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

1. Agency Name
   County of Los Angeles
   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

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
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑ If no: Hollywood Bowl
   Was ticket distribution made at the behest of agency official? Yes ☐ No ☑

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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Palmdale Regional Medical Center</td>
<td>18</td>
<td>Ticket Policy Sec 5.3(h)</td>
</tr>
<tr>
<td>38600 Medical Center, Palmdale CA 9355</td>
<td></td>
<td>Healthcare facility</td>
</tr>
</tbody>
</table>

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.

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

   Comment: ________________________________
## Agency Name

County of Los Angeles  
Board of Supervisors, Fifth District  
Sandra Cruz, Ticket Administrator

### Area Code/Phone Number

(213) 974-5555

### E-mail

scruz@bos.lacounty.gov

## Function or Event Information

### Does the agency have a ticket policy?

Yes [x]  No [ ]

### Face Value of Each Ticket/Pass

$20.00

### Event Description:

LA Philharmonic performance

### Date(s)

09 / 04 / 17

### Ticket(s)/Pass(es) provided by agency?

Yes [x]  No [ ]

### If no:

Hollywood Bowl

### Name of Source

Official's Name (Last, First)

## 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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### B. Name of Individual (Last, First)  
Number of Ticket(s)/Passes

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ]  Other [ ]  Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ]  Other [ ]  Income [ ]</td>
</tr>
</tbody>
</table>

### C. Name of Outside Organization (Include address and description)  
Number of Ticket(s)/Passes

<table>
<thead>
<tr>
<th>Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
</table>
| Friends of Jackie Robinson Park  
8775 East Avenue R, Little Rock CA 93543 | 20 | Ticket Policy Sec 5.3(h) |

## 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

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

1. Agency Name
County of Los Angeles
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

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
Provide Title/Explanation
Date(s) 08/15/17
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 ☐ Other ☐ Income ☐
If checking "Ceremonial Role" or "Other" describe below:
Ceremonial Role ☐ Other ☐ Income ☐
If checking "Ceremonial Role" or "Other" describe below:

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

Comment:

FPPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
**Agency Report of:**
Ceremonial Role Events and Ticket/Pass Distributions

1. **Agency Name**
   - County of Los Angeles
   - 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

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
   - Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   - If no: Hollywood Bowl
   - Was ticket distribution made at the behest of agency official? Yes ☑ No ☐

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 ☐ Other ☐ Income ☐
     - If checking "Ceremonial Role" or "Other" describe below:

   **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
   Ambulatory care clinic offering comprehensive health services
   53

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.

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

   Comment: 

   FPPC Form 802 (2/2016)
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   County of Los Angeles
   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

2. Function or Event Information
   Does the agency have a ticket policy? Yes [x] No [ ]
   Face Value of Each Ticket/Pass $20.00
   Event Description: LA Philharmonic performance
   Date(s) 08/29/17
   Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
   If no: Hollywood Bowl
   Was ticket distribution made at the behest of agency official? Yes [x] 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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [x] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   | C. Name of Outside Organization      | Number of Ticket(s)/Passes | Describe the public purpose made pursuant to the agency's policy |
   | Include address and description      |                            |                                                               |
   | Antelope Valley Senior Center        | 60                         | Ticket Policy Sec 5.3(h)                                      |
   | 777 W Jackman Street, Lancaster 93534|                            |                                                               |
   | 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.

   Signature of Agency Head or Designee: [Signature]
   Sandra Cruz
   Ticket Administrator
   11/1/2017
   [Month, day, year]

   Comment: ____________________________
Agency Name
County of Los Angeles
Division, Department, or Region (if applicable)
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
Provide Title/Explanation
Date(s) 09 / 14 / 17
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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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.

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

Comment: ____________________________________________________________
Agency Name
California Form 802
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions
Board of Supervisors, Fifth District
Sandra Cruz, Ticket Administrator
Area Code/Phone Number (213) 974-5555
E-mail scruz@bos.lacounty.gov

2. Function or Event Information

<table>
<thead>
<tr>
<th>Does the agency have a ticket policy?</th>
<th>Yes ☑ No ☐</th>
<th>Face Value of Each Ticket/Pass $</th>
<th>20.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>Event Description: LA Philharmonic performance</td>
<td>Date(s) 08/15/17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ticket(s)/Pass(es) provided by agency?</td>
<td>Yes ☐ No ☑</td>
<td>If no: Hollywood Bowl</td>
<td></td>
</tr>
<tr>
<td>Was ticket distribution made at the behest of agency official?</td>
<td>Yes ☐ No ☑</td>
<td>Official's Name (Last, First)</td>
<td></td>
</tr>
</tbody>
</table>

3. Recipients

A. Name of Agency, Department or Unit

<table>
<thead>
<tr>
<th>Number of Ticket(s) Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>

B. Name of Individual

<table>
<thead>
<tr>
<th>Number of Ticket(s) Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
<td></td>
</tr>
</tbody>
</table>

C. Name of Outside Organization

<table>
<thead>
<tr>
<th>Number of Ticket(s) Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>

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 librarians

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

Comment:
1. **Agency Name**
   - County of Los Angeles
   - 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

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
   - 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 ☑

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.

<table>
<thead>
<tr>
<th>A.</th>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B.</th>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

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

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.
   - Signature of Agency Head or Designee: [Signature]
   - Print Name: Sandra Cruz
   - Title: Ticket Administrator
   - Date: 11/1/2017

Comment: [Optional]
Agency Name:
County of Los Angeles
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

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
Provide Title/Explaination
Date(s) 08 / 29 / 17
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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

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

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

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

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

1. Agency Name
   County of Los Angeles
   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

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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.

