

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

A Public Document

1. Agency Name COUNTY OF LOS ANGELES		Date Stamp	California Form 802 <small>For Official Use Only</small>
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: _____
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:
ANTONOVICH, MIKE	5	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> PROMOTING INTERGOVENMENTAL RELATIONS
		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

4. Verification

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: _____