Agency Report of:

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Documen
1. Agency Name			Date Stamp	
County of Los Angeles				Form 802
Division, Department, or Region (If Applicable	9)			For Official Use Only
Board of Supervisor, First District Designated Agency Contact (Name, Title)				
Barbara Garcia, Ticket Administrator			Amendment (Must pu	ovide explanation in Part 3.)
Area Code/Phone Number E-mail 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		of Each Ticket/Pass \$	7.00
Event Description LA Phil Provide Title/Expl	anation	Date(s) 03	,09 ,2019	
Ticket(s)/Pass(es) provided by agency?	Yes No	✓ If no: LA Phi	Name of Sou	
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (L	
3. Recipients				
Use Section A to identify the agency's department or		ction B to identify an individ	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	olic purpose made pursuant	to the agency's policy
B. Name of Individual (Lest, First)	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
		Ceremonial Role If checking "Ceremon	Other Dial Role" or "Other" describe below:	Income
		Ceremonial Role If checking "Ceremon	Other	Income
, and the second				
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
Just Us for Youth	14	Per ticket policy 5.3	(i)	
. Verification	The second control of the second control of the second	A A		
Thave read and understand FPPC Regulations 18944.1 and				the requirements.
Signature of Agency Head or Designee	Garcia		t Administrator	4/15/2019
	7777777777		me	(Month, Day, Year)
Comment:				

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

eremonial Role Events and 1	ickeurass	Distributions		A Public Documen
Agency Name			Date Stamp	California 802
County of Los Angeles				Folin O
Division, Department, or Region (If Applied	able)			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 (Musi	provide explanation in Part 3.)
213-974-4111 bgarcia@	bos.la co unty.go	OV .	Date of Original Filing	(Month, Day, Year)
Function or Event Information		200 200 00		53.00
Does the agency have a ticket policy?	Yes⊠ No	Face Value	of Each Ticket/Pass \$	33.00
Event Description LA Phil		Date(s) 03	10 2019	
Provide Title	Explanation		Lil	
Ticket(s)/Pass(es) provided by agency?	Yes No		Name of S	Parison and a superior and a superio
Was ticket distribution made at the behas	st No Yes		Name of S	DOI/H3:
of agency official?	No면 Yes	If yes:	Official's Name	(Last, First)
Recipients		orwoods are company to the company of the company o		
Use Section A to identify the agency's department	torunit. • Use Sec	ction B to identify an indiv	idual. • Use Section C to ide	entify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the p	ublic purpose made pursua	nt to the agency's policy
	Pass(es)	in graduation and		
		P. P. SONGARIO CONTRACTOR DE LA CONTRACTOR DEL CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR		
	Number of			1)/2
Name of Individual	Ticket(s)/ Pass(es)		Identify one of the follow	wing:
	il and the second	Ceremonial Role	e Other	Income L
	CO.	If checking "Ceren	nonial Role" or "Other" describe below	
	1000			
				F
		Ceremonial Role If checking "Ceren	e	Income L
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the p	ublic purpose made pursuar	nt to the agency's policy
Center for the Arts	14	Per ticket policy 5.		
		<u></u>		
Verification				A CONTRACTOR OF THE CONTRACTOR
Phave read and understand FPPC Regulations 18944.1	and 18942 I have ve	rified that the distribution se	et forth above, is in accordance v	vith the requirements.
	bara Garcia		ket Administrator	4/15/2019
Signature of Agency Head or Designee	Print Nam	e	Title	(Month, Day, Year)
Comment:				

