# Tickets Provided by Agency Report

**A Public Document**

TICKETS PROVIDED BY AGENCY REPORT

**California Form 802**

For Official Use Only

Date Stamp

## 1. Agency Name

County of Los Angeles

**Division, Department, or Region** *(if applicable)*

Board of Supervisor

**Street Address**

500 W. Temple St. Room 869, Los Angeles 90012

**Area Code/Phone Number**: 213-9974-5555

**E-mail**: fifithdistrict.lacbos.org

**Agency Contact** *(name and title)*: Linda Balderrama Ticket Administrator

☐ **Amendment** *(Must explain in Part 5.)*

**Date of Original Filing:** _____ *(month, day, year)*

## 2. Event For Which Tickets Were Distributed

Date(s) of Event: 01 / 27 / 10 Description of Event: LA Philharmonic

___/___/___ Face Value of Ticket: $ 93.00

Agency Event ☒ Yes ☐ No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: LA Philharmonic

Number of Tickets Received: 2 Ticket(s) Provided to Agency: ☒ Gratuitously ☐ Pursuant to Contract

## 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

| Name of Official (Last, First) | Number of Tickets | State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution |
|---|---|---|
| | | |
| | | |
| | | |

## 4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Raymond Shofler

Name of Individual or Organization: _____ Number of Tickets: 2

Description of Organization: _____

Address of Organization: 2601 W. Alameda St., #314 (Number and Street) Burbank (City) CA (State) 91505 (Zip Code)

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)

Promoting public and private facilities for County resident use

## 5. Verification

*I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.*

Linda Balderrama (Signature of Agency Head or Designee) Linda Balderrama (Print Name) Ticket Administrator (Title) 1-22-10 *(month, day, year)*

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