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 $ 100.00

Event Description LA PHILHARMONIC *Provide Title/Explanation*

Date(s) 05 / 23 / 13 ___/___/___

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:
VEGA, MICHELLE	2	Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* RETAIN QUALITY EMPLOYEES
	2	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

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.

[redacted] Linda Balderrama *Print Name* | Ticket Administrator *Title* | 3/14/13 *(Month, Day, Year)*

Comment: _____