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

eremonial Role Events and Tic					A Public Documer
Agency Name				ate Stamp	California 802
County of Los Angeles					- Cilli
Division, Department, or Region (If Applicable)				For Official Use Only
Board of Supervisor, First District					
Designated Agency Contact (Name, Title)					
Barbara Garcia, Ticket Administrator		******			No. of the contract of the con
Area Code/Phone Number E-mail			L Am	endment (Must pr	ovide explanation in Part 3.)
213-974-4111 bgarcia@bos	.lacounty.go	V	Date of	Original Filing:	(Month, Day, Year)
Function or Event Information				<u> </u>	
Does the agency have a ticket policy?	Yes⊠ No	☐ Face	Value of Each T	icket/Pass \$ 5	3.00
Event Description LA Phil			(a) 03 (13	2019	
Provide Title/Expl	anation	Date	(S) L/I		/\
Ticket(s)/Pass(es) provided by agency?	Yes□ No	X If no:	LA Phil		gento-na esc
	Portugues and Po			Name of Sou	IFG8
Was ticket distribution made at the behest of agency official?	No⊠ Yes	☐ If yes	s:L	Official's Name (L	sel Eirefl
				Official S Ivallie (L	asi, FIISI)
Recipients					
Use Section A to identify the agency's department or	Number of	ction B to identify	an individual. • Use	Section C to ident	ify an outside organization.
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant t			to the agency's policy
	l ass(cs)				
	The state of the s				
B. Name of Individual	Number of		13.114	- f Al - f - ()	
(Last, First)	Ticket(s)/ Pass(es)		identify	one of the followi	ng:
				her 🔲	Income
		If checking	ng "Ceremonial Role" or "C	ther" describe below:	
		A CONTRACTOR OF THE CONTRACTOR			
	4	Ceremo	nial Role O	her 🔲	Income
		New Comme	g "Ceremonial Role" or "C		
			1		
Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describ	e the public purpos	e made pursuant	to the agency's policy
(monace address and description)	Pass(es)				
Pilipino Worker's Center	14	Per ticket policy 5.3 (i)			
p	L	- CI ticket po	11cy 3.3 (1)		
Verification					
I trave read and understand FPPC Regulations 18944.1 and		erified that the distrit			
	a Garcia		Ticket Admin	istrator	4/15/2019
Man V	The state of the s	The state of the s			Marine product and the
Signature of Agency Head or Designee	Print Nan	oe .		Title	(Month, Day, Year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

remonial Role Events and Tic	:ket/Pass	Distributions		A Public Docume
Agency Name			Date Stamp	California 802
County of Los Angeles				I Chill
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			<u> </u>	
Area Code/Phone Number E-mail	A TABLE OF THE OWNER.		Amendment (Must)	provide explanation in Part 3.)
213-974-4111 bgarcia@bos	s.lacounty.go	VC	Date of Original Filing:	(Month, Day, Year)
Function or Event Information	A CONTRACTOR OF SECULOR SECULO			16 (24 - 57) A - 1
Does the agency have a ticket policy?	Yes⊻ No	Face Value of	of Each Ticket/Pass \$	93.00
Event Description LA Phil		Date(s) 03	23 2019	
Provide Title/Expl	lan at ion		1	
Ficket(s)/Pass(es) provided by agency?	Yes No	If no: LA Phi	Name of So	DIVICO
Vas ticket distribution made at the behest	No⊠ Yes	15	IValue of St	Alderen
of agency official?	INO E TES	If yes:	Official's Name (Last, First)
Recipients	CONTRACTOR			
Use Section A to identify the agency's department or	unit. • Use Se	ction B to identify an individu	ual. • Use Section C to iden	itify an outside organization.
Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the pub	olic purpose made pursuant	t to the agency's policy
	Pass(es)	i geridetitereksi		
	The same of the sa	Accounting	A	
3. Name of Individual	Number of			
(Last, First)	Pass(es)		Identify one of the follow	ing:
	THE PERSON NAMED IN COLUMN NAM	Ceremonial Role	Other	Income
		If checking "Ceremon	ial Role" or "Other" describe below:	
	Table 1	And the second s		
		Ceremonial Role	Other _	Income
		If checking "Ceremoni	ial Role" or "Other" describe below:	
Name of Outside Occupany	Number of			
Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	to the agency's policy
	1 000(00)		7	
leighborhood Music School	14	Per ticket policy 5.3 (i)		
		P		
¥				
/erification	The second second			
have read and understand FPPC Regulations 18944.1 and	18942, I have ve	rified that the distribution set fo	orth above, is in accordance wit	h the requirements.
			t Administrator	
Barbara	a Garcia	Lucke	Administrator	4/15/2019
1 / 1 11 1	a Garcia Print Nami	A. C.	Title	(Month, Day, Year)

Agency Report of: Ceremonial Role Events and Tic	:ket/Pass	s Distributions		A Public Documen
Agency Name County of Los Angeles			Date Stamp	California 802
Division, Department, or Region (If Applicable	e)		1	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	s.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information			1	23.00
Does the agency have a ticket policy?	Yes⊠ No		of Each Ticket/Pass \$ L	25.00
Event Description LA Phil		Date(s) 03	, 24 , 2019	
Provide Title/Expl		I A Phi	l	
Ticket(s)/Pass(es) provided by agency?	Yes No	If no:	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	ction 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
B. Name of Individual	Number of			
(Lest, First)	Ticket(s)/ Pass(es)		Identify one of the following	ng:
		Ceremonial Role If checking "Ceremoni	Other Dial Role" or "Other" describe below:	Income
		Ceremonial Role If checking "Ceremoni	Other al Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	to the agency's policy
Thai CDC	14	Per ticket policy 5.3 (i)	
Verification I have read and understand FPPC Regulations 18944.1 and Barbara		1 1		
Signature of Agency Head or Designee	Print Nam		t Administrator	4/15/2019
-grades or regard or besigned	Pnnt Nam	· ·	Title	(Month, Day, Year)
Comment:				

