

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

**A Public Document**

<b>1. Agency Name</b> COUNTY OF LOS ANGELES		Date Stamp	<b>California Form 802</b> For Official Use Only
Division, Department, or Region <i>(If Applicable)</i> BOARD OF SUPERVISORS			
Designated Agency Contact <i>(Name, Title)</i> LINDA BALDERRAMA - TICKET ADMINISTRATOR		<input type="checkbox"/> <b>Amendment</b> <i>(Must provide explanation in Part 3.)</i> Date of Original Filing: _____ <i>(Month, Day, Year)</i>	
Area Code/Phone Number 213-974-5555	E-mail FIFTHDISTRICT@LACBOS.ORG		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 100.00

Event Description LA AUTO SHOW    Date(s) 11 / 29 / 12 \_\_\_\_\_  
*Provide Title/Explanation*

Ticket(s)/Pass(es) provided by agency?    Yes     No     If no: HOMELESS HEALTH CARE LOS ANGELES  
*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 <i>(Last, First)</i>	Number of Ticket(s)/Pass(es)	Identify one of the following:
NAVID, ALI		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> PROMOTING PUBLIC/PRIVATE FACILITES FOR COUNTY RESIDENTS
		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 <i>(Include address and description)</i>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Linda Balderrama

Ticket Administrator

3/14/13

*Print Name*

*Title*

*(Month, Day, Year)*

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