Ceremonial Role Events and Tic	Reurass	Silonnations		A Public Document			
1. Agency Name	Agency Name						
County of Los Angeles				Form 802			
Division, Department, or Region (If Applicable	Division, Department, or Region (If Applicable)						
Board of Supervisor, First District							
Designated Agency Contact (Name, Title)							
Barbara Garcia, Ticket Administrator			Amendment (Must pro				
Area Code/Phone Number E-mail	· ·						
213-974-4111 bgarcia@bos	.lacounty.g	ov .	Date of Original Filing:	(Month, Day, Year)			
2. Function or Event Information			loc local	9.00			
Does the agency have a ticket policy?	Yes No	Face Value o	f Each Ticket/Pass \$	7.00			
Event Description LA Phil Provide Title/Expla		Date(s) 02	,12 ,19				
Ticket(s)/Pass(es) provided by agency?	Yes□ No	I A Phi		200 Colorina de como de constituidade en antigo de colorina de colorina de colorina de colorina de colorina de			
••			Name of Sou	rce			
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (La	ast, First)			
3. Recipients • Use Section A to identify the agency's department or u	unit. • Use Se	ection B to identify an individu	ial. • Use Section C to identi	fy an outside organization.			
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	E. S. Court At years, in the order two	lic purpose made pursuant t	NAMES OF THE PARTY			
Staff	2	Per ticket policy 5.3 (k)					
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the following	g:			
		Ceremonial Role If checking "Ceremoni	Other describe below:	Income 🔲			
		Ceremonial Role If checking "Ceremoni	Other al Role" or "Other" describe below:	Income			
C. Name of Outside Organization	Number of						
(include address and description)	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy			
1. Verification I have read and undersumd if PPC Regulations 18 <u>944.1 and</u>	18942. I have v	erified that the distribution set fo	orth above is in accordance with	the requirements			
Barbara			t Administrator	2/26/19			
Signature of Agency Head or Designee	Print Nan	ne	Title	(Month, Day, Year)			
Comment:				FPPC Form 802 (4/12)			
		F	PPC Toll-Free Helpline: 86	6/ASK-FPPC (866/275-7772)			

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document		
1. Agency Name			Date Stamp	California Q02		
County of Los Angeles		Form 802				
	Division, Department, or Region (If Applicable)					
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)		
2. Function or Event Information			[
Does the agency have a ticket policy?	Yes⊠ No	Face Value o	of Each Ticket/Pass \$	9.00		
Event Description LA Phil		Date(s) 02	,12 19			
Provide Title/Expl	anation	The state of the s				
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: LA Phi				
			Name of Sou	rce		
Was ticket distribution made at the behest	No⊠ Yes	If yes:	05:44			
of agency official?			Official's Name (L	ast, First)		
3. Recipients		1 10 10 10 10 10 10 10 10 10 10 10 10 10		* · · · · · · · · · · · · · · · · · · ·		
Use Section A to identify the agency's department or	unit. • Use Se Number of	ction B to identify an individu	ial. • Use Section C to identi	fy an outside organization.		
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy		
Staff	12	Per ticket policy 5.3 (k)				
		refricker policy 5.5				
	Number of					
B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)		Identify one of the following	ng:		
	1 405(40)	Ceremonial Role	Other	Income 🔲		
		The second secon	al Role" or "Other" describe below:	income		
		Provide the second second mineral and accommodate place and accommodate and ac	kin dinakan adikan minternakin di antah menangan Albaria di Albaria di Albaria di Albaria di Albaria di Albaria			
		Ceremonial Role		Income		
		in Checking Geremon	al Role" or "Other" describe below:			
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		
		1	N. 193			
4. Verification						
4. VERTICATION I have read and understand FigPC Regulations 18 <u>944.1 and</u>	18942. I have ve	erified that the distribution set fo	orth above is in accordance with	the requirements		
	a Garcia		t Administrator	2/2///		
Signature of Agency Head or Designee	Print Nan		Title	(Month, Day, Year)		
			me	(Iwonin, Day, Year)		
Comment:	X Company					
		ļ	FPPC Toll-Free Helpline: 86	FPPC Form 802 (4/12) 66/ASK-FPPC (866/275-7772)		

•	eremonial Note Events an	u lickeurass	Distributions		A Public Document
Ι.	Agency Name			Date Stamp	California 802
	County of Los Angeles		Form OUZ		
	Division, Department, or Region (If A		For Official Use Only		
	Board of Supervisor, First District		Monte de la constant		
	Designated Agency Contact (Name, Ti	itle)		1	
	Barbara Garcia, Ticket Administrato				
	Area Code/Phone Number E-mail	2/0.00		Amendment (Must pro	ovide explanation in Part 3.)
