

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

A Public Document

<b>1. Agency Name</b> County of Los Angeles Division, Department, or Region <i>(If Applicable)</i> Board of Supervisors Designated Agency Contact <i>(Name, Title)</i> Linda Balderrama - Ticket Administrator Area Code/Phone Number      E-mail 213-974-5555                      fifthdistrict@lacbos.org		Date Stamp	<b>California Form 802</b> For Official Use Only
<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i> Date of Original Filing: _____ <span style="font-size: small;">(Month, Day, Year)</span>			

**2. Function or Event Information**

Does the agency have a ticket policy?      Yes       No       Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 120.00

Event Description LA Master Chorale      Date(s) 12 / 14 / 14 \_\_\_\_\_  
*Provide Title/Explanation*

Ticket(s)/Pass(es) provided by agency?      Yes       No       If no: LA Master Chorale \_\_\_\_\_  
*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 <span style="font-size: x-small;">(Last, First)</span>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small><i>If checking "Ceremonial Role" or "Other" describe below:</i></small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small><i>If checking "Ceremonial Role" or "Other" describe below:</i></small>
C. Name of Outside Organization <span style="font-size: x-small;">(include address and description)</span>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Blind Childrens Center 4120 Marathos St., LA 90029	2	Support of a nonprofit

### 4. Verification

(d)(5) and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Linda Balderrama      Ticket Administrator      4/2/15  
*Print Name*      *Title*      *(Month, Day, Year)*