

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

A Public Document

1. Agency Name

County of Los Angeles

Division, Department, or Region (If Applicable)

Board of Supervisors

Designated Agency Contact (Name, Title)

Linda Balderrama - Ticket Administratro

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 or Event Information

Does the agency have a ticket policy? Yes  No

Event Description: LA Dodgers (Provide Title/Explanation)

Face Value of Each Ticket/Pass \$: 60.00

Date(s): 04/27/12

Ticket(s)/Pass(es) provided by agency? Yes  No

If no: LA Dodgers (Name of Source)

Was ticket distribution made at the behest of agency official? No  Yes

If yes: Antonovich, Mike (Official's Name (Last, First))

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Vizzcara, Edel	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> retaining quality employee
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
	2	

4. Verification

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

*L. Balderrama* Linda Balderrama Ticket Administrator 05-09-12

Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: \_\_\_\_\_

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**1. Agency Name**

County of Los Angeles		Date Stamp	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (If Applicable)			
Board of Supervisors			
Designated Agency Contact (Name, Title)			
Linda Balderrama - Ticket Administratro		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	Date of Original Filing: _____ (Month, Day, Year)
Area Code/Phone Number	E-mail		
213-974-5555	fifthdistrict@lacbos.org		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No

Event Description: LA Dodgers Provide Title/Explanation

Face Value of Each Ticket/Pass \$ 60.00

Date(s) 05 / 18 / 12

Ticket(s)/Pass(es) provided by agency? Yes  No

If no: LA Dodgers Name of Source

Was ticket distribution made at the behest of agency official? No  Yes

If yes: Antonovich, Mike Official's Name (Last, First)

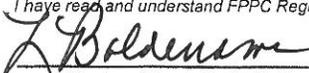
**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
LA Cty Secretarial Council	2	non profit county organization
500 W. Temple St., LA 90012		Promoting intergovernmental relations

**4. Verification**

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

 Linda Balderrama Ticket Administrator 05-09-12

Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: \_\_\_\_\_

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1. Agency Name
County of Los Angeles
Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Linda Balderrama - Ticket Administratro
Area Code/Phone Number E-mail
213-974-5555 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 or Event Information
Does the agency have a ticket policy? Yes [X] No [ ]
Event Description LA Dodgers
Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
Was ticket distribution made at the behest of agency official? No [ ] Yes [X]
Face Value of Each Ticket/Pass \$ 60.00
Date(s) 05 / 26 / 12
If no: LA Dodgers
If yes: Antonovich, Mike

3. Recipients
Use Section A to identify the agency's department or unit. Use Section B to identify an Individual. Use Section C to identify an outside organization.

Table with 3 columns: Name of Agency/Individual/Organization, Number of Ticket(s)/Pass(es), and Description of public purpose. Includes entries for LA Dodgers and Mentoring & Partnership for Youth Dev.

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
Signature: Linda Balderrama
Title: Ticket Administrator
Date: 05-09-12

Comment:

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**1. Agency Name**

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Designated Agency Contact (Name, Title)			
Linda Balderrama - Ticket Administratro			
Area Code/Phone Number	E-mail		
213-974-5555	fifthdistrict@lacbos.org		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No

Event Description: LA Philharmonic Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No

Was ticket distribution made at the behest of agency official? No  Yes

Face Value of Each Ticket/Pass \$ 195.00

Date(s) 05 12 12

If no: LA Philharmonic Name of Source

If yes: Antonovich, Mike Official's Name (Last, First)

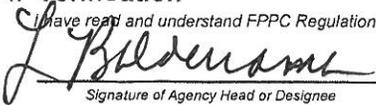
**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Xiao, Wunan	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> promote public facility for county residents
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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


 Linda Balderrama (Print Name) Ticket Administrator (Title) 05-09-12 (Month, Day, Year)

Comment: \_\_\_\_\_

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

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Division, Department, or Region (If Applicable)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small>	
Board of Supervisors			
Designated Agency Contact (Name, Title)			
Linda Balderrama - Ticket Administratro			
Area Code/Phone Number	E-mail		
213-974-5555	fifthdistrict@lacbos.org		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No

