

Tickets Provided by Agency Report

A Public Document

TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
County of Los Angeles			
Division, Department, or Region <i>(if applicable)</i>			
Board of Supervisor			
Street Address 500 W. Temple St., Room 869 Los Angeles 90012			
Area Code/Phone Number 213-974-5555	E-mail fifthdistrict@lacbos.org	<input type="checkbox"/> Amendment <i>(Must explain in Part 5.)</i> Date of Original Filing: _____ <i>(month, day, year)</i>	
Agency Contact <i>(name and title)</i> Linda Balderrama			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 11 / 23 / 09 Description of Event: LA Philharmonic

_____/_____/____ Face Value of Ticket: \$ 100.00

Agency Event Yes No *(Identify source of tickets below.)*

Name of Outside Source of Ticket(s) Provided to Agency: LA Philharmonic

Number of Tickets Received: 4 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) *(use a continuation sheet for additional names)*

Name of Official <i>(Last, First)</i>	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) *(Provided at the behest of an agency official.)*

Name of Behesting Agency Official: _____

Name of Individual or Organization: Helen Stathatos Number of Tickets: 4

Description of Organization: _____

Address of Organization: 1470 Virginia Road San Marino CA 91108
Number and Street City State Zip Code

Purpose for Distribution: *(Describe the public purpose for the distribution to the organization.)*

Recognition of public achievement by resident

5. Verification

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

 Linda Balderrama Ticket Administrator 11-16-09
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: *(Use this space or an attachment for any additional information including amendment explanation.)*

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Agency Contact <i>(name and title)</i> Linda Balderrama			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 12 / 12 / 09 Description of Event: LA Philharmonic
 _____ / _____ / _____ Face Value of Ticket: \$ 100.00

Agency Event Yes No *(Identify source of tickets below.)*

Name of Outside Source of Ticket(s) Provided to Agency: LA Philharmonic

Number of Tickets Received: 2 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) *(use a continuation sheet for additional names)*

Name of Official <i>(Last, First)</i>	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Ticket(s) *(Provided at the behest of an agency official.)*

Name of Behesting Agency Official: Supervisor Mike Antonovich

Name of Individual or Organization: Dept. of Public Health Services Number of Tickets: 2

Description of Organization: Overseas health policies & services for the County of Los Angeles

Address of Organization: 313 N. Figueroa St. Los Angeles CA 90012
Number and Street City State Zip Code

Purpose for Distribution: *(Describe the public purpose for the distribution to the organization.)*
Employee recognition

5. Verification

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

Signature of Agency Head or Designee	<u>Linda Balderrama</u>	Ticket Administrator	<u>11-16-09</u>
	<small>Print Name</small>	<small>Title</small>	<small><i>(month, day, year)</i></small>

Comment: *(Use this space or an attachment for any additional information including amendment explanation.)*