Ceremonial Role Events and Ticl	Reurass	Distributions		A Public Documen
. Agency Name			Date Stamp	California 802
County of Los Angeles				I Olini
Division, Department, or Region (If Applicable)				For Official Use Only
Board of Supervisor, First District				
Designated Agency Contact (Name, Title)				
Barbara Garcia, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must pr	ovide explanation in Part 3.)
213-974-4111 bgarcia@bos.	lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
. Function or Event Information			1	5.00
	Yes 🗵 No	Face Value o	of Each Ticket/Pass \$	5.00
Event Description Natural History Museum		Date(s)	, ,	
Provide Title/Expla	nation			
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: Natura	al History Museum Name of Sou	
Was ticket distribution made at the behest	No⊠ Yes		Name of Soc	
of agency official?	No띹 Yes	If yes:	Official's Name (L	ast, First)
Recipients				
Use Section A to identify the agency's department or u	nit. • Use Se	ection B to identify an individu	ual. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
Staff	3	Per Ticket policy 5.3	(k)	
B. Name of Individual	Number of			
(Last, First)	Ticket(s)/ Pass(es)		Identify one of the following	ng:
		Ceremonial Role If checking "Ceremon	Other island of the control of the c	Income
		Ceremonial Role If checking "Ceremon	Other Other Other Other	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
			4	
Verification	18046 / 1			
I have read and understand FPPC Regulations 18 <u>944.1 and</u>				
		Ticke	orth above, is in accordance with t Administrator	n the requirements. 1/14/2019 (Month, Day, Year)

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
County of Los Angeles				TOILL COL
Division, Department, or Region (If Applicable	·)			For Official Use Only
Board of Supervisor, First District				
Designated Agency Contact (Name, Title)				
Barbara Garcia, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
213-974-4111 bgarcia@bos	.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information			1	5.00
Does the agency have a ticket policy?		Face Value o	of Each Ticket/Pass \$	5.00
Event Description Natural History Museum		Date(s)	, ,	
Provide Title/Expl	anation	(al History Museum	uuvassa annassa saasaa ka k
Ticket(s)/Pass(es) provided by agency?	Yes No	If no:	Name of So	urce
Was ticket distribution made at the behest	No⊠ Yes	If yes:	una a sun esta esta esta en en esta en	on the state of th
of agency official?	140	i yes.	Official's Name (Last, First)
3. Recipients			**	
Use Section A to identify the agency's department or its section A to identify the agency's department or its section.		ection B to identify an Individu	ual. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
Staff	2	Per Ticket policy 5.3	(k)	
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
		Ceremonial Role If checking "Ceremon	Other ial Role" or "Other" describe below:	Income
		Ceremonial Role If checking "Ceremon	Other Intermediate of the control of	Income
C. Name of Outside Organization	Number of			
(include address and description)	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
l. Verification				
/have lead and understand FPPC Regulations 18944.1 and	18942. I have v a Garcia			
MARIAN -			t Administrator	1/14/2019
Signatule of Agency Head or Designee	Print Nan	me	Title	(Month, Day, Year)
Comment:				

Ceremoniai Role Events	and lickeupass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
County of Los Angeles				Form OUZ
Division, Department, or Region	(If Applicable)		4	For Official Use Only
Board of Supervisor, First Distric	t		1	
Designated Agency Contact (Nam	e,Title)]	
Barbara Garcia, Ticket Administr	ator		Amendment (Must pro	Lucida australia (a Cad 2)
	nail			ovide explanation in Part 3.)
	arcia@bos.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Informat		-	15	5.00
Does the agency have a ticket po		Face Value of	of Each Ticket/Pass \$	
Event Description Natural Histor	y Museum vide Title/Explanation	Date(s)		<u> </u>
Ticket(s)/Pass(es) provided by ag		Natura	al History Museum	and the constitution is a constitution of the
Ticket(s)/Pass(es) provided by ag	ency? Yes No	o⊠ If no:	Name of Sour	ce
Was ticket distribution made at the	e behest No Yes	s□ If yes: ∟		
of agency official?			Official's Name (La	ast, First)
3. Recipients	onautmant as unit	nation D to identify on Individu	und	
Use Section A to identify the agency's de	Number of	STOREST STATE		NAME OF THE PARTY
A. Name of Agency, Department or	Unit Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
Staff	2	Per Ticket policy 5.3	(k)	
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the followin	g:
		Ceremonial Role If checking "Ceremon	Other Other describe below:	Income
		Ceremonial Role	Other Other Other	Income
C. Name of Outside Organization (include address and descript		Describe the pub	lic purpose made pursuant t	o the agency's policy
I. Verification	JI.	-11		
I have read and understand FPPC Regulation	No. of the second secon	verified that the distribution set for	orth above, is in accordance with	the requirements.
Alla Vi	Barbara Garcia	Ticke	et Administrator	1/14/2019
Signature of Agency Head or Designee	Print Na	me	Title	(Month, Day, Year)
Comment:				