		ia@bos.lacounty.go	ΟV	Date of Original Filing:	
	Function or Event Information				(Month, Day, Year)
	Does the agency have a ticket policy	2000000	Face Value o	of Each Ticket/Pass \$	8.00
	parting the last to the last t	· iese No	02	,15 ,19	
	Event Description	Title/Explanation	Date(s)		
	Ticket(s)/Pass(es) provided by agend	cy? Yes□ No	If no: LA Phi		
			- IIII	Name of Sour	се
	Was ticket distribution made at the be	ehest No⊠ Yes	If yes:		
	of agency official?			Official's Name (La	st, First)
3.	Recipients	IN CS ONE DEC DO	DOS CARROS CARROS BOSTON DO DOS SERVICIOS		
	Use Section A to identify the agency's depart	tment or unit. • Use Se	ction B to identify an Individu	ıal. • Use Section C to identif	y an outside organization.
	A. Name of Agency, Department or Un	it Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	o the agency's policy
	Staff	2	Per ticket policy 5.3	(k)	
	B. Name of Individual	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremoni	Identify one of the followin Other Other following Other follow:	g:
			Ceremonial Role If checking "Ceremoni	Other lal Role" or "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 to	o the agency's policy
	Verification				
•	have read and understand FPPC Regulations 18	944.1 and 18942. I have ve Barbara Garcia Print Nam	Ticke	orth above, is in accordance with t Administrator	the requirements, 2/24/19 (Month, Day, Year)
	Comment:				(monin, upy, real)
		To promote the second			

Ceremonial Role Events and Tid	ket/Pass	Distributions		A Public Document	
1. Agency Name			Date Stamp	California 802	
County of Los Angeles	27	Form OUZ			
Division, Department, or Region (If Applicable	e)			For Official Use Only	
Board of Supervisor, First District					
Designated Agency Contact (Name, Title)]		
Barbara Garcia, Ticket Administrator	Barbara Garcia, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)	
213-974-4111 bgarcia@bo	s.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)	
2. Function or Event Information			1	69.00	
Does the agency have a ticket policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$	68.00	
Event Description LA Phil Provide Title/Exp	olanation	Date(s) 02	,15 ,19		
Ticket(s)/Pass(es) provided by agency?		If no: LA Phi	Name of So	urce	
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (L	.ast, First)	
3. Recipients			-		
Use Section A to identify the agency's department or	unit. • 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	2	Per ticket policy 5.3	(k)		
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng	
		Ceremonial Role If checking "Ceremon	Other I lial Role" or "Other" describe below:	Income	
		Ceremonial Role If checking *Ceremon	Other I lial Role" or "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	to the agency's policy	
,					
4. Verification I have read and understand FPPC Regulations 18944.1 an Barbai Signature of Agency Head or Designee	d 18942 have v ra Garcia Print Nat	Ticke	orth above, is in accordance wit et Administrator Tille	h the requirements. 2/24/19 (Month, Day, Year)	
Comment:					

ceremoniai Role Evel	nts and fici	keurass	Distributions		A Public Document
. Agency Name				Date Stamp	California 802
County of Los Angeles					Form OUZ
Division, Department, or Re	gion (If Applicable)	1	For Official Use Only		
Board of Supervisor, First D	istrict				
Designated Agency Contact	: (Name, Title)]	
Barbara Garcia, Ticket Adm	inistrator			Amandment (Must	provide explanation in Part 3.)
Area Code/Phone Number	E-mail		Annual Control of the		
213-974-4111	bgarcia@bos.	lacounty.go	ov	Date of Original Filing:	(Month, Day, Year)
. Function or Event Info		_			168.00
Does the agency have a tick	et policy?	Yes⊠ No		of Each Ticket/Pass \$ L	
Event Description LA Phil			Date(s) 02	16 19	L/
	Provide Title/Expla		I A Phi	1	
Ticket(s)/Pass(es) provided	by agency?	Yes No	If no:	Name of So	ource
Was ticket distribution made	at the behest	No⊠ Yes	□ If yes: □		
of agency official?			,	Official's Name (Last, First)
. Recipients					a.
