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 $ 168 ☒
   Event Description: LA Philharmonic Performance
   Date(s) 10 / 03 / 17
   Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
   If yes: Walt Disney Concert Hall
   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.

   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 ☐
      Ticket Policy Sec 5.3(h)
      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

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
   Date of Filing: 9/4/17
   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  E-mail
   (213) 974-5555   scrusz@bos.lacounty.gov

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $ 168.00
   Event Description: LA Philharmonic Performance
   Event(s) Date(s) 09 / 29 / 17
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If no: Walt Disney Concert Hall
   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>

   | Name of Individual                | Number of Ticket(s)/Passes | Identify one of the following:                                |
   | (Last, First)                     |                           | Ceremonial Role ☐ Other ☐ Income ☐                           |
   | Yoo, Jeffrey                      | 4                         | Ticket Policy Sec 5.3(h)                                      |
   |                                   |                           | Ceremonial Role ☐ Other ☐ Income ☐                           |
   |                                   |                           | Ticket Policy Sec 5.3(h)                                      |

   | Name of Outside Organization      | Number of Ticket(s)/Passes | Describe the public purpose made pursuant to the agency's policy |
   | (Include address and description) |                           |                                                               |
   |                                   |                           |                                                               |

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  9/4/17
   (month, day, year)
   Comment:

FPPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)