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document		
1. Agency Name			Date Stamp	California 802		
County of Los Angeles				101111		
Division, Department, or Region (If Applicable	<i>=)</i>			For Official Use Only		
Board of Supervisor, First District						
Designated Agency Contact (Name, Title)	Designated Agency Contact (Name, Title)					
Barbara Garcia, Ticket Administrator						
Area Code/Phone Number E-mail			Amendment (Must	provide explanation in Part 3.)		
213-974-4111 bgarcia@bos	s.lacounty.go	ov	Date of Original Filing:	(Month, Day, Year)		
. Function or Event Information			<u></u>			
Does the agency have a ticket policy?	Yes⊠ No	Face Value o	f Each Ticket/Pass \$	15.00		
Event Description Natural History Museum	7	Date(s)	, ,			
Provide Title/Expl	lanation					
Ticket(s)/Pass(es) provided by agency?	Yes No	✓ If no: Natura	l History Museum			
Was ticket distribution made at the behest	,, [당]	n [Name of So	ourge		
of agency official?	No⊠ Yes	If yes:	Official's Name	(Last, First)		
. Recipients			3			
Use Section A to identify the agency's department or	unit. • Use Se	ction B to identify an individu	ial. • Use Section C to ider	ntify an outside organization.		
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy		
Staff	2	Per Ticket policy 5.3	(k)			
B. Name of Individual	Number of					
C. (Last, First)	Ticket(s)/ Pass(es)		Identify one of the follow	ring:		
		Ceremonial Role If checking "Ceremoni	Other Other" describe below:	Income		
		Ceremonial Role If checking "Ceremoni	Other I	Income		
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy		
. Verification I have read and underspand FPPC Regulations 18 <u>944.1 and</u>	110040 15	adfect that the distance				
	a Garcia	1 1				
Signature of Agency flead or Designee			t Administrator	1/14/2019		
- Signature of Agency Friead Of Designee	Print Nan	ne	Title	(Month, Day, Year)		
Comment:						

•	cicinoma itoic Events and the	tour doc	Distributions		A Public Document			
1.	Agency Name			Date Stamp	California 802			
	County of Los Angeles		Form OUZ					
	Division, Department, or Region (If Applicable)		For Official Use Only					
	Board of Supervisor, First District							
	Designated Agency Contact (Name, Title)							
	Barbara Garcia, Ticket Administrator Area Code/Phone Number E-mail			Amendment (Must pro	vide explanation in Part 3.)			
	213-974-4111 bgarcia@bos.	lacounty.ge	OV	Date of Original Filing:				
	Function or Event Information				(Month, Day, Year)			
		Yes⊠ No	T Face Value of	of Each Ticket/Pass \$	5.00			
	Natural History Museum	Yes≚ No	Tace value of	TLACITICKEUP ASS \$				
	Event Description Natural History Museum Provide Title/Expla	nation	Date(s)					
	Experts to the secondary call the period like and		Natura	l History Museum	COMPANY CONTROL CONTRO			
	Ticket(s)/Pass(es) provided by agency?	Yes No	If no:	Name of Sour	ra-			
	Was ticket distribution made at the behest	No⊠ Yes	□ If yes: □					
	of agency official?		,	Official's Name (La	st, First)			
3.	Recipients							
	Use Section A to identify the agency's department or u		ction B to identify an Individu	ual. • Use Section C to identif	y an outside organization.			
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	o the agency's policy			
	Staff	3	Per Ticket policy 5.3	(12)				
	Starr	2	Per ricket policy 5.5	(K)				
		Number of						
	B. Name of Individual	Ticket(s)/ Pass(es)		Identify one of the followin	g:			
		1 435(03)	Ceremonial Role	Other	Income 🔲			
				ial Role" or "Other" describe below:				
			Ceremonial Role	ial Role" or "Other" describe below:	Income			
I								
	C. Name of Outside Organization	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant to	o the agency's noticy			
	(include address and description)	Pass(es)			zano agency o poncy			
		***************************************			The state of the s			
		ř						
	Verification							
	name read and understand FPPC Regulations 18 <u>944.1 and 1</u>		erified that the distribution set fo	orth above, is in accordance with	the requirements.			
	Barbara Barbara	Garcia	Ticke	t Administrator	1/14/2019			
	Signature of Agency Head of Designee	Print Nan	ne	Title	(Month, Day, Year)			
	Comment			477	4111			
	Comment:							