Use Section A to identify the agent	cy's department or u	mit. • Use Se	ction B to identify an individu	ual. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Departm	nent or Unit	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 Individ	ual	Number of Ticket(s)/		Identify one of the follow	dor.
(Last First)		Pass(es)	Ceremonial Role If checking "Geremon	Other Other Other Other Other Other	Income
			Ceremonial Role If checking "Ceremon	Other Initial Role" or "Other" describe below:	Income
C. Name of Outside Orga (include address and de	nization scription)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuam	t to the agency's policy
Verification I have read and understand FPPC Reg Signature of Agency Head or Designation	Barbara		Ticke	orth above, is in accordance wi et Administrator	ith the requirements. 2 2 19 (Month, Day, Year)
Comment:					

Agency Report of: Ceremonial Role Events and Tic	ket/Pass	s Distributions		A Public Document	
Board of Supervisor, First District	County of Los Angeles Division, Department, or Region (If Applicable)				
Designated Agency Contact (Name, Title) Barbara Garcia, Ticket Administrator Area Code/Phone Number E-mail 213-974-4111	.lacounty.g	ov	Amendment (Must p	rovide explanation in Part 3.) (Month, Day, Year)	
2. Function or Event Information Does the agency have a ticket policy? Event Description LA Phil Provide Title/Explain Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official?	Yes No anation Yes No No No Yes No Yes	Date(s) O2 If no: LA Phi	of Each Ticket/Pass \$ 4	68.00 urce	
3. Recipients • Use Section A to identify the agency's department or to A. Name of Agency, Department or Unit	Number of Ticket(s)/	to the part of the first by	ual. • Use Section C to iden		
Staff	Pass(es)	Per ticket policy 5.3	(k)	g (Mag), Rough of Norte (1997)	
B. Name of Individual	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon	Identify one of the following of the following of the Identify of the Identified Role" or "Other" describe below:	ing:	
		Ceremonial Role If checking "Ceremon	Other ial Role" or "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	to the agency's policy	
4. Verification					
I have read and understand FPPC Regulations 18944.1 and Barbara Signature of Agency Head or Designee	a Garcia Print Nan	Ticke	orth above, is in accordance with the Administrator Title	th the requirements. 2/24/19 (Mbnth, Day, Year)	
Comment:			FPPC Toll-Free Helpline: 8	FPPC Form 802 (4/12) 366/ASK-FPPC (866/275-7772)	

Ceremonial Role Events and Tick	ket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California Ong
County of Los Angeles			1995 de 2000 d	Form 802
Division, Department, or Region (If Applicable)			For Official Use Only
Board of Supervisor, First District			1	
Designated Agency Contact (Name, Title)]	
Barbara Garcia, Ticket Administrator				
Area Code/Phone Number E-mail			Amenament (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				
Does the agency have a ticket policy?	Yes No	Face Value of	of Each Ticket/Pass \$	68.00
Event Description LA Phil	e-union comme-mòrros eranos ciù-	Date(s) 02	,17 ,19	
Provide Title/Expla	anation	9**************************************		
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: LA Phi	Name of So.	urce
Was ticket distribution made at the behest	No⊠ Yes	If yes:		and the second
of agency official?	NO = Tes	i yes.	Official's Name (L	ast, First)
3. Recipients				*
Use Section A to identify the agency's department or to	unit. • 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)	s)/ Describe the public purpose made pursuant to the agency's policy		
Staff	2	Per ticket policy 5.3	(k)	
		Tertieket policy 5.5		
B. Name of Individual	Number of			
(Lest, First)	Ticket(s)/ Pass(es)		Identify one of the followi	ng:
		Ceremonial Role Other Income		
		If checking "Ceremon	ial Role" or "Other" describe below:	
		Ceremonial Role	Other 🔲	Income
		Programme and Pr	ial Role" or "Other" describe below:	moomo E_
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy		
	Pass(es)		4 18 5-7020 28 55 29 29 20	The second of the second of
	<u> </u>			
				THE REPORT OF THE PARTY OF THE
A Marificanti				
4. Verification I have read and understand FPPC Regulations 18 <u>944.1 and</u>	18942 have :	erified that the distribution set 5	ndh ahaya ia in assessioner "	h the require
h (on a Barbara			onn adove, is in accordance with t Administrator	0//
Signature of Agency Head or Designee	Print Nar		Title	
	r-marval		rite	(Month, Day, Year)
Comment:	3000000			

beremonial Role E	vents and ne	Neur ass	Distributions		A Public Document
. Agency Name				Date Stamp	California 802
County of Los Angeles					Form OUZ
Division, Department, or	Region (If Applicable)		1	For Official Use Only
Board of Supervisor, Firs	st District		The control of the co		
Designated Agency Con					
Barbara Garcia, Ticket A	dministrator				
Area Code/Phone Number	er E-mail			Amendment (Must p	provide explanation in Part 3.)