Event Description: LA Dodgers Provide Title/Explanation

Face Value of Each Ticket/Pass \$ 60.00

Date(s) 05 / 27 / 12

Ticket(s)/Pass(es) provided by agency? Yes  No

If no: LA Dodgers Name of Source

Was ticket distribution made at the behest of agency official? No  Yes

If yes: Antonovich, Mike Official's Name (Last, First)

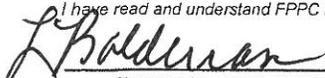
**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Child & Family Center 21545 Centre Pointe	2	support community/non profit
provides services for children, families & ac		

**4. Verification**

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


Linda Balderrama
Ticket Administrator
05-09-12  
Signature of Agency Head or Designee      Print Name      Title      (Month, Day, Year)

Comment: \_\_\_\_\_

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Designated Agency Contact (Name, Title)			
Linda Balderrama - Ticket Administratro			
Area Code/Phone Number	E-mail		
213-974-5555	fifthdistrict@lacbos.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes  No

Event Description: LA Philharmonic Provide Title/Explanation

Face Value of Each Ticket/Pass \$: 165.00

Date(s): 05 / 07 / 12

Ticket(s)/Pass(es) provided by agency? Yes  No

If no: LA Philharmonic Name of Source

Was ticket distribution made at the behest of agency official? No  Yes

If yes: Antonovich, Mike Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Senneff, Melanie	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Promoting public facility for county resident
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

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

*L Balderrama* Linda Balderrama Ticket Administrator 05-09-12  
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: \_\_\_\_\_

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Board of Supervisors			
Designated Agency Contact (Name, Title)			
Linda Balderrama - Ticket Administratro			
Area Code/Phone Number	E-mail		
213-974-5555	fifthdistrict@lacbos.org		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No

Event Description: LA Philharmonic Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No

Was ticket distribution made at the behest of agency official? No  Yes

Face Value of Each Ticket/Pass \$ 165.00

Date(s) 05 / 24 / 12

If no: LA Philharmonic Name of Source

If yes: Antonovich, Mike Official's Name (Last, First)

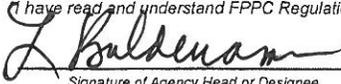
**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Kid' Community Dental Clinic	2	Support for community/non profit
400 W. Elmwood Ave, Burbank 91506		Free children dental clin

**4. Verification**

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


 Linda Balderrama (Print Name)      Ticket Administrator (Title)      05-09-12 (Month, Day, Year)

Comment: \_\_\_\_\_

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Division, Department, or Region (If Applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Linda Balderrama - Ticket Administratro
Area Code/Phone Number E-mail
213-974-5555 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 or Event Information
Does the agency have a ticket policy? Yes [X] No [ ]
Event Description LA Philharmonic
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
Was ticket distribution made at the behest of agency official? No [ ] Yes [X]
Face Value of Each Ticket/Pass \$ 195.00
Date(s) 05 / 27 / 12
If no: LA Philharmonic
Name of Source
If yes: Antonovich, Mike
Official's Name (Last, First)

3. Recipients
Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an outside organization.

Table with 3 columns: Name of Agency/Individual/Organization, Number of Ticket(s)/Pass(es), and Description of public purpose. Includes entries for LA Philharmonic and Fiesta of Spanish Horse.

4. Verification
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Linda Balderrama, Ticket Administrator, Date 05-09-12
Comment: [ ]

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Designated Agency Contact (Name, Title)		
Linda Balderrama - Ticket Administratro		
Area Code/Phone Number	E-mail	
213-974-5555	fifthdistrict@lacbos.org	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No

Event Description: LA Opera Provide Title/Explanation

Face Value of Each Ticket/Pass \$ 195.00

Date(s) 05 / 31 / 12

Ticket(s)/Pass(es) provided by agency? Yes  No

If no: LA Opera Name of Source

Was ticket distribution made at the behest of agency official? No  Yes

If yes: Antonovich, Mike Official's Name (Last, First)

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Kathryn Leibrich	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Retaining quality employee
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

	Linda Balderrama	Ticket Administrator	05-09-12
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>
Comment: _____			