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 $168.00
   Event Description: LA Philharmonic Performance
   Date(s) 03 / 08 / 17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Walt Disney Concert Hall
   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.

<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>Porter, Todd</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ticket Policy Sec 5.3(h)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td></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></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
   Signature of Agency Head or Designee
   Print Name
   Ticket Administrator
   Title
   03/10/17
   (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 $ 168.00
   Event Description: LA Philharmonic Performance
   Date(s) 02 / 19 / 17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Walt Disney Concert Hall
   Name of Source
   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:
      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
   03/10/17 (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 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 $168.00
   Event Description: LA Philharmonic Performance
   Date(s) 02 / 07 / 17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Walt Disney Concert Hall
   Name of Source
   Was ticket distribution made at the behest of agency official? Yes ☐ No ☑
   If yes: Official's Name (Last, First)

3. Recipients
   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:
   Balderrama, Linda 4
   Other ☐ Income ☐
   Ticket Policy Sec 5.3(k)
   Ceremonial Role ☐ Other ☐ Income ☐
   If checking "Ceremonial Role" or "Other" describe below:

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
   Date 03/10/17
   (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
   - Area Code/Phone Number: (213) 974-5555
   - E-mail: scruz@bos.lacounty.gov

   **Face Value of Each Ticket/Pass**: $168.00

   **Event Description**: LA Philharmonic Performance

   **Date(s)**: 02 / 03 / 17

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

   **If no:** Walt Disney Concert Hall

   **Was ticket distribution made at the behest of agency official?**
   - Yes [ ]
   - No [x]

2. **Function or Event Information**

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

<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>
<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 [ ]

   **Ticket Policy Sec 5.3(h)**

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

<table>
<thead>
<tr>
<th>Ceremonial Role [ ]</th>
<th>Other [ ]</th>
<th>Income [ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></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

<table>
<thead>
<tr>
<th>Name of Outside Organization</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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</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
   **Date**: 03/10/17

   **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 (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 $168.00
Event Description: LA Philharmonic Performance
Date(s) 01/29/17
Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
If no: Walt Disney Concert Hall
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>
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<tr>
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<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>Johnson, Renee</td>
<td>2</td>
<td>Ceremonial Role ☑ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ticket Policy Sec 5.3(h)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☑ Other ☐ Income ☐</td>
</tr>
<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>
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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
03/10/17
(month, day, year)

Comment:
**Agency Report of:**

**Ceremonial Role Events and Ticket/Pass Distributions**

**A Public Document**

1. **Agency Name**
   - County of Los Angeles
   - 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 [x] No [ ]
   - Face Value of Each Ticket/Pass $168.00
   - Event Description: LA Philharmonic Performance
   - Date(s): 01 / 26 / 17
   - 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]
   - 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)
   - Ceremonial Role [ ]
   - Other [ ]
   - Income [ ]

   **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: 03/10/17 (month, day, year)

Comment: 

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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
(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 $ 168.00

Event Description: LA Philharmonic Performance

Date(s) 01 / 21 / 17

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

If no: Walt Disney Concert Hall

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>
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<tbody>
<tr>
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<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>Franz, Carrie</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

If checking “Ceremonial Role” or “Other” describe below:

Ticket Policy Sec 5.3(li)

<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
Signature of Agency Head or Designee

Ticket Administrator
Print Name

03/10/17
(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
E-mail
(213) 974-5555
s cruz@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)

Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $ 168.00
Event Description: LA Philharmonic Performance
Date(s) 01/08/17
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Walt Disney Concert Hall
Name of Source
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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</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>Glasgow, Lori</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>
</table>

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<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
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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
03/10/17 (month, day, year)

Comment: __________________________

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Ceremonial Role Events and Ticket/Pass Distributions

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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 ☐
   Face Value of Each Ticket/Pass $168.00
   Event Description: LA Philharmonic Performance
   Date(s) 12 / 10 / 16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Walt Disney Concert Hall
   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 (Last, First) | Number of Ticket(s)/Passes | Identify one of the following:
   Toyama, Stan | 2 | Ceremonial Role ☐ Other ☐ Income ☐
   Ticket Policy Sec 5.3(h)
   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: 03/10/17 (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 $168.00  
   - Event Description: LA Philharmonic Performance  
   - Date(s): 12/10/16  
   - Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐  
   - If no: Walt Disney Concert Hall  
   - Name of Source:  
   - 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**

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

   **B. Name of Individual**  
   **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:**

   - Garguilo, Agnes  
     - Number of Ticket(s)/Passes: 2  
     - Ceremonial Role ☑ Other ☐ Income ☐

   **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**

<table>
<thead>
<tr>
<th>Name of Outside Organization</th>
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<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.

   Signature of Agency Head or Designee:  
   Sandra Cruz, Ticket Administrator  
   Print Name:  
   Title:  
   Date: 03/10/17  
   (month, day, year)

   Comment:  

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