Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, Fifth District Designated Agency Contact (Name, Title) Sandra Cruz, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: . (213) 974-5555 scruz@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ $\frac{45.00}{}$ Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Dodger Tickets Date(s) __03__/ 29 / 18 Provide Title/ Explanation If no: Los Angeles Dodgers Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🗵 Name of Source If yes: . Was ticket distribution made at the behest Yes ☐ No ☒ Official's Name (Last, First) of agency official? 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. Number Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy A. Passes Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other X Income Staff If checking "Ceremonial Role" or "Other" describe below: Ticket Policy Sec 5.3(k) 2 Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

4.	Verification								
	I have read and understand FPPC Regulations	18944	1 and	1 18942.	I have verified that the	e distribution	set forth above,	, is in ac	cordance
	with the requirements.								. /
	// / / ///	_						21	1.12

	Na.	Ner	N	3	
1	Signature	e of Age	ncv Hea	d or De	esignee

Sandra Cruz

Ticket Administrator

Title

(month, day, year)

Comment: _

Comment: _____

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1.	Agency Name					Date Stamp	California 802	
	County of Los Angeles			Tomi				
	Division, Department, or Reg	jion (if applicable)		For Official Use Only				
	Board of Supervisors, Fifth	District						
	Designated Agency Contact	(Name,Title)						
	Sandra Cruz, Ticket Admini	istrator	Amendment (Must Provide Explanation in Part 3.)					
	Area Code/Phone Number	E-mail				Amendment (Mas	Trovide Explanation III rail 6.9	
	(213) 974-5555	scruz@bos.la	county.	gov		Date of Original Filing	(month, day, year)	
2.	Function or Event Information							
	Does the agency have a tic	ket policy?	Yes 🛛	No 🗆	Face Value of I	Each Ticket/Pass \$.	45.00	
						<u>, 31 , 18</u>	04 , 01 , 18	
		Provide Title			If no: Los Ange	eles Dodgers		
	Ticket(s)/Pass(es) provided	by agency?	Yes 🗌	No 🗵	if no: <u>Loo 7 ingo</u>	Name of Source		
	Was ticket distribution made at the behest Yes ☐ No ☑ If Yes ☐ No ☐ N				If yes:	Official's Name (Last, Firs	t)	
3.	Recipients • Use Section A to identify the agen A. Name of Agency, Dep		unit. • Use	Number of Ticket(s)/ Passes			entify an outside organization. ursuant to the agency's policy	
	B. Name of Ind			Number of Ticket(s)/ Passes	Coron	Identify one of the		
	Staff			2		king "Ceremonial Role" or "Other" describe below:		
						nonial Role Other sing "Ceremonial Role" or "Other"		
	C. Name of Outside Organization (include address and description)			Number of Ticket(s)/ Passes	Describe the	ne public purpose made pursuant to the agency's policy		
4.								

Sandra Cruz

Print Name

Ticket Administrator