

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

A Public Document

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|--|------------------------------------|--|---|
| 1. Agency Name COUNTY OF LOS ANGELES | | Date Stamp | California Form 802 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"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small> | |
| 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 <small>(Last, First)</small> | Number of Ticket(s)/Pass(es) | Identify one of the following: |
| LIN, CHRIS | 2 | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> PROMOTING PUBLIC/PRIVATE FACILITES FOR COUNTY RESIDENTS |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| C. Name of Outside Organization <small>(include address and description)</small> | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy |
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4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

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|--|---------------------------|----------------------|-----------------------------------|
| | Linda Balderrama | Ticket Administrator | 3/14/13 |
| | <small>Print Name</small> | <small>Title</small> | <small>(Month, Day, Year)</small> |