Agency Report of:

Ceremonial Role Events and Tic	ket/Pas	s Distributions		A Public Documen
1. Agency Name			Date Stamp	
County of Los Angeles				Form 802
Division, Department, or Region (If Applicable	9)			For Official Use Only
Board of Supervisor, First District		- Miller State - Grant College - Col		
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	ΙΟV	Date of Original Filing:	
2. Function or Event Information				(Month, Day, Year)
Does the agency have a ticket policy?	Yes⊠ No	Face Value o	of Each Ticket/Pass \$	6.00
	TOOL IN		, 29 , 2019	
Event Description LA Phil Provide Title/Expl	anation	Date(s) 03		
Ticket(s)/Pass(es) provided by agency?	Yes□ No	If no: LA Phi	Name of Sou	urce
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (L	
. Recipients				,
Use Section A to identify the agency's department or its section A to identify the agency of the the	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)/	performance from the last the	lic purpose made pursuant	CASSA CONTRACTOR SERVICE
	Pass(es)			
B. Name of Individual	Number of Ticket(s)/		Identify one of the following	na:
	Pass(es)			
		Ceremonial Role If checking "Ceremoni	Other describe below:	Income
		The state of the s	en e	and the second s
		Covernmental Date		
		Ceremonial Role If checking "Ceremoni	Other Selective below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant (to the agency's policy
Coso Cultural Southweek				The state of the s
Casa Cultural Saybrook	14	Per ticket policy 5.3 (i)		
				The control of the co
Verification	E	NI.		
I have read and understand FPPC Regulations 18944.1 and		erified that the distribution set fo	rth above, is in accordance with	the requirements.
Barbara	Garcia	Ticket	t Administrator	4/15/2019
Signature of Agency Head or Designee	Print Nan	ne	Title	(Month, Day, Year)
Comment:				

Agency Report of:

remonia	II Role Eve	ents and Tic	ket/Pass	Distributions		A Public Documer
Agency N	ame				Date Stamp	California OOC
County of Lo	os Angeles					Form 802
		egion (If Applicabl	e)		4	For Official Use Only
Board of Su	pervisor, First [District	and the supplemental supplement		1	
Designated A	Agency Contac	ct (Name, Title)				
Barbara Gar	cia, Ticket Adn	ninistrator				
Area Code/P	hone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)
213-974-411	1	bgarcia@bo	s.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
Function	or Event Info	ormation			···	
Does the age	ency have a tic	ket policy?	Yes No	Face Value	of Each Ticket/Pass \$ 40	0.00
Event Deser	iption LA Phil				31 2019	
Event Desch	iption E	Provide Title/Exp	lanation	Date(s) 03		л л
Ticket(s)/Pas	ss(es) provided	by agency?	Yes No	≥ If no: LA Ph	il Name of Sou	rce
Was ticket di of agency o		e at the behest	No⊠ Yes	If yes:	Official's Name (L	ast, First)
Recipients	5					
 Use Section A 	to identify the age	ncy's department or	unit. • Use Se	ction B to identify an Individ	ual. • Use Section C to identi	fy an outside organization.
A. Name o	of Agency, Depart	ment or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant t	o the agency's policy
		A Comment of the Comm				
В.	Name of Individ	lual	Number of Ticket(s)/ Pass(es)		Identify one of the following	·g:
				Ceremonial Role If checking "Ceremon	Other Other Other describe below:	Income [
				Ceremonial Role If checking "Ceremon	Other Other Other Other	Income [
			Number of			NO SANA
	ne of Outside Org de address and d		Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
Miles Elemer	ntary School M	lusic Program	14	Per ticket policy 5.3	(i)	
/oeificati-			18942 have v	dified that the distribution set fo	orth above, is in accordance with	the requirements
Verification	nderstand FRPC Re	guiations 18 <u>944.1 and</u>	The Property of		order address for the addoct address which	<u>me re</u> quirements.
	nderstand FRPC Re	and the second second	a Garcia		t Administrator	4/15/2019