213-974-4111	bgarcia@bos	.lacounty.go	ov	Date of Original Filing:	(Month, Day, Year)
. Function or Event Ir	nformation				
Does the agency have a	ticket policy?	Yes⊠ No	Face Value o	of Each Ticket/Pass \$	68.00
Event Description LA Ph	il		Date(s) 02	,17 ,19	
	Provide Title/Expl	anation	Samuel Management		
Ticket(s)/Pass(es) provid	ed by agency?	Yes No	✓ If no: LA Phil		
187				Name of So	urce
Was ticket distribution ma of agency official?	ade at the behest	No⊠ Yes	lf yes:	Official's Name (Last First)
				omore name (
 Recipients Use Section A to identify the a 	agency's department or i	unit. • Use Se	ction B to identify an Individu	ial ellse Section C to iden	tify an outside organization
A. Name of Agency, Dep	Supplied the state of	Number of Ticket(s)/ Pass(es)	NATIONAL PROPERTY AND	lic purpose made pursuant	entry, the first server, and the
Staff		2	Per ticket policy 5.3 ((k)	
		wave and comment are common			
B. Name of Indi		Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
			Ceremonial Role If checking "Ceremoni	Other Other Other" describe below:	Income 🗌
			Ceremonial Role	Other Use of the describe below:	Income
C. Name of Outside C		Number of		re de againe ann a dagaile	nar-wistro
Name of Outside O	d description)	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
				W. W	
Verification			JII		
I have read and understand FPPC	Regulations 18944.1 and	18942. I have ve	erified that the distribution set fo	orth above, is in accordance wit	th the requirements.
Signature of Agency Head or De	Barbara	a Garcia Print Nam	Ticke	t Administrator	2/24/19 (Month, Day, Year)
		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		rite	(MONTH, Uay, Year)
Comment:					

Ceremonial Role Events and Tick	ket/Pass	s Distributions		A Public Document
. Agency Name	Date Stamp	California QA2		
County of Los Angeles				Form 802
Division, Department, or Region (If Applicable,)			For Official Use Only
Board of Supervisor, First District				
Designated Agency Contact (Name, Title)				
Barbara Garcia, Ticket Administrator			Compandment (Market	ovide explanation in Part 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)
. Function or Event Information			14	58.00
Does the agency have a ticket policy?	Yes⊠ No	Face Value o	of Each Ticket/Pass \$	08.00
Event Description LA Phil		Date(s) 02	, 19 , 19	
Provide Title/Expla	anation	LA Phi		Of miles and some some some some some some some some
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: LA PIII	Name of Sou	rce
Was ticket distribution made at the behest of agency official?	No Yes	If yes:	Official's Name (L	ast, First)
. Recipients				
Use Section A to identify the agency's department or u	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 t	o the agency's policy
Staff	2	Per ticket policy 5.3 ((k)	
	Number of		Nowakon in Capanaton Superilia.	AV TO A TAX
B. Name of Individual	Ticket(s)/ Pass(es)		Identify one of the following	ìg:
		Ceremonial Role If checking "Ceremoni	Other Interest of the control of the	Income
		Ceremonial Role If checking "Ceremonial	Other I all Role" or "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 t	o the agency's policy
				estable of the best of the second
. Verification				
I have read and understand FPPC Regulations 18944.1 and Barbara Signature of Agency Head or Designee		Ticke	orth above, is in accordance with t Administrator	2/26/19
Comment:	, imiyan		inte	(Month, Day, Year)

Courty of Los Angeles Date Stomp Courty of Los Angeles Division, Department, or Region (if Applicable)	С	eremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
Division, Department, or Region (if Applicable) For Official Use Ciriy	1.	Agency Name			Date Stamp	California QA2
Division, Department, or Region (If Applicable) For Official Use Only		County of Los Angeles				
Designated Agency Contact (Nome, Title))		1	For Official Use Only
Barbara Garcia, Ticket Administrator Area Code/Phone Number E-mail Date of Original Filing: Date of Original Filing: Month, Day, Year) 213-974-4111 Date of Original Filing: Date of Original Filing: Date of Original Filing: Month, Day, Year) 2 Function or Even Information Does the agency have a ticket policy? Year No Date of Original Filing: Date of Original Filing: Date of Original Filing: Month, Day, Year) 2 Function or Even Information Provide TitleExplanation Provide TitleExplanation Provide TitleExplanation Date of Date of Back Ticket/Pass 168.00 2		Board of Supervisor, First District		A Committee of the Comm	1	
