

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

**A Public Document**

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

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 20.00

Event Description: LA Philharmonic performance Date(s) 08 / 01 / 17  
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official? Yes  No  If yes: \_\_\_\_\_  
Official's Name (Last, First)

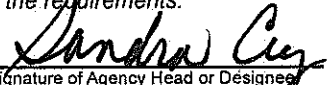
**3. Recipients**

• 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 (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		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 (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Palmdale Regional Medical Center 38600 Medical Center, Palmdale CA 9355	18	Ticket Policy Sec 5.3(h)
Healthcare facility		

**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
11/1/2017  
Signature of Agency Head or Designee
Print Name
Title
(month, day, year)

Comment: \_\_\_\_\_

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**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 20.00

Event Description: LA Philharmonic performance Date(s) 09 / 04 / 17  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: Hollywood Bowl  
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A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
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C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Friends of Jackie Robinson Park 8775 East Avenue R, Little Rock CA 93543	20	Ticket Policy Sec 5.3(h)

**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.


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Ticket Administrator
11/1/2017  
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(213) 974-5555	scrucz@bos.lacounty.gov		

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Provide Title/Explanation

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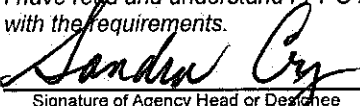
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C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Palmdale Senior Center 903 E Ave Q-9, Palmdale CA 93550	48	Ticket Policy Sec 5.3(h)
Facility provides social, recreational, physical & educational opportunities for seniors		

**4. Verification**

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Ticket Administrator
11/1/2017  
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Area Code/Phone Number (213) 974-5555	E-mail scrucz@bos.lacounty.gov		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 20.00

Event Description: LA Philharmonic performance Date(s) 08 / 29 / 17  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: Hollywood Bowl  
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		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 (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
High Desert Regional Health Center 335 East Ave I, Lancaster CA 93535	53	Ticket Policy Sec 5.3(h)
Ambulatory care clinic offering comprehensive health services		

**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 \_\_\_\_\_ 11/1/2017 \_\_\_\_\_  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: \_\_\_\_\_

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Designated Agency Contact (Name, Title) Sandra Cruz, Ticket Administrator			
Area Code/Phone Number (213) 974-5555	E-mail scrucz@bos.lacounty.gov	<input type="checkbox"/> 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 \$ 20.00

Event Description: LA Philharmonic performance Date(s) 08 / 29 / 17  
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official? Yes  No  If yes: \_\_\_\_\_  
Official's Name (Last, First)

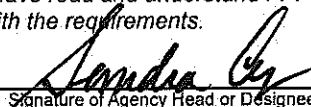
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B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
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		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Antelope Valley Senior Center 777 W Jackman Street, Lancaster 93534	60	Ticket Policy Sec 5.3(h)
Facility provides social, recreational, physical & educational opportunities for seniors		

**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      11/1/2017  
Signature of Agency Head or Designee      Print Name      Title      (month, day, year)

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(213) 974-5555	scrucz@bos.lacounty.gov	Date of Original Filing: _____ <small>(month, day, year)</small>	

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 20.00

Event Description: LA Philharmonic performance    Date(s) 09 / 14 / 17

Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?    Yes     No     If no: Hollywood Bowl

Name of Source

Was ticket distribution made at the behest of agency official?    Yes     No     If yes: \_\_\_\_\_

Official's Name (Last, First)

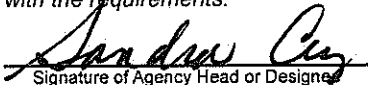
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C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
California Highway Patrol 2041 W Avenue I, Lancaster CA 93534	40	Ticket Policy Sec 5.3(h)
law enforcement agency		

**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.*

 <small>Signature of Agency Head or Designee</small>	Sandra Cruz <small>Print Name</small>	Ticket Administrator <small>Title</small>	11/1/2017 <small>(month, day, year)</small>
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Comment: \_\_\_\_\_

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Area Code/Phone Number	E-mail	Date of Original Filing: _____ <small>(month, day, year)</small>	
(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 \$ 20.00

Event Description: LA Philharmonic performance    Date(s) 08 / 15 / 17    \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
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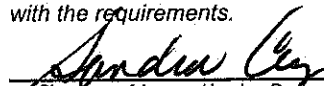
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C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Friends of the Lancaster Library 601 W Lancaster Bl, Lancaster CA 93534	36	Ticket Policy Sec 5.3(h)
Organization dedicated to supporting library by raising funds to supplement items for librar		

**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    11/1/2017  
Signature of Agency Head or Designee    Print Name    Title    (month, day, year)

