

Tickets Provided by Agency Report

A Public Document

TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name		Date Stamp	California Form 802
County of Los Angeles			For Official Use Only
Division, Department, or Region (if applicable)			
Board of Supervisors			
Street Address			
500 W. Temple St. #869 Los Angeles 90012			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ <small>(month, day, year)</small>	
213-974-5555	fifthdistrict@lacbos.org		
Agency Contact (name and title)			
Linda Balderrama Ticket Administrator			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 1 / 29 / 11 Description of Event: Cal State Northridge Performing Art

_____/_____/____ Face Value of Ticket: \$ 75.00

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

Name of Outside Source of Ticket(s) Provided to Agency: Cal State Northridge

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
Antonovich, Mike	2	Opening Performance

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

Name of Behesting Agency Official: _____

Name of Individual or Organization: Mike Antonovich Number of Tickets: 2

Description of Organization: California State University Performing Arts Center

Address of Organization: 18111 Nordoff St. Northridge CA 91330

Number and Street City State Zip Code

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

Performance of ceremonial role representing the County

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 Ticket Administrator 1-28-11

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.)

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Agency Contact <i>(name and title)</i> Linda Balderrama Ticket Administrator			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 1 / 25 / 11 Description of Event: LA Philharmonic
 _____ / _____ / _____ Face Value of Ticket: \$ 100.00

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 <small>(Last, First)</small>	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: Mike Antonovich

Name of Individual or Organization: Raymond Shofler Number of Tickets: 2

Description of Organization: _____

Address of Organization: 2601 W. Alameda Burbank CA 91505
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
Promoting public facility 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 Linda Balderrama Ticket Administrator 1-28-11
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Agency Contact (name and title) Linda Balderrama Ticket Administrator			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 2 / 20 / 11 Description of Event: LA Philharmonic
 _____ / _____ / _____ Face Value of Ticket: \$ 100.00

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: MIKE ANTONOVICH

Name of Individual or Organization: Kid's Community Dental Number of Tickets: 2

Description of Organization: Dental care for low income children

Address of Organization: 400 W. Ellwood Ave. Burbank CA 91506
Number and Street City State Zip Code

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

5. Verification

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Linda Balderrama Ticket Administrator			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 1 / 15 / 11 Description of Event: LA Philharmonic

Face Value of Ticket: \$ 100.00

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

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

Name of Behesting Agency Official: MIKE ANTONOVICH

Name of Individual or Organization: Verdugo Hills Boy Scout Number of Tickets: 2

Description of Organization: Boy Scout Council

Address of Organization: 1325 Grandview Glendale CA 91201
Number and Street City State Zip Code

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

5. Verification

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

Name of Behesting Agency Official: Mike Antonovich

Name of Individual or Organization: Michael Hoefflin Foundation Number of Tickets: 2

Description of Organization: Children cancer research

Address of Organization: 26470 Ruether Ave Santa Clarita CA 91350
Number and Street City State Zip Code

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

5. Verification

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