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 AUTO SHOW
Provide Title/Explanation

Date(s) 11 / 29 / 12 ___/___/___

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 *(Last, First)*	Number of Ticket(s)/ Pass(es)	Identify one of the following:
HU, ANTHONY	5	Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* PROMOTING PUBLIC/PRIVATE FACILITES FOR COUNTY RESIDENTS
		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

[redacted] d 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: _____