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 Supervisor, First District
   Designated Agency Contact (Name, Title)
   Barbara Garcia, Ticket Administrator
   Area Code/Phone Number: 213-974-4111
   E-mail: bgarcia@bos.lacounty.gov

2. Function or Event Information
   Does the agency have a ticket policy? Yes [x] No []
   Face Value of Each Ticket/Pass $77.00
   Event Description: LA Phil
   Date(s): 04 12 19
   Ticket(s)/Pass(es) provided by agency? Yes [] No [x]
   If no: LA Phil
   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)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy

   B. Name of Individual
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role [ ] Other [ ] Income [ ]
      If checking "Ceremonial Role" or "Other" describe below:
      Ceremonial Role [ ] Other [ ] Income [ ]
      If checking "Ceremonial Role" or "Other" describe below:

   C. Name of Outside Organization (Include address and description)
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy
      Asian Americans Advancing Justice 14 Per ticket policy 5.3 (i)

4. Verification
   I have read and understand FPPC Regulations 19944.1 and 19942. I have verified that the distribution set forth above is in accordance with the requirements.
   Signature of Agency Head or Designee: Barbara Garcia
   Print Name: Ticket Administrator
   Date (Month, Day, Year): 05/14/2019
   Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
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 Supervisor, First District
   Designated Agency Contact (Name, Title)
   Barbara Garcia, Ticket Administrator
   Area Code/Phone Number: 213-974-4111
   E-mail: bgarcia@bos.lacounty.gov

2. Function or Event Information
   Does the agency have a ticket policy? Yes [x] No [ ]
   Face Value of Each Ticket/Pass: $11.00
   Date(s): 04 14 19
   Event Description: LA Phil
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   If yes: LA Phil
   Was ticket distribution made at the behest of agency official? No [x] Yes [ ]
   Official’s Name (Last, First)

3. Recipients
   A. Name of Agency, Department or Unit
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy

        | Name of Agency, Department or Unit | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy |
        |------------------------------------|-----------------------------|---------------------------------------------------------------|

   B. Name of Individual (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:

      | Ceremonial Role [ ] Other [ ] Income [ ] |
      |-----------------------------------------|-----------------------------------------|
      | Ceremonial Role [ ] Other [ ] 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

      | 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 |
      |-----------------------------------------------------------------|-----------------------------|---------------------------------------------------------------|
      | Bell Gardens Senior Center                                      | 2                          | Per ticket policy 5.3 (i)                                    |

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942.1 I have verified that the distribution set forth above is in accordance with the requirements.
   Signature of Agency Head or Designee: Barbara Garcia
   Print Name: Ticket Administrator
   Title:
   Date: 05/14/2019
   (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 Supervisor, First District
   Designated Agency Contact (Name, Title)
   Barbara Garcia, Ticket Administrator
   Area Code/Phone Number: 213-974-4111 E-mail: bgarcia@bos.lacounty.gov

2. Function or Event Information
   Does the agency have a ticket policy?  Yes [x]  No [ ]
   Event Description: LA Phil
   Face Value of Each Ticket/Pass $81.00
   Date(s) 04 14 19
   Ticket(s)/Pass(es) provided by agency?  Yes [ ]  No [x]
   If no: LA Phil
   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)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy

      | Name of Agency, Department or Unit | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy |
      |-----------------------------------|-----------------------------|---------------------------------------------------------------|
      |                                   |                             |                                                               |
      |                                   |                             |                                                               |

   B. Name of Individual
      (Last/First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:

      | Name of Individual (Last/First) | Number of Ticket(s)/Pass(es) | Ceremonial Role [ ] Other [ ] Income [ ] |
      |----------------------------------|-----------------------------|---------------------------------------|
      |                                  |                             | Ceremonial Role [ ] Other [ ] Income [ ] |
      |                                  |                             | Ceremonial Role [ ] Other [ ] 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

      | 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 |
      |------------------------------------------------------------------|-----------------------------|---------------------------------------------------------------|
      | Huntington Park Women's Club                                    | 12                          | Per ticket policy 5.3 (i)                                    |

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: Barbara Garcia
   Print Name: Ticket Administrator
   Title: 05/14/2019
   (Month, Day, Year)

   Comment: [ ]
### Agency Report of:
**Ceremonial Role Events and Ticket/Pass Distributions**

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</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>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:  
Ceremonial Role | Other | Income |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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<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)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pomona Unified School District</td>
<td>14</td>
<td>Per ticket policy 5.3 (l)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Verification

I have read and understand FPPC Regulations 19944.1 and 19942.1 have verified that the distribution set forth above is in accordance with the requirements.

