one of the following: | | |
| (Last, First) | Pass(es) | | | | |
| | | TO THE PROPERTY OF THE PROPERT | Other all Role" or "Other" describe below: | Income | |
| | | | | | |
| | | Ceremonial Role | Other Dal Role" or "Other" describe below: | Income | |
| | Number of | | | | |
| C. Name of Outside Organization (include address and description | Ticket/sV | Describe the publ | Describe the public purpose made pursuant to the agency's p | | |
| Glendale Foundation for Retarded 6512 San Fernando Rd., Glendal | 1 .) | non profit foundation | | | |
| | | | | | |
| Verification | | | | | |
| I have read and understand FPPC Regulations 1 | | | | | |
| Signature of Agency Head or Designee | Linda Balde | | Ticket Administrator | 7-3-14 (Month, Day, Year) | |
| 0 | | | | | |
| Comment: | | 200 1100000000 | | | |