

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

**A Public Document**

<b>1. Agency Name</b> 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	<b>California Form 802</b> For Official Use Only
		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	Date of Original Filing: _____ (month, day, year)

**2. Function, Event, or Ceremonial Role Information**

Title LA Dodgers Face Value of Each Admission \$ 60.00

Description Baseball game Date(s) 06/15/12 06/30/12

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	• 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.	Income
Crescenta Valley High School	<u>4</u>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		<input type="checkbox"/>
Prom Plus event		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
2900 Community Ave.		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
La Crescenta 91214		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
support community/non-profit		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>

**3. Verification**

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

Linda Balderrama Ticket Administrator 04/04/12  
Print Name Title (month, day, year)

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

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