

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

A Public Document

1. Agency Name

County of Los Angeles
 Division, Department, or Region (if applicable)
 Board of Supervisors Fifth District
 Street Address
 500 W. Temple St. #869, LA 90012
 Designated Agency Contact (Name, Title)
 Linda Balderrama Ticket Administrator
 Area Code/Phone Number
 213-974-5555
 E-mail
 fifthdistrict@lacbos.org

Date Stamp

California Form 802

For Official Use Only

Amendment (Must provide explanation in Part 3.)

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

2. Function, Event, or Ceremonial Role Information

Title Dodger Game Face Value of Each Admission \$ 60.00
 Description Dodger Game Date(s) 07 / 23 / 11

Ticket(s)/Admission(s) provided by agency? Yes No If no: LA Dodgers
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes No If yes: Antonovich, Mike Supervisor
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

| Name (Last, First) or Organization (Name, Address, Description) | Number of Admission(s)/ Ticket(s) | Agency Official | Income |
|---|-----------------------------------|---|--------------------------|
| Santa Clarita Boys & Girls Club | 2 | Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> |
| PO Box 221507, Santa Clarita 91322 | | Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> |
| Youth Organization | | Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> |

3. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

Linda Balderrama Linda Balderrama Ticket Administrator 04/12/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

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