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: Los Angeles County Fair Tickets
Event Date(s): 09 / 04 / 17
Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
If no: Fairplex
Name of Source:
If yes: __________
Name of Source (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: Ceremonial Role ☑ Other ☑ Income ☐</th>
</tr>
</thead>
<tbody>
<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>Single Mothers Outreach 23780 Newhall Ave, Newhall 91321</td>
<td>10</td>
<td>Ticket Policy Sec 5.3(h)</td>
</tr>
<tr>
<td>Work with single mothers &amp; children to become self-sustaining &amp; thrive</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: ____________________________
Print Name: ____________________________
Title: ____________________________
Date: 9/29/17

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: Los Angeles County Fair Tickets
Date(s) 09 / 01 / 17
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑ If no: Los Angeles Dodgers
Name of Source
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>Board of Supervisors</td>
<td></td>
<td>Ticket Policy Sec 5.3(k)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
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<th>Identify one of the following:</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
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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
9/29/17 (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
A Public Document

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 scrruz@bos.lacounty.gov

Date Stamp California Form 802
For Official Use Only

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass $20.00
Event Description: Los Angeles County Fair
Date(s) 09/ 4/ 17
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Fairplex
Name of Source
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>
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<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>LA County Department Public Works</td>
<td>6</td>
<td>Ticket Policy Sec 5.3(k)</td>
</tr>
</tbody>
</table>

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

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
[Print Name] [Title] 9/29/17 (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: (213) 974-5555
E-mail: scruz@bos.lacounty.gov
Face Value of Each Ticket/Pass: $20.00
Date of Original Filing: (month, day, year)

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☑
Event Description: Los Angeles County Fair
Date(s): 09/04/17
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If no: Fairplex
Name of Source
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.

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<td></td>
<td>Ceremonial Role ☐ Other ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
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<tr>
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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: 9/29/17 (month, day, year)
Comment:
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions
A Public Document

1. 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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☑
   Face Value of Each Ticket/Pass $40.00
   Event Description: Los Angeles County Fair
   Date(s) 09/4/17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Fairplex
   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
      Board of Supervisors Fifth District 2 Ticket Policy Sec 5.3(k)

   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

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: 9/29/17
   (month, day, year)
   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
   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
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass: $20.00
   Event Description: Los Angeles County Fair
   Date(s): 09/14/17
   Ticket(s)/Pass(es) provided by agency?: Yes ☑ No ☐
   Name of Source: Fairplex
   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>Board of Supervisors</td>
<td>2</td>
<td>Ticket Policy Sec 5.3(k)</td>
</tr>
<tr>
<td>Fifth District</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>
<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>
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</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)    |                           |                                                             |

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: ____________________________
   Print Name: Sandra Cruz
   Title: Ticket Administrator
   Date: 9/29/17

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

1. Agency Name
County of Los Angeles
Board of Supervisors, Fifth District
Sandra Cruz, Ticket Administrator

<table>
<thead>
<tr>
<th>Area Code/Phone Number</th>
<th>E-mail</th>
</tr>
</thead>
<tbody>
<tr>
<td>(213) 974-5555</td>
<td><a href="mailto:scruz@bos.lacounty.gov">scruz@bos.lacounty.gov</a></td>
</tr>
</tbody>
</table>

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $20.00
Event Description: Los Angeles County Fair Tickets
Event(s)/Pass(es) provided by agency? Yes ☐ No ☒
Ticket Policy Sec 5.3(k)
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>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>Los Angeles County Sheriff's Department Temple Station</td>
<td>6</td>
<td>Ticket Policy Sec 5.3(k)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
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<th>Identify one of the following: Ceremonial Role ☐ Other ☒ Income ☐</th>
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<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
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</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
Ticket Administrator: Ticket Administrator
Date: 9/29/17

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 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: Los Angeles County Fair
Date(s) 09/4/17
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Fairplex
Name of Source
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.

A. Name of Agency, Department or Unit Number of Ticket(s)/ Passes Describe the public purpose made pursuant to the agency’s policy
Board of Supervisors Fifth District 2 Ticket Policy Sec 5.3(k)

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 ☐
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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
Print Name Title
9/29/17 (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: Los Angeles County Fair
Provide Title/Explanation
Date(s) 09 / 4 / 17
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If no: Fairplex
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.

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<tbody>
<tr>
<td></td>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compton, Roberta</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☑ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ticket Policy Sec 5.3(j)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
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<tr>
<td>(Include address and description)</td>
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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: 9/29/17
Title (month, day, year)

Comment: ___________________________
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
   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: Los Angeles County Fair
   Date(s) 09 / 4 / 17
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If no: Fairplex
   Name of Source
   If yes: Official's Name (Last, First)

3. Recipients
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<tbody>
<tr>
<td>Board of Supervisors, Fifth District</td>
<td>2</td>
<td>Ticket Policy Sec 5.3(k)</td>
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   Sandra Cruz
   Signature of Agency Head or Designee
   Print Name
   Ticket Administrator
   Title
   Signature Date 9/29/17
   (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
   Sandra Cruz, Ticket Administrator
   (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: Los Angeles County Fair Tickets Date(s) 09/04/17
   Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ Name of Source
   If no: Fairplex
   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
   Los Angeles County Sheriff's Department San Dimas Station 19 Ticket Policy Sec 5.3(k)

