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 ☐
   Event Description: Dodger Tickets
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Was ticket distribution made at the behest of agency official? Yes ☐ No ☒
   Face Value of Each Ticket/Pass $ 45.00
   Date(s) 04 / 03 / 17

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>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>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>Senneff, Rich</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
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</thead>
<tbody>
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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 4/20/17

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 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
Date(s) 04 / 04 / 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

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:

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
(4/20/17)
(month, day, year)

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: (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): 04/05/17 04/28/17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Los Angeles Dodgers
   Name of Source: 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 | Identify one of the following:
   Staff | 2 | 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 (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: 4/20/17
   (month, day, year)

   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  
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  
Date(s) 04/06/17  
Ticket(s)/Pass(es) provided by agency?  
Yes ☐ No ☒  
If no: Los Angeles Dodgers  
Name of Source  
If yes:  
Official/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>
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<tbody>
<tr>
<td></td>
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</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>Sheriff's Security Operations</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

Ticket Policy Sec 5.3(k)  
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>
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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 (Month, Day, Year)  
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: (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): 04 / 14 / 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

B. Name of Individual (Last, First) | Number of Ticket(s)/Passes | Identify one of the following:
Bell, Tony | 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.

Sandra Cruz (Signature)
Ticket Administrator (Print Name)

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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   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 ☒ No ☐
   Face Value of Each Ticket/Pass $ 45.00
   Event Description: Dodger Tickets
   Date(s) 04 / 15 / 17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Name of Source
   Name of Source: Los Angeles Dodgers
   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)
   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
   04/20/17 (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**
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     - 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 ☐
   - **Event Description:** Dodger Tickets
     - **Face Value of Each Ticket/Pass:** $45.00
     - **Date(s):** 04/16/17, 04/18/17
   - **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☒
     - **If no:** Los Angeles Dodgers
     - **Name of Source:**
     - **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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<tbody>
<tr>
<td>Osuna, Susie</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td></td>
<td></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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<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
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<th>C. Name of Outside Organization</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:**

**Print Name:**

**Title:**

**Date:** 4/26/17

**Comment:**

FPPC Form 802 (2/2016)

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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 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
Date(s) 04 / 17 / 17 04 / 27 / 17
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 ☒

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>
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<th>Identify one of the following:</th>
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<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>
</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: Title: 4/20/17

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  
scrucz@bos.lacounty.gov

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  
Provide Title/Explanation  
Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]  
If no: Los Angeles Dodgers  
Name of Source  
Was ticket distribution made at the behest of agency official? Yes [x] No [ ]  
If yes: Official’s Name (Last, First)  

3. Recipients  
* Use Section A to identify the agency’s department or unit.  
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<th>Number of Ticket(s)/Passes</th>
<th>Ceremonial Role [ ] Other [ ] Income [ ]</th>
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</thead>
<tbody>
<tr>
<td>Rankin, Cameron</td>
<td>2</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  
Date  
4/20/17

Comment:

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FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)