Print Form

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

A Public Document

California Form 802
For Official Use Only

Date Stamp

1. Agency Name

County of Los Angeles

Division, Department, or Region *(If Applicable)*

Board of Supervisors

Designated Agency Contact *(Name, Title)*

Linda Balderrama - Ticket Administrator

Area Code/Phone Number	E-mail
213-974-5555	fifthdistrict@lacbos.org

☐ **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 ☒

Face Value of Each Ticket/Pass $ 168.00

Event Description: LA Philharmonic
Provide Title/Explanation

Date(s): 10 / 04 / 12

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

If no: *Name of Source*

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

If yes: *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 ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

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
Chinese Historical Society	2	non profit -promoting cultural awareness
411 Bernard St., Los Angeles 90012		

4. Verification

[redacted] 6944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Linda Balderrama	Ticket Administrator	02-05-13
Print Name	*Title*	*(Month, Day, Year)*

Comment: