

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
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)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Linda Balderrama - Ticket Administrator		Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number	E-mail		
213-974-5555	fifthdistrict@lacbos.org		

2. Function, Event, or Ceremonial Role Information

Title LA Philharmonic Face Value of Each Admission \$ \$165.00

Description Concert Date(s) 1 / 15 / 12

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

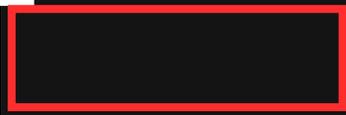
Was the distribution to persons identified below made at the behest of an agency official?

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	<ul style="list-style-type: none"> Check the Income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.
Care Resource Center	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Income <input type="checkbox"/>
250 Grand Cypress Ave		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
Palmdale, CA 93551		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
Support for community/non-profit		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

3.  Pursuant to Sections 18944.1 and 18942. I have verified that the distribution of admissions, set forth above,

 Linda Balderrama Ticket Administrator 1-11-12
Signature Print Name Title (month, day, year)

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

Pursuant to Contract