   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

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 of Agency Head or Designee
   Sandra Cruz Ticket Administrator
   Print Name Title
   9/29/17
   (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 ☑ No ☐
   Face Value of Each Ticket/Pass: $20.00
   Event Description: Los Angeles County Fair
   Provide Title/Explanation
   Date(s): 09/4/17
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If no: Fairplex Name of Source
   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>Board of Supervisors</td>
<td>2</td>
<td>Ticket Policy Sec 5.3(k)</td>
</tr>
<tr>
<td>Fifth District</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>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
<td></td>
<td></td>
</tr>
<tr>
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<td></td>
<td></td>
</tr>
<tr>
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<td></td>
</tr>
</tbody>
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<table>
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<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></td>
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<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: Sandra Cruz
   Print Name: Ticket Administrator
   Title: 9/29/17 (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
Face Value of Each Ticket/Pass $ 20.00

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Event Description: Los Angeles County Fair Tickets
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Date(s) 09 / 04 / 17
If no: Fairplex
Name of Source
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>
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<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>Barger, Kathryn</td>
<td>5</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ticket Policy Sec 5.3(g)</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>
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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
9/29/17
Print Name
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
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: Los Angeles County Fair Tickets
Provide Title/Explanation
Date(s) 09 / 04 / 17
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
Name of Source
If no, Fairplex
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.

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<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>Los Angeles County Fire Department Field Operations Bureau Division II</td>
<td>5</td>
<td>Ticket Policy Sec 5.3(k)</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
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<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>
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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
9/29/17
(month, day, year)

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

1. Agency Name
   County of Los Angeles

2. Function or Event Information
   Does the agency have a ticket policy? Yes [x] No [ ]
   Face Value of Each Ticket/Pass $25.00
   Event Description: Los Angeles County Fair
   Date(s) 09/4/17
   Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
   Name of Source: Fairplex
   Was ticket distribution made at the behest of agency official? Yes [x] 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
   Board of Supervisors
   Fifth District | 8 | Ticket Policy Sec 5.3(k)

   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

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: 9/29/17

   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 [X] No [ ]
   Face Value of Each Ticket/Pass $20.00
   Event Description: Los Angeles County Fair Tickets
   Provide Title/Explanation
   Date(s) 09/04/17
   Ticket(s)/Pass(es) provided by agency? Yes [X] No [ ]
   If no: Fairplex
   Name of Source
   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.

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<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>Los Angeles County Fire Department Air Operations Unit</td>
<td>40</td>
<td>Ticket Policy Sec 5.3(k)</td>
</tr>
</tbody>
</table>

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<tr>
<th>B. Name of Individual (Last, First)</th>
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<td>Ceremonial Role [ ] Other [X] Income [ ]</td>
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<td>If checking “Ceremonial Role” or “Other” describe below:</td>
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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
   9/29/17 (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: Los Angeles County Fair
Date(s) 09 / 4 / 17
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If no: Fairplex
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.

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<tr>
<th>A.</th>
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<tbody>
<tr>
<td>Board of Supervisors Fifth District</td>
<td>2</td>
<td>Ticket Policy Sec 5.3(k)</td>
<td></td>
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<tr>
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<th>Name of Outside Organization (include address and description)</th>
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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
Print Name
Title
Date 9/29/17
(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: Los Angeles County Fair
   Date(s) 09 / 4 / 17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If yes: Fairplex
   Name of Source
   If 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.

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<tr>
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<tbody>
<tr>
<td>Board of Supervisors</td>
<td>12</td>
<td>Ticket Policy Sec 5.3(k)</td>
</tr>
<tr>
<td>Fifth District</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   | B. Name of Individual (Last, First)   | Number of Ticket(s)/Passes | Identify one of the following:                               |
   |                                       |                           | Ceremonial Role ☑ Other ☐ Income ☐                          |
   |                                       |                           | Ceremonial Role ☑ Other ☐ Income ☐                          | If checking "Ceremonial Role" or "Other" describe below: |
   |                                       |                           |                                                               |

   | 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)     |                           |                                                               |

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
   Print Name  Ticket Administrator  9/29/17

   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: (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: Los Angeles County Fair Tickets
- Date(s): 09/04/17
- Ticket(s)/Pass(es) provided by agency? Yes □ No □
- If no: Fairplex
- 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.

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<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crescenta Valley Town Council PO Box 8676, La Crescenta CA 91214</td>
<td>16</td>
<td>Ticket Policy Sec 5.3(h) provides forum through town meeting to identify &amp; discuss issues of concerns to residents</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
9/29/17

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: Los Angeles County Fair
   Date(s) 09 / 4 / 17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Fairplex
   Name of Source
   If yes: __________________________
   Official’s Name (Last, First)

3. Recipients
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<td>Ceremonial Role ☐ Other ☐</td>
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Sandra Cruz
Ticket Administrator
9/29/17

Signature of Agency Head or Designee
Print Name
Title
(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
   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: Los Angeles County Fair
   Date(s) 09/04/17
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   Name of Source: Fairplex
   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.
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<tr>
<td>Board of Supervisors</td>
<td>6</td>
<td>Ticket Policy Sec 5.3(k)</td>
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<tr>
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   Signature of Agency Head or Designee: Sandra Cruz
   Print Name: Ticket Administrator
   Title: 9/29/17 (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  
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2. Function or Event Information  
- Does the agency have a ticket policy? Yes ☑ No ☐  
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- 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>
| Board of Supervisors  
Fifth District | 4 | Ticket Policy Sec 5.3(k) |

<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>
</table>
| - | - | Ceremonial Role ☐ Other ☐ Income ☐  
  If checking "Ceremonial Role" or "Other" describe below: |
| - | - | Ceremonial Role ☐ Other ☐ Income ☐  
  If checking "Ceremonial Role" or "Other" describe below: |

<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>-</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  
9/29/17  
(month, day, year)  

Comment:  