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 [x] No [ ]
   **Face Value of Each Ticket/Pass** $168.00

   **Event Description:** LA Philharmonic Performance
   **Date(s):** 05 / 30 / 19

   **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [x]
   **If no:** Walt Disney Concert Hall
   **Name of Source**

   **Was ticket distribution made at the behest of agency official?** Yes [ ] No [x]
   **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 [x]
   - Income [ ]
   **Ticket Policy Sec 5.3(h)**
   **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**
   **Title**
   **Ticket Administrator**
   5/1/19
   **(month, day, year)**

   **Comment:**

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