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

Comment: ____________________________

FFPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Agency Name
County of Los Angeles
Division, Department, or Region (if applicable)
Board of Supervisors, Fifth District
Designated Agency Contact (Name, Title)
Sandra Cruz, Ticket Administrator
Area Code/Phone Number E-mail
(213) 974-5555 scr Cruz@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
Event(s)/Pass(es) provided by agency? Yes ☑ No ☐ Date(s) 09 / 14 / 17
Provide Title/Explanation
If no: Hollywood Bowl
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.

<table>
<thead>
<tr>
<th>A.</th>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B.</th>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describes below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C.</th>
<th>Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Palmdale Sheriff Station 750 East Avenue Q, Palmdale CA 93550</td>
<td>28</td>
<td>Ticket Policy Sec 5.3(h)</td>
</tr>
</tbody>
</table>

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.

Signature of Agency Head or Designee

Sandra Cruz
Ticket Administrator
11/1/2017
(month, day, year)

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

1. Agency Name
   County of Los Angeles
   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

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
   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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antelope Valley Hospital Volunteer Office 1600 W Avenue J, Lancaster CA 93534</td>
<td>96 Ticket Policy Sec 5.3(h)</td>
<td></td>
</tr>
<tr>
<td>Volunteers in a health facility</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

1. Agency Name
   County of Los Angeles
   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
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Hollywood Bowl
   If yes: Official’s Name (Last, First)
   Was ticket distribution made at the behest of agency official? Yes ☐ No ☑

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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>San Gabriel Parks &amp; Recreation 250 S Mission Drive, San Gabriel CA 91776</td>
<td>54</td>
<td>Ticket Policy Sec 5.3(h)</td>
</tr>
<tr>
<td>city park</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.
   Signature of Agency Head or Designee: Sandra Cruz, Ticket Administrator: 11/1/2017

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

1. Agency Name  
County of Los Angeles  
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  
scruez@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  
Ticket(s)/Pass(es) provided by agency?  
Yes ☑ No ☐  
If no: Hollywood Bowl  
If yes: Official's Name (Last, First)  
Date(s) 06 / 03 / 17

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 ☐ Other ☐ Income ☐  
  If checking "Ceremonial Role" or "Other" describe below:

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.

Signature of Agency Head or Designee  
Sandra Cruz  
Ticket Administrator  
11/1/2017  
Title

Comment:  

FFPC Form 802 (2/2016)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name

County of Los Angeles
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

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) 06 / 10 / 17
Ticket(s)/Pass(es) provided by agency? Yes ☑️ No ☐
If no: Hollywood Bowl
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 ☐ Other ☐ Income ☐
If checking “Ceremonial Role” or “Other” describe below:

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

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

1. Agency Name
   County of Los Angeles
   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

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/ Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/ Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/ Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pasadena Senior Center 85 East Holly Street, Pasadena CA 91103</td>
<td>60</td>
<td>Ticket Policy Sec 5.3(h)</td>
</tr>
<tr>
<td>Facility provides social, recreational, physical &amp; educational opportunities for seniors</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Comment: ____________________________
1. Agency Name
   County of Los Angeles
   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

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
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Hollywood Bowl
   Was ticket distribution made at the behest of agency official? Yes ☐ No ☑
   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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alhambra Senior Center 111 S First Street, Alhambra CA 91801</td>
<td>56</td>
<td>Ticket Policy Sec 5.3(h)</td>
</tr>
<tr>
<td>Facility provides social, recreational, physical &amp; educational opportunities for seniors</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

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

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

1. Agency Name
   County of Los Angeles
   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
   scruez@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
   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.

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Temple Sheriff Station 8838 E Las Tunas Drive, Temple City 91780</td>
<td>36</td>
<td>Ticket Policy Sec 5.3(h)</td>
</tr>
<tr>
<td>public safety/law enforcement agency</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

   Signature of Agency Head or Designee
   Sandra Cruz
   Title
   Ticket Administrator
   11/1/2017

   Comment:
Agency Name
County of Los Angeles
Division, Department, or Region (if applicable)
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) 08/3/17
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑ If no: Hollywood Bowl
Was ticket distribution made at the behest of agency official? Yes ☐ No ☑ If yes:

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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Altadena Sheriff Station 780 E Altadena Drive, Altadena CA 91001</td>
<td>40</td>
<td>Ticket Policy Sec 5.3(h)</td>
</tr>
<tr>
<td>public safety/law enforcement agency</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 Signature of Agency Head or Designee
Ticket Administrator Print Name
Title

11/1/2017 (month, day, year)
Agency Name
County of Los Angeles
Board of Supervisors, Fifth District
Sandra Cruz, Ticket Administrator
(213) 974-5555
scruz@bos.lacounty.gov

Date of Original Filing: __________/________/________

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
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Hollywood Bowl
Was ticket distribution made at the behest of agency official? Yes ☐ No ☒
If yes: __________/________/________

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.

<table>
<thead>
<tr>
<th>A.</th>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B.</th>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Ceremonial Role ☐ Other ☐ Income ☐ Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐ If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C.</th>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crescenta Valley Sheriff Station 4554 N Briggs Ave, La Crescenta 91224</td>
<td>40</td>
<td>Ticket Policy Sec 5.3(h)</td>
<td></td>
</tr>
<tr>
<td>public safety/law enforcement agency</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Comment: ________________________________