

**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 (If Applicable) BOARD OF SUPERVISORS			
Designated Agency Contact (Name, Title) LINDA BALDERRAMA - TICKET ADMINISTRATOR		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
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 \$ \_\_\_\_\_ 168.00

Event Description LA PHILHARMONIC    Date(s) 04 / 19 / 13  
Provide Title/Explanation

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)

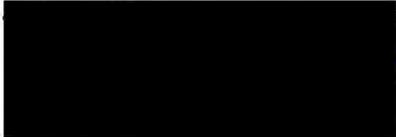
**3. Recipients**

• 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.

<b>A.</b> Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
<b>B.</b> Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Busalacchi, Nicholas	4	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> retain quality employees
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
<b>C.</b> 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**

\_\_\_\_\_ 8944.1 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: \_\_\_\_\_  