Area Code/Phone Number E-mail Date of Original Filings: Month, Day, Year)		Designated Agency Contact (Name, Title)]	
Area Code/Phone Number E-mail Digarica@bos.lacounty.gov Date of Original Filing: (Month, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Yes No Provide Title Explanation Date(s) Da		Barbara Garcia, Ticket Administrator				
2. Function or Event Information Does the agency have a ticket policy? Event Description Provide Title-Explanation Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official? 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 Tecket(s)/ Pass(es) Staff 2. Per ticket policy 5.3 (k) B. Name of Individual * Use Section B to identify one of the following: Ceremonial Role Other Income Income	1	Area Code/Phone Number E-mail			Amendment (Must pr	ovide explanation in Part 3.)
2. Function or Event Information Does the agency have a ticket policy? Yes No Date(s) Event Description A Phil Provide TitleExplanation Ticket(s)/Pass(es) provided by agency? Yes No Title Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official? Recipients Recipients Recipients A. Name of Agency, Department or Unit Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Staff 2 Per ticket policy 5.3 (k) B. Name of Individual Asset, Proj Ceremonial Role Other Interview describe below Income Interview describe below Ceremonial Role Other Interview describe below Income Interview describe below Ceremonial Role Other Interview describe below		213-974-4111 bgarcia@bos	.lacounty.go	ov	Date of Original Filing:	(Month Day Year)
Event Description A Phil Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No If no:	2.	Function or Event Information			1	
Event Description LA Phil Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No LA Phil Name of Source Was ticket distribution made at the behest of agency official? 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 Staff 2 Per ticket policy 5.3 (k) B. Name of Individual Number of Ticket(s)/Pass(es) Ceremonial Role Other Income If thecking "Commonal Role" or "Other describe below: Ceremonial Role Other Income If thecking "Commonal Role" or "Other describe below: Ceremonial Role Other Income If thecking "Commonal Role" or "Other describe below: Ceremonial Role Other Income If thecking "Commonal Role" or "Other describe below: Ceremonial Role Other Income If thecking "Commonal Role" or "Other describe below: Ceremonial Role Other Income If thecking "Commonal Role" or "Other describe below: Ceremonial Role Other Income If thecking "Commonal Role" or "Other describe below: Ceremonial Role Other Income If thecking "Commonal Role" or "Other describe below: Ceremonial Role Other Income If thecking "Commonal Role" or "Other describe below: Ceremonial Role Other Income If thecking "Commonal Role" or "Other describe below: Ceremonial Role Other Income If the commonal Role or "Other describe below: Ceremonial Role Other Income If the common Income If the common Income Income If the common Incom		Does the agency have a ticket policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$ 10	68.00
Was ticket distribution made at the behest of agency official? No ☐ Yes ☐ If no:		LA DI II				
Was ticket distribution made at the behest of agency official? No Yes		Event Description	anation	Date(s)		
Vas ticket distribution made at the behest of agency official? Recipients • Use Section A to identify the agency's department or unit. A. Name of Agency, Department or Unit Number of Ticket(s) Pass(as) Staff 2 Per ticket policy 5.3 (k) B. Name of Individual (satisfied) Ticket(s) Pass(as) Ceremonial Role Other Individual (satisfied) Ceremonial Role Other describe below. Ceremonial Role Other describe below. Coremonial Role Other Inchesting Ceremonial Role or "Other describe below. Coremonial Role Other describe below. Coremonial Role Other Describe the public purpose made pursuant to the agency's policy pass(as) Coremonial Role Other Income Inchesting Ceremonial Role or "Other describe below. Coremonial Role Other Describe below. Coremonial Role Other Describe Describe the public purpose made pursuant to the agency's policy pass(as) Coremonial Role Other Describe the public purpose made pursuant to the agency's policy pass(as) Coremonial Role Other Describe the public purpose made pursuant to the agency's policy pass(as) Coremonial Role Other Describe the public purpose made pursuant to the agency's policy pass(as) Coremonial Role Other Describe the public purpose made pursuant to the agency's policy pass(as) Coremonial Role Other Describe the public purpose made pursuant to the agency's policy pass(as) Coremonial Role Other Describe the public purpose made pursuant to the agency's policy pass(as) Coremonial Role Other Describe the public purpose made pursuant to the agency's policy pass(as) Coremonial Role Other Describe Describe Describe Role Other Describe Describe Role Other Describe Role		Ticket(s)/Pass(es) provided by agency?	Yes□ No	If no: LA Phi LA Phi		
