

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

A Public Document

| | | | |
|--|------------------------|--|---|
| 1. Agency Name | | Date Stamp | California Form 802 For Official Use Only |
| County of Los Angeles | | | |
| Division, Department, or Region <i>(if applicable)</i> | | <input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i> Date of Original Filing: _____ <small>(month, day, year)</small> | |
| Board of Supervisors, Fifth District | | | |
| Designated Agency Contact <i>(Name, Title)</i> | | | |
| Sandra Cruz, Ticket Administrator | | | |
| Area Code/Phone Number | E-mail | | |
| (213) 974-5555 | scruz@bos.lacounty.gov | | |

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 73.00

Event Description: Ahmanson Theater Date(s) 11 / 04 / 17
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Music Center
Name of Source

Was ticket distribution made at the behest of agency official? Yes No 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|--|-----------------------------|--|
| | | |
| | | |
| B. Name of Individual <small>(Last, First)</small> | Number of Ticket(s)/ Passes | Identify one of the following: |
| Vega, Michelle | 4 | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Ticket Policy Sec 5.3(k) |
| | | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| | | |
| | | |

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.


Sandra Cruz
Ticket Administrator
10/31/17
Signature of Agency Head or Designee
Print Name
Title
(month, day, year)

Comment: _____