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

A Public Document

Tronces (armosion bistribution	10			•	Trabile Becament
1. Agency Name				Date Stamp	California 802
County of Los Angeles				Form OUZ	
Division, Department, or Region (if applicable)				For Official Use Only	
Board of Supervisors Fifth District					
Street Address				1	
500 W. Temple St. #869, LA 90012					
Designated Agency Contact (Name, Title)			Tratail at a reco	—	
Linda Balderrama Ticket Administrato	ır			Amendment (Must p	rovide explanation in Part 3.)
Area Code/Phone Number E-mail				Date of Original Filing:	
213-974-5555 fifthdistr	ict@lacbos.org				(month, day, year)
2. Function, Event, or Ceremonial I				<u> </u>	
Dodger Game					60.00
Title			Face \	Value of Each Admis	sion \$
Description Dodger Game			Date(s	3) 07 / 23 / 11	
Ticket(s)/Admission(s) provided by	agency? Yes	□ No 🗵] If no: LA	Name of	Course
				ryame o	Source
Was the distribution to persons idea	ntified below r	nade at th	e behest of	f an agency official?	
Yes No If yes: Anton	ovich, Mike Su	pervisor			
	Official's	Name (Last,	First) and Title		
The identity of recipient(s) and the	he explanatio	on:			
Name	17. 1. 1. 1.	315.75	Check th	se income box if the agency o	fficial claims admission as
(Last, First)	Number of	Agency		ncome. If the agency official vide a description.	performed a ceremonial role,
or Organization	Admission(s)/ Ticket(s)	Official		ome, describe the public pur	pose, including
(Name, Address, Description)	, rionei(s)		ceremon	ial roles, performed by an ag- tion.	ency official, individual, or
		Yes 🗌			Income
Santa Clarita Boys & Girls Club	2	No 🔲			
		Yes 🔲			Income
PO Box 221507, Santa Clarita 91322		No 🗆		, , , ,	
- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		Yes 🗌			Income
Youth Organization		No 🗆			
		Yes 🗖			
		No 🗖			Income
		No 🗆			Income
		110		(V W A	
. Verification					
I have read and understand FPPC Regulat is in accordance with the provisions.	ions 18944.1 an	d 18942. I h	ave verified t	that the distribution of ad	missions, set forth above,
pis in accordance with the provisions.	······································				
and Bildenamy Linda Balderrama			Ticke	t Administrator	04/12/11
Signature of Agency Head or Designee	Print Nar	ne		Title	(month, day, year)
Comment: (Use this space or an attachment	for any <mark>additional i</mark> t	nformation inc	cluding amend	ment explanation.)	