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

1. Agency Name
County of Los Angeles
Board of Supervisors, Fifth District
Desiganted 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 $ 45.00
Event Description: Dodger Tickets
Date(s) 09 / 08 / 17 09 / 09 / 17
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Los Angeles Dodgers
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>Board of Supervisors</td>
<td>2</td>
<td>Ticket Policy Sec 5.3(k)</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>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
<td></td>
<td></td>
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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>
</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: 

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**

**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 Stamp**

**California Form 802**  
For Official Use Only

**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 [x]  
  No [ ]

- **Face Value of Each Ticket/Pass**  
  $ 45.00

- **Event Description**  
  Dodger Tickets

- **Date(s)**  
  09 / 10 / 17  
  09 / 22 / 17

- **Ticket(s)/Pass(es) provided by agency?**  
  Yes [x]  
  No [ ]

- **Name of Source**  
  Los Angeles Dodgers

- **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

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<tr>
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<tr>
<td>Board of Supervisors</td>
<td>2</td>
<td>Ticket Policy Sec 5.3(k)</td>
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### B. Name of Individual (Last, First)  
Number of Ticket(s)/Passes  
Identify one of the following:

<table>
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<th>Name of Individual (Last, First)</th>
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<th>Identify one of the following:</th>
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</table>
| Staff                            | 2                          | Ceremonial Role [ ]  
  Other [ ]  
  Income [ ]

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

<table>
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<tr>
<th>Ceremonial Role</th>
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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

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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

**Title**

**Date (month, day, year)**  
9/29/17

**Comment:**

FPPC 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 scruz@bos.lacounty.gov

Date of Original Filing: __________ (month, day, year)

### Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass $ 45.00

Event Description: Dodger Tickets

Date(s) 09 / 23 / 17 09 / 24 / 17

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐

If no: Los Angeles Dodgers

Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒

If yes: 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.

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|                                |                           | Ceremonial Role ☐ Other ☐ Income ☐ |
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### 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: ________________________________

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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 $45.00
   - Event Description: Dodger Tickets
   - Date(s): 09/25/17, 09/26/17
   - 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.

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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:
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

   Area Code/Phone Number  E-mail
   (213) 974-5555            scruz@bos.lacounty.gov

Date Stamp

2. Function or Event Information
   Does the agency have a ticket policy?  Yes ☑  No ☐
   Face Value of Each Ticket/Pass $ 45.00
   Event Description: Dodger Tickets
   Date(s) 09/27/17
   Ticket(s)/Pass(es) provided by agency?  Yes ☐  No ☑
   If no: Los Angeles Dodgers
   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 2  Ticket Policy Sec 5.3(k)

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

      Ceremonial Role ☐  Other ☐  Income ☐
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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

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   Signature of Agency Head or Designee
   Sandra Cruz  Print Name  Ticket Administrator  Title
   9/29/17  (month, day, year)

Comment:

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