Cer	emonial Role Events and Tic	ket/Pass	Distributions		A Public Document
1. A	gency Name			Date Stamp	California 802
Co	unty of Los Angeles		Form OUZ		
	rision, Department, or Region (If Applicable)			For Official Use Only
Во	ard of Supervisor, First District	1			
De	signated Agency Contact (Name, Title)	1			
Ва	bara Garcia, Ticket Administrator	<u> </u>			
	ea Code/Phone Number E-mail			Amendment (Must pr	ovide explanation in Part 3.)
213	8-974-4111 bgarcia@bos	.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
2. Fı	inction or Event Information				
Do	es the agency have a ticket policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$	5.00
Ev	ent Description Natural History Museum Provide Title/Expla	A CONTRACTOR OF THE PERSON NAMED IN	Date(s)		
Tic		Yes No	If no: Natura	al History Museum Name of Sou	rce
	s ticket distribution made at the behest agency official?	No⊠ Yes	If yes:	Official's Name (L	ast, First)
3. R	ecipients				
	se Section A to identify the agency's department or i	ınit. • Use Se	ection B to identify an individu	ual. • Use Section C to identi	fy an outside organization.
A	Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant (to the agency's policy
Sta	ff	2	Per Ticket policy 5.3	(k)	
B.	Name of Individual (Lest, First)	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
A STATE OF THE STA			Ceremonial Role If checking "Ceremon	Other	Income
			Ceremonial Role If checking "Ceremon	Other Use Note of "Other" describe below:	Income
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant (o the agency's policy
. Ve	rification			. The state of the	
	e read and understand FPPC Regulations 18 <u>944.1 and</u>	18942. I have v	rentied that the distribution set for	orth above, is in accordance with	the requirements.
	b d/ l A l	Carcia	1 1-	ت + + ا مناممالم ۸ با	4 14 1/25 14
	Signature of Agency Hold of Designee	a Garcia Print Nar		t Administrator	1/14/2019

1. Agency Name County of Los Angeles Division, Department, or Region (If Applicable) Board of Supervisor, First District	Date Stamp	California 802 Form For Official Use Only
Division, Department, or Region (If Applicable)		1011
		For Official Use Only
Board of Supervisor, First District		
Designated Agency Contact (Name, Title)		
Barbara Garcia, Ticket Administrator		
Area Code/Phone Number E-mail	Amendment (Must prov	vide explanation in Part 3.)
213-974-4111 bgarcia@bos.lacounty.gov	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information	15.	00
Does the agency have a ticket policy? Yes No Face Value of	Each Ticket/Pass \$	
Event Description Natural History Museum Date(s)		
Ticket(s)/Pass(es) provided by agency? Yes No ■ If no: Natural	History Museum Name of Source	`A
Was ticket distribution made at the behest No Yes If yes:	Jane V Notice	
of agency official?	Official's Name (Las	st, First)
3. Recipients		
Use Section A to identify the agency's department or unit. Use Section B to identify an individual	I. • Use Section C to identify	an outside organization.
A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es)	c purpose made pursuant to	the agency's policy
Staff 2 Per Ticket policy 5.3 (kg	()	
B. Name of Individual Number of Ticket(s)/ Pass(es)	Identify one of the following	ľ
Ceremonial Role If checking "Ceremonial	Other Role" or "Other" describe below:	Income
Ceremonial Role If checking "Ceremonial	Other Role" or "Other" describe below:	Income
C. Name of Outside Organization Number of Ticket(s)/ Pass(es) Describe the public Pass(es)	purpose made pursuant to	the agency's policy
4. Verification		
I have read and undersand PPC Regulations 18944.1 and 18942. I have verified that the distribution set fort		
THE TOTAL THE TIER OF THE TIER	Administrator	1/14/2019
Signature of Agency Head or Designee Print Name	Title	(Month, Day, Year)
Comment:		

_	eremonial Role Events and Tici	Reurass	Distributions		A Public Document
١.	Agency Name			Date Stamp	California 802
	County of Los Angeles			Form OUZ	
	Division, Department, or Region (If Applicable,)		For Official Use Only	
	Board of Supervisor, First District		1		
	Designated Agency Contact (Name, Title)			1	
	Barbara Garcia, Ticket Administrator			Amendment (Must pro	guido evalención in Red 3.)
	Area Code/Phone Number E-mail				ovide explanation in Part 3.)
	213-974-4111 bgarcia@bos.	.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information	112-12-11	_	15	5.00
	Does the agency have a ticket policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$	
	Event Description Natural History Museum Provide Title/Expla		Date(s)		
			Natura	l History Museum	
	Ticket(s)/Pass(es) provided by agency?	Yes No	If no:	Name of Sou	rce
	Was ticket distribution made at the behest	No⊠ Yes	If yes:		
-	of agency official?			Official's Name (La	ast, First)
3.	Recipients				
	Use Section A to identify the agency's department or u	Number of	prince and a second of the line of the lin		
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
	Staff	2	Per Ticket policy 5.3	(k)	
	B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
			Ceremonial Role If checking "Ceremon	Other island of the control of the c	Income 🗍
			Ceremonial Role If checking "Ceremon	Other Lial Role" or "Other" describe below:	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)		lic purpose made pursuant t	o the agency's policy
١.	Verification				
	I have read and understand FPPC Regulations 18944.1 and				
	Barbara			t Administrator	1/14/2019
	Signature of Agency Head or Designee	Print Nar	me	Title	(Month, Day, Year)
	Comment:				