Comment: \_\_\_\_\_

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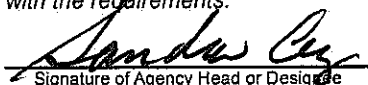
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C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
	Friends of the Quartz Hill Library 42018 50th Street West, Quartz Hill 93536	10	Ticket Policy Sec 5.3(h)
	Organization dedicated to supporting library by raising funds to supplement items for librar		

**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 11/1/2017  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: \_\_\_\_\_



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C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Lancaster Sheriff Station 501 W Lancaster Bl, Lancaster CA 93534  law enforcement agency	28	Ticket Policy Sec 5.3(h)

**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.*

 _____ <small>Signature of Agency Head or Designee</small>	Sandra Cruz _____ <small>Print Name</small>	Ticket Administrator _____ <small>Title</small>	11/1/2017 _____ <small>(month, day, year)</small>
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C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Lancaster Sheriff Station 501 W Lancaster Bl, Lancaster CA 93534	28	Ticket Policy Sec 5.3(h)
law enforcement agency		

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Sandra Cruz
Ticket Administrator
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 Signature of Agency Head or Designee	Sandra Cruz Print Name	Ticket Administrator Title	11/1/2017 (month, day, year)
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Comment: \_\_\_\_\_

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County of Los Angeles			For Official Use Only
Division, Department, or Region (if applicable)			
Board of Supervisors, Fifth District			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)  <b>Date of Original Filing:</b> _____ <small>(month, day, year)</small>	
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 \$ 20.00

Event Description: LA Philharmonic performance    Date(s) 08 / 01 / 17

Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency?    Yes     No     If no: Hollywood Bowl

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 (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		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 (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Antelope Valley Hospital Volunteer Office 1600 W Avenue J, Lancaster CA 93534	96	Ticket Policy Sec 5.3(h)
Volunteers in a health facility		

**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.*

 <small>Signature of Agency Head or Designee</small>	Sandra Cruz <small>Print Name</small>	Ticket Administrator <small>Title</small>	11/1/2017 <small>(month, day, year)</small>
---	--	--	--

Comment: \_\_\_\_\_

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

**A Public Document**

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Board of Supervisors, Fifth District			
<b>Designated Agency Contact</b> <i>(Name, Title)</i>			
Sandra Cruz, Ticket Administrator			
<b>Area Code/Phone Number</b>	<b>E-mail</b>	<input type="checkbox"/> <b>Amendment</b> <i>(Must Provide Explanation in Part 3.)</i>	
(213) 974-5555	scruz@bos.lacounty.gov	<b>Date of Original Filing:</b> _____ <i>(month, day, year)</i>	

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 20.00

Event Description: LA Philharmonic performance    Date(s) 08 / 29 / 17  
*Provide Title/ Explanation*

Ticket(s)/Pass(es) provided by agency?    Yes     No     If no: Hollywood Bowl  
*Name of Source*

Was ticket distribution made at the behest of agency official?    Yes     No     If yes: \_\_\_\_\_  
*Official's Name (Last, First)*

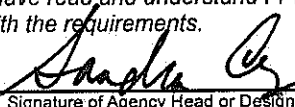
**3. Recipients**

*• 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 <i>(Last, First)</i>	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization <i>(Include address and description)</i>	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
San Gabriel Parks & Recreation 250 S Mission Drive, San Gabriel CA 91776 city park	54	Ticket Policy Sec 5.3(h)

**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	11/1/2017
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment: \_\_\_\_\_

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

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Division, Department, or Region <i>(if applicable)</i>			
Board of Supervisors, Fifth District			
Designated Agency Contact <i>(Name, Title)</i>			
Sandra Cruz, Ticket Administrator		<input type="checkbox"/> <b>Amendment</b> <i>(Must Provide Explanation in Part 3.)</i>	
Area Code/Phone Number	E-mail	Date of Original Filing: _____ <small>(month, day, year)</small>	
(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 \$ 20.00

Event Description: LA Philharmonic performance    Date(s) 08 / 03 / 17

Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency?    Yes     No     If no: Hollywood Bowl

Name of Source

Was ticket distribution made at the behest of agency official?    Yes     No     If yes: \_\_\_\_\_

Official's Name (Last, First)

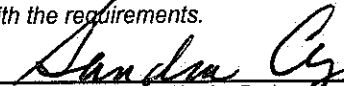
**3. Recipients**

• 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 (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		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 (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Altadena Senior Center 460 Mariposa St, Altadena CA 91001	50	Ticket Policy Sec 5.3(h)
Provides social, recreational, physical & educational opportunities for seniors		

**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    11/1/2017

Signature of Agency Head or Designee    Print Name    Title    (month, day, year)

Comment: \_\_\_\_\_

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

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Board of Supervisors, Fifth District			
Designated Agency Contact (Name, Title)			
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 \$ 20.00