A. Name of Agency, 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) Describe the public purpose made pursuant to the agency's policy		Was ticket distribution made at the behest	No⊠ Yes	☐ If ves:	Name & Soc	1165
Section A to identify the agency's department or unit. Sue Section B to identify an individual. Sue Section C to identify an outside organization.		of agency official?			Official's Name (L	ast, First)
A. Name of Agency, Department or Unit Number of Ticket(s) Pass(es)	3.	Recipients				
Staff 2 Per ticket policy 5.3 (k) B. Name of Individual (Lest, Finit) Pass(es) Ceremonial Role Other Income Income Income Inchesing "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income Income		Use Section A to identify the agency's department or to	ınit. • Use Se	ction B to identify an individ	ual. • Use Section C to ident	ify an outside organization.
B. Name of Individual Common Commo		A. Name of Agency, Department or Unit Ticket(s)/		Describe the public purpose made pursuant to the agency's policy		
B. Name of Outside Organization (Include address and description) Number of Ticket(s)/ Pass(es) C. Name of Outside Organization (Include address and description) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/ Pass(es) A. 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. Barbara Garcia Frint Name Frint Name Title (Month, Oly, Year)		Staff	2	Per ticket policy 5.3	(k)	
B. Name of Outside Organization (Include address and description) Number of Ticket(s)/ Pass(es) C. Name of Outside Organization (Include address and description) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy A. 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. Barbara Garcia Print Name Ticket Administrator Jaul 19 (Month, Oly, Year)						
C. Name of Outside Organization (Include address and description) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) New read and understand FPPC Regulations 18944, 1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Barbara Garcia Print Name Title (Month, Day, Year)		B. Name of Individual (Last, First)	Ticket(s)/		Identify one of the following	ng:
C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) 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. Barbara Garcia Ticket Administrator Signature of Agency Head or Designee Print Name Title (Month, Day, Year)						Income
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. Barbara Garcia Barbara Garcia Ticket Administrator Title (Month, Day, Year)					A contract to the second of th	Income
(include address and description) 1. Verification 1. 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. 1. Barbara Garcia 1. Ticket Administrator 1. Signature of Agency Head or Designee 1. Print Name 1. Title (Month, Day, Year)		C Name of Outside Organization				
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. Comparison		(include address and description)		Describe the put	iic purpose made pursuant	to the agency's policy
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. Comparison						
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. Comparison of Agency Head or Designee Print Name Title	<u></u>	Verification				
(Invitat, Ca), (Ga)		I have read and understand FPPC Regulations 18944.1 and Barbara	a Garcia	Ticke	et Administrator	2/24/19
			Print Nan	ne	Tile	(Month, D å y, Year)

C	eremonial Role Event	s and Tic	ket/Pass	Distributions		A Public Document
1.	Agency Name				Date Stamp	California 802
	County of Los Angeles					Form OUZ
	Division, Department, or Regi	on (If Applicable	e) ·			For Official Use Only
	Board of Supervisor, First Dis	trict		The state of the s		
	Designated Agency Contact (
	Barbara Garcia, Ticket Admin	istrator				
	Area Code/Phone Number E-mail				Amendment (Must p	provide explanation in Part 3.)