Ceremonial Role Events and T	icket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
County of Los Angeles				Form 002
Division, Department, or Region (If Applica	Division, Department, or Region (If Applicable)			
Board of Supervisor, First District	Board of Supervisor, First District			
Designated Agency Contact (Name, Title)				
Barbara Garcia, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Mus	t provide explanation in Part 3.)
	oos.lacounty.go	ov	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 \$	15.00
Event Description Natural History Muse	um	Date(s)	,	
Provide Title/E	explanation			
Ticket(s)/Pass(es) provided by agency?	Yes□ No	✓ If no: Natur	al History Museum	
			Name of :	Source
Was ticket distribution made at the behes of agency official?	t No⊠ Yes	If yes:	Official's Name	e (Last First)
			Omora s reams	- (2001, 1 moly
 Recipients Use Section A to identify the agency's department 	orunit allea Co	ation P to identify an individ	lual - Han Sontian C to ide	antifican autoide acceniration
	Number of	E TO SERVICE S		- Transfer
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's poli		
Staff	2	Per Ticket policy 5.3	3 (k)	
B. Name of Individual	Number of			
(Last, First)	Ticket(s)/ Pass(es)		Identify one of the follo	wing:
		Ceremonial Role	Other	Income
		If checking "Ceremo.	nial Role" or "Other" describe belov	V:
		Ceremonial Role	Other 🔲	Income
		If checking "Ceremon	nial Role" or "Other" describe below	v:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the pul	blic purpose made pursua	nt to the agency's policy
	Pass(es)			Maria ang teritoria di particoloria di
			Administration and interest and a second and a	
4. Verification				
I have read and understand FPPC Regulations 18944.1				
	oara Garcia		et Administrator	1/14/2019
Signature of Agency Head or Designee	Print Nan	ne	Title	(Month, Day, Year)
Comment:				
O Shimone,	****			FPPC Form 802 (4/12)
			FPPC Toll-Free Helpline	: 866/ASK-FPPC (866/275-7772)

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document	
1. Agency Name			Date Stamp	California 802	
County of Los Angeles			"	Form OUZ	
Division, Department, or Region (If Applicable	e)			For Official Use Only	
Board of Supervisor, First District					
Designated Agency Contact (Name, Title)	Designated Agency Contact (Name, Title)				
Barbara Garcia, Ticket Administrator	Amendment (Must pro	Levide explanation in Part 3)			
Area Code/Phone Number E-mail				,	
213-974-4111 bgarcia@bos	s.lacounty.g	OV	Date of Original Filing:	(Month, Day, Year)	
2. Function or Event Information	42		[
Does the agency have a ticket policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$ 15	.00	
Event Description Natural History Museum	1	Date(s)			
Provide Title/Exp	lanation	PARAMETER STATE OF THE STATE OF	al History Museum		
Ticket(s)/Pass(es) provided by agency?	Yes No	if no:	Name of Sour	се	
Was ticket distribution made at the behest	No⊠ Yes	☐ If yes: ☐			
of agency official?	(a) (a)		Official's Name (La	ist, First)	
3. Recipients					
Use Section A to identify the agency's department or		ction B to identify an Individ	ual. • Use Section C to identif	y an outside organization.	
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy	
Staff	2	Per Ticket policy 5.3	(k)		
	L				
	Number of		TO SERVICE TO SERVE THE TANK TO SERVE THE TANK		
B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)		Identify one of the followin	g:	
		Ceremonial Role	Other	Income	
		If checking "Ceremon	nial Role" or "Other" describe below:		
		Ceremonial Role	Other _	Income	
		if checking "Ceremon	nial Role" or "Other" describe below:	1972 - Colorest -	
Name of Control is Control in Con	Number of	4			
C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuant t	o the agency's policy	
4. Verification		JII			
I have read and understand FAPC Regulations 18 <u>944.1 an</u>	d 18942. I have v	erified that the distribution set t	orth above, is in accordance with	the requirements.	
Barba	ra Garcia	Ticke	et Administrator	1/14/2019	
Signature of Agency Flead or Designee	Print Nar	me L	Tille	(Month, Day, Year)	
Comment:					