Event Description: LA Philharmonic performance    Date(s) 08 / 10 / 17  
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official?    Yes     No     If yes: \_\_\_\_\_  
Official's Name (Last, First)

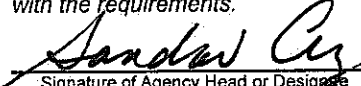
**3. Recipients**

• 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 (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
			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 (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
	South Pasadena Senior Center 1102 Oxley St, South Pasadena CA	56	Ticket Policy Sec 5.3(h)
	Facility provides social, recreational, physical & educational opportunities for seniors		

**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
11/1/2017  
Signature of Agency Head or Designee      Print Name      Title      (month, day, year)

Comment: \_\_\_\_\_

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

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Board of Supervisors, Fifth District			
Designated Agency Contact (Name, Title)			
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 \$ 20.00

Event Description: LA Philharmonic performance Date(s) 08 / 03 / 17  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: Hollywood Bowl  
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 (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		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 (Include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Pasadena Senior Center 85 East Holly Street, Pasadena CA 91103	60	Ticket Policy Sec 5.3(h)
Facility provides social, recreational, physical & educational opportunities for seniors		

**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 \_\_\_\_\_ 11/1/2017 \_\_\_\_\_  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: \_\_\_\_\_



**Agency Report of:  
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County of Los Angeles			
Division, Department, or Region (if applicable)		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)  Date of Original Filing: _____ <small>(month, day, year)</small>	
Board of Supervisors, Fifth District			
Designated Agency Contact (Name, Title)			
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 \$ 20.00

Event Description: LA Philharmonic performance Date(s) 08 / 29 / 17  
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official? Yes  No  If yes: \_\_\_\_\_  
Official's Name (Last, First)

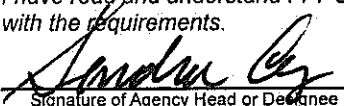
**3. Recipients**

• 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 (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
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		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 (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Alhambra Senior Center 111 S First Street, Alhambra CA 91801	56	Ticket Policy Sec 5.3(h)
Facility provides social, recreational, physical & educational opportunities for seniors		

**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
11/1/2017  
Signature of Agency Head or Designee
Print Name
Title
(month, day, year)

Comment: \_\_\_\_\_

**Agency Report of:  
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Division, Department, or Region (if applicable) Board of Supervisors, Fifth District			
Designated Agency Contact (Name, Title) Sandra Cruz, Ticket Administrator			
Area Code/Phone Number (213) 974-5555	E-mail scruz@bos.lacounty.gov	<input type="checkbox"/> 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 \$ 20.00

Event Description: LA Philharmonic performance Date(s) 08 / 10 / 17  
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official? Yes  No  If yes: \_\_\_\_\_  
Official's Name (Last, First)

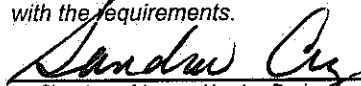
**3. Recipients**

• 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 (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		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 (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Temple Sheriff Station 8838 E Las Tunas Drive, Temple City 91780  public safety/law enforcement agency	36	Ticket Policy Sec 5.3(h)

**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
11/1/2017  
Signature of Agency Head or Designee
Print Name
Title
(month, day, year)

Comment: \_\_\_\_\_

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<b>Designated Agency Contact (Name, Title)</b>		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)  <b>Date of Original Filing:</b> _____ <small>(month, day, year)</small>	
Sandra Cruz, Ticket Administrator			
<b>Area Code/Phone Number</b>	<b>E-mail</b>		
(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 \$ 20.00

Event Description: LA Philharmonic performance    Date(s) 08 / 3 / 17  
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official?    Yes     No     If yes: \_\_\_\_\_  
Official's Name (Last, First)

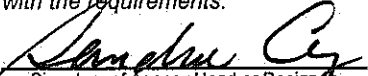
**3. Recipients**

\* 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 (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		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 (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Altadena Sheriff Station 780 E Altadena Drive, Altadena CA 91001  public safety/law enforcement agency	40	Ticket Policy Sec 5.3(h)

**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.*

 <small>Signature of Agency Head or Designee</small>	Sandra Cruz <small>Print Name</small>	Ticket Administrator <small>Title</small>	11/1/2017 <small>(month, day, year)</small>
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Comment: \_\_\_\_\_

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

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

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 20.00

Event Description: LA Philharmonic performance Date(s) 09 / 14 / 17  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: Hollywood Bowl  
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 (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following: 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 (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Crescenta Valley Sheriff Station 4554 N Briggs Ave, La Crescenta 91224 public safety/law enforcement agency	40	Ticket Policy Sec 5.3(h)

**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 Sandra Cruz Ticket Administrator 11/1/2017  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: \_\_\_\_\_