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 $ 45.00
Event Description: Dodger Tickets
Provide Title/ Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑ Date(s) 05 / 06 / 19
Was ticket distribution made at the behest of agency official? Yes ☐ No ☑ If no: Los Angeles Dodgers
Name of Source
If yes: ______________________ Official's Name (Last, First)

3. Recipients

<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>
<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>Staff</td>
<td>2</td>
<td>Ceremonial Role ☑ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

Ticket Policy Sec 5.3(k)

<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>
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</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
06/21/19
(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 $45.00
   Event Description: Dodger Tickets
   Date(s) 05/07/19
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑ Name of Source
   If no: Los Angeles Dodgers
   If yes: ____________________________
   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(k)
   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
   06/21/19
   (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 $45.00
   Event Description: Dodgers Tickets
   Provide Title/Explanation
   Date(s) 05/08/19 05/09/19
   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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<tr>
<th>Number of Ticket(s)/ Passes</th>
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<tr>
<td>B. Name of Individual (Last, First)</td>
<td>Number of Ticket(s)/ Passes</td>
</tr>
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<td>Staff</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
<tr>
<td></td>
<td>Ticket Policy Sec 5.3(k)</td>
</tr>
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4. Verification
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   Signature of Agency Head or Designee
   Sandra Cruz
   Ticket Administrator
   Print Name
   Title
   06/21/19

   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

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) 05 / 10 / 19 05 / 11 / 19
   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
   
   B. Name of Individual (Last, First) | Number of Ticket(s)/Passes | Identify one of the following:
   
       Staff 2 
       Ceremonial Role ☐ Other ☒ Income ☑
       Ticket Policy Sec 5.3(k)
   
   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
   06/21/19 (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
   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 ☐
   Event Description: Dodger Tickets
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Face Value of Each Ticket/Pass $45.00
   Date(s): 05/12/19 05/14/19
   Name of Source: Los Angeles Dodgers
   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>
<td>Staff</td>
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<td></td>
</tr>
<tr>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ticket Policy Sec 5.3(k)</td>
<td></td>
<td></td>
</tr>
<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: Sandra Cruz
Title: Ticket Administrator
Date: 06/21/19
(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 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) 05 / 15 / 19 05 / 27 / 19
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

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<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
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B. Name of Individual (Last, First) Number of Ticket(s)/Passes Identify one of the following:

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Ceremonial Role ☐ Other ☑ Income ☐</th>
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</thead>
<tbody>
<tr>
<td>Staff</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

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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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: 06/21/19

Comment: _____________________________________________________

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

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) 05 / 28 / 19 05 / 29 / 19
   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: __________________________

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 ☐

   **Staff**
   2

   **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.

   Sandra Cruz
   Print Name
   Ticket Administrator
   Title
   06/21/19 
   (month, day, year)

   Comment: __________________________

FPCC Form 802 (2/2016)
FPCC 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 $ 45.00
   Event Description: Dodger Tickets
   Provide Title/Explanation
   Date(s) 05 / 30 / 19
   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

   B. Name of Individual (Last, First) | Number of Ticket(s)/Passes | Identify one of the following:
   Staff | 2 | Ceremonial Role ☐ Other ☑ Income ☐
   If checking “Ceremonial Role” or “Other” describe below:
   Ticket Policy Sec 5.3(k)

   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: __________________________
   Print Name: __________________________
   Title: __________________________
   Date (month, day, year): 06/21/19

   Comment: __________________________
Agency Name: County of Los Angeles
Division, Department, or Region: Board of Supervisors, Fifth District
Designated Agency Contact: 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): 05/31/19
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>
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<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>LASD Security Operations</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☒</td>
</tr>
</tbody>
</table>

Ceremonial Role ☐ Other ☒ Income ☐
Ticket Policy Sec 5.3(k)

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<th>C. Name of Outside Organization (include address and description)</th>
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Signature of Agency Head or Designee: ________________
Sandra Cruz
Ticket Administrator
Print Name: ________________ Title: ________________
06/21/19 (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
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Board of Supervisors, Fifth District
Designated Agency Contact (Name, Title)
Sandra Cruz, Ticket Administrator
Area Code/Phone Number E-mail
(213) 974-5555 scruch@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) 06 / 01 / 19 06 / 02 / 19
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑ If no: Los Angeles Dodgers
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.

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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<td>Ceremonial Role ☐ Other ☑ Income ☐</td>
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Ticket Policy Sec 5.3(k)

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 Ticket Administrator 06/21/19 (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 E-mail
   (213) 974-5555 scruez@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
   Provide Title/Explanation
   Date(s) 06 / 13 / 19 06 / 14 / 19
   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

   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(k)

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   Signature of Agency Head or Designee
   Sandra Cruz
   Print Name
   Ticket Administrator
   Title
   06/21/19
   (month, day, year)
   FPPC Form 802 (2/2016)
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
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Ceremonial Role Events and Ticket/Pass Distributions

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   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
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ Date(s) 06/15/19 06/17/19
   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.

   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
      Number of Ticket(s)/Passes
      Identify one of the following:
      Ceremonial Role ☐ Other ☒ Income ☐
      Ticket Policy Sec 5.3(k)
      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

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
   06/21/19
   (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

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) 06 / 16 / 19
   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

   B. Name of Individual (Last, First) | Number of Ticket(s)/Passes | Identify one of the following: Ceremonial Role ☐ Other ☒ Income ☐
   LASD Security Operations | 2 | Ticket Policy Sec 5.3(k)

   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: __________________________
Print Name: Sandra Cruz
Title: Ticket Administrator
Date: 06/21/19

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

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 ☑ No ☐
Face Value of Each Ticket/Pass $45.00
Event Description: Dodger Tickets
Date(s) 06 / 18 / 19
06 / 19 / 19
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></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>Staff</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☑ Income ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ticket Policy Sec 5.3(k)</td>
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</tbody>
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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
06/21/19
(month, day, year)

Comment: ____________________________

FPPC Form 802 (2/2016)
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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 ☐
Event Description: Dodger Tickets
Face Value of Each Ticket/Pass $45.00
Date(s) 06 / 20 / 19 06 / 21 / 19
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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Signature of Agency Head or Designee
Sandra Cruz
Ticket Administrator
Print Name
Title
06/21/19
(month, day, year)

Comment: __________________________

FPPC Form 802 (2/2016)
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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  scruez@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 $ 45.00
   Event Description: Dodger Tickets
   Date(s) 06 / 22 / 19 06 / 22 / 19
   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>
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<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
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</thead>
<tbody>
<tr>
<td>LASD Security Operations</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☑ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ticket Policy Sec 5.3(k)</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)     |                           |                                                               |
   |                                       |                           |                                                               |

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
   06/21/19
   (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 $45.00
   Event Description: Dodger Tickets
   Provide Title/Explanation
   Date(s) 06/23/19
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   If no: Los Angeles Dodgers
   Name of Source
   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.

   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
   Ceremonial Role ☐ Other ☐ Income ☐
   Identify one of the following:
   Ticket Policy Sec 5.3(k)
   If checking "Ceremonial Role" or "Other" describe below:

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   (include address and description)
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   06/21/19
   (month, day, year)
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