Barbara Garcia  
Ticket Administrator  
05/14/2019
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 Supervisor, First District
   Designated Agency Contact (Name, Title)
   Barbara Garcia, Ticket Administrator
   Area Code/Phone Number: 213-974-4111
   E-mail: bgarcia@bos.lacounty.gov

2. Function or Event Information
   Does the agency have a ticket policy? Yes [x] No [ ]
   Event Description: LA Phil
   Face Value of Each Ticket/Pass: $27.00
   Date(s): 04 20 19
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   If no: LA Phil
   Name of Source:
   Was ticket distribution made at the behest of agency official? No [x] Yes [ ]
   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.

   ** Section A: **

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</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>

   ** Section B: **

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income [ ]</td>
</tr>
</tbody>
</table>

   ** Section C: **

<table>
<thead>
<tr>
<th>Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>I HEART SELA</td>
<td>14</td>
<td>Per ticket policy 5.3 (i)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
   I have read and understand FPPC Regulations 19244.1 and 19242.2. I have verified that the distribution set forth above, is in accordance with the requirements.

   Signature of Agency Head or Designee: Barbara Garcia
   Print Name: Ticket Administrator
   Title: (Month, Day, Year)
   05/14/2019

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 Supervisor, First District
   Designated Agency Contact (Name, Title)
   Barbara Garcia, Ticket Administrator
   Area Code/Phone Number: 213-974-4111
   E-mail: bgarcia@bos.lacounty.gov

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description: LA Phil
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Date(s) 04 20 19
   Was ticket distribution made at the behest of agency official? No ☑ Yes ☐
   Face Value of Each Ticket/Pass $77.00
   If no: LA Phil
   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)/Pass(es)
   Describe the public purpose made pursuant to the agency's policy

   **B.** Name of Individual
   (Last, First)
   Number of Ticket(s)/Pass(es)
   Ceremonial Role ☐ Other ☐ Income ☐
   Identify one of the following:
   If checking "Ceremonial Role" or "Other" describe below:

   **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

   Communities for a Better Environment 14 Per ticket policy 5.3 (i)

4. Verification
   I have read and understand FPPC Regulations 19944.1 and 19942. I have verified that the distribution set forth above is in accordance with the requirements.

   Signature of Agency Head or Designee: Barbara Garcia  
   Print Name: Ticket Administrator  
   Title:  
   Date: (Month, Day, Year) 05/14/2019

   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 Supervisor, First District  
Designated Agency Contact (Name; Title)
Barbara Garcia, Ticket Administrator  
Area Code/Phone Number: E-mail:  
213-974-4111 bgarcia@bos.lacounty.gov

2. Function or Event Information  
Does the agency have a ticket policy? Yes [x] No [ ] 
Face Value of Each Ticket/Pass $53.00 
Date(s) 04 21 19
Event Description: LA Phil  
Provide Title/Explanation:
Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
If no: LA Phil  
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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</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)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the Making 14 Per ticket policy 5.3 (l)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification  
I have read and understand FPPC Regulations 19444 1 and 19442. I have verified that the distribution set forth above is in accordance with the requirements.

Barbara Garcia  
Ticket Administrator  
05/14/2019  
Signature of Agency Head or Designee  
Print Name  
Title  
(Month, Day, Year)

Comment:  
FPPC Toll-Free Helpline: 866/ASK-FPPC (856/275-7772)
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 Supervisor, First District
   Designated Agency Contact (Name, Title)
   Barbara Garcia, Ticket Administrator
   Area Code/Phone Number: 213-974-4111
   E-mail: bgarcia@bos.lacounty.gov

2. Function or Event Information
   Does the agency have a ticket policy? Yes [X] No [ ]
   Face Value of Each Ticket/Pass $77.00
   Event Description: LA Phil
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
   Date(s)
   If no: LA Phil
   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)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy

   B. Name of Individual
      Name of Individual (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role [ ] Other [ ] Income [ ]
      If checking "Ceremonial Role" or "Other" describe below:

   C. Name of Outside Organization
      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
      Sunkist Library 14 Per ticket policy 5.3 (i)

4. Verification
   I have read and understood FPPC Regulations 18944, 1 and 16942. I have verified that the distribution set forth above is in accordance with the requirements.
   Signature of Agency Head or Designee: [Signature]
   Print Name: Barbara Garcia
   Title: Ticket Administrator
   Date: 05/14/2019

Comment: [Blank]
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 Supervisor, First District
   Designated Agency Contact (Name, Title)
   Barbara Garcia, Ticket Administrator
   Area Code/Phone Number: 213-974-4111
   E-mail: bgarcia@bos.lacounty.gov

2. Function or Event Information
   Does the agency have a ticket policy? Yes [X] No
   Face