	213-974-4111	bgarcia@bos	s.lacounty.go	OV	Date of Original Filing:	(Marth Day Vara)
2.	Function or Event Inform	nation				(Month, Day, Year)
	Does the agency have a ticket		Yes⊠ No	Face Value of	of Each Ticket/Pass \$	68.00
			163 NO	2000000000	. 23 19	
	Event Description LA Phil	Provide Title/Exp	lanation	Date(s) 02		
	Ticket(s)/Pass(es) provided by		Yes□ No	If no: LA Phi	l	
			res INO		Name of So.	urce
	Was ticket distribution made at	t the behest	No⊠ Yes	If yes:		
	of agency official?				Official's Name (I	Last, First)
3.	Recipients					
	Use Section A to identify the agency	's department or		ction B to identify an individe	ual. • Use Section C to ident	tify an outside organization.
			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			
	(Last, First)		Ticket(s)/ Pass(es)		Identify one of the followi	ing:
				Ceremonial Role	Other	Income 🔲
				If checking "Ceremon	ial Role" or "Other" describe below:	
				Correction Date		
				Ceremonial Role If checking "Ceremon	Other is Other describe below:	Income [
	C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es)		Describe the public purpose made pursuant to the agency's policy			
						are a state of the
						and the second s
4.	Verification					
••	I have read and understand FPPC Regula					h the requirements.
	Month	Barbar	a Garcia	Ticke	t Administrator	2/24/19
	Signature of Agency Head or Designee		Print Nan	ne	Title	(Month, Day, Year)
	Comment					
	Comment: L					FPPC Form 802 (4/12)
				1	FPPC Toll-Free Helpline: 8	366/ASK-FPPC (866/275-7772)

C	eremonial 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)		1	For Official Use Only
	Board of Supervisor, First District	A Moranii memin	The second secon		
	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			<u> </u>	
	Does the agency have a ticket policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$	68.00
				.23 19	
	Event Description LA Phil Provide Title/Explo	anation	Date(s) 02	_/	
	Ticket(s)/Pass(es) provided by agency?	Yes No	If no: LA Phi	l	
	risher(e), rass(es) provided by agoney.	Tes INO		Name of Sou	urce
	Was ticket distribution made at the behest	No⊠ Yes	If yes:		
	of agency official?			Official's Name (L	_ast, 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 A to identify the agency's department or its section A to identify the agency's department or its section A to identify the agency's department or its section A to identify the agency is department or its section A to identify the agency is department or its section A to identify the agency is department or its section A to identify the agency is department or its section A to identify the agency is department or its section A to identify the agency is department or its section A to identify the agency is department or its section A to identify the agency is department or its section A to identify the agency is department or its section A to identify the agency is department or its section A to identify the agency is department or its section A to identify the agency is department. Output Description A to identify the agency is a section A to identify the agency is department. Description A to identify the agency is a section A to identify the agency is a	1	ction B to identify an Individe	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	2	Per ticket policy 5.3	(k)	
			Ter trenet policy sis		
		Number of		STATE OF DESIGNATION	
	B. Name of Individual	Ticket(s)/ Pass(es)		Identify one of the followi	ng:
			Ceremonial Role	Other	Income 🔲
			If checking "Ceremon	ial Role" or "Other" describe below:	
		4		 	
			Ceremonial Role	ial Role" or "Other" describe below:	Income 🛄
					100 Page 100
	C. Name of Outside Organization (include address and description)			lic purpose made pursuant	to the agency's policy
4.	Verification	JL			
	I have read and understand FPPC Regulations 18944.1 and	18942. I have v	erified that the distribution set fo	orth above, is in accordance wit	h the requirements.
	Barbara	a Garcia	Ticke	t Administrator	2/26/19
	Signature of Agency Head or Designee	Print Nan	ne L	Title	(Month, Day, Year)
	Comment:				
			<u> </u>	FPPC Toll-Free Helpline: 8	FPPC Form 802 (4/12) 66/ASK-FPPC (866/275-7772)

	ket/Pass			A Public Document
. 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		entert i do estat e con introducione unua municipalita estat e con estat e con estat e con estat e con estat e		
Designated Agency Contact (Name, Title)			, a	
Barbara Garcia, Ticket Administrator			Amendment (Must p	avida avalandias in Dad 23
Area Code/Phone Number E-mail				ovide explanation in Part 3.)
213-974-4111 bgarcia@bos	.lacounty.go	OV	Date of Original Filing:	(Month, Day, Year)
Function or Event Information			16	58.00
Does the agency have a ticket policy?	Yes⊠ No		f Each Ticket/Pass \$	
Event Description LA Phil Provide Title/Expla	anation	Date(s) 02	, 23 , 19	
Ticket(s)/Pass(es) provided by agency?		I A Phi	6. August ann Eileanna Airmean	and the sum of the second seco
ricket(3)/r ass(es) provided by agency?	Yes No	A 1110.	Name of Sou	rce
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (L	ast, First)
Recipients			***************************************	
Use Section A to identify the agency's department or use the section A to identify the agency's department or use the section A to identify the agency's department or use the section A to identify the agency's department or use the section A to identify the agency's department or use the section A to identify the agency's department or use the section A to identify the agency and the section A to identify the agency are agency.		ction B to identify an Individu	al. • 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
Staff	2	Per ticket policy 5.3	(k)	
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
	1 433(43)	Ceremonial Role	Other	Income
		If checking "Ceremon	ial Role" or "Other" describe below:	The state of the s
		Ceremonial Role If checking "Ceremon	Other Carlot of the Carlot of	Income
		Describe the public purpose made pursuant to the agency's policy		
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
	Ticket(s)/	Describe the pub	lic purpose made pursuant (o the agency's policy
	Ticket(s)/	Describe the pub	lic purpose made pursuant (o the agency's policy
(include address and description)	Ticket(s)/	Describe the pub	lic purpose made pursuant (o the agency's policy
Verification I have read and understand FPPC Regulations 18944.1 and	Ticket(s)/ Pass(es)	arified that the distribution set fo	orth above, is in accordance with	
Verification I have read and understand FPPC Regulations 18944.1 and Barbara	Ticket(s)/ Pass(es)	arified that the distribution set for	orth above, is in accordance with t Administrator	the requirements.
Verification I have read and understand FPPC Regulations 18944.1 and	Ticket(s)/ Pass(es)	arified that the distribution set for	orth above, is in accordance with	

eremonial Role Events and 110	ckeuPass	Distributions		A Public Documen	
Agency Name			Date Stamp	California 802	
County of Los Angeles				Form OUZ	
Division, Department, or Region (If Applicable	1	For Official Use Only			
Board of Supervisor, First District		The state of the s			
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@bo	s.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)	
Function or Event Information			1	68.00	
Does the agency have a ticket policy?	Yes⊠ No	Face Value o	f Each Ticket/Pass \$	08.00	
Event Description LA Phil		Date(s) 02	, 23 , 19		
Provide Title/Exp	olanation		I		
Ticket(s)/Pass(es) provided by agency?	Yes No	✓ If no: LA Phi	Name of Soc	urce	
Was ticket distribution made at the behest	No⊠ Yes	п "	Wallo VI Sol		
of agency official?	INO E TES	If yes:	Official's Name (L	ast, First)	
Recipients					
Use Section A to identify the agency's department or	unit. • Use Se	ction B to identify an individu	ıal. • 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	olic purpose made pursuant to the agency's policy		
Staff	2	Per ticket policy 5.3	(L)	And the second s	
		ref ticket policy 3.3			
B. Name of Individual	Number of Ticket(s)/		Identify one of the followi	ng:	
	Pass(es)	1			
		Ceremonial Role If checking "Ceremon.	Other describe below:	Income	
		A A A CONTRACTOR AND A			
L	4				
		Ceremonial Role	Other Grant 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	
	-	III:			
Verification					
Verification I have read and understand FPPC Regulations 18944.1 and	d 18942. I have y	adfied that the distribution set fo	orth above, is in accordance with	n the requirements.	
I have read and understand FPPC Regulations 18944.1 and Barbar	d 18942. I have y ra Garcia		orth above, is in accordance with t Administrator	n the requirements.	
I have read and understand FPPC Regulations 18944.1 and		Ticke		n the requirements. 2/24/19 (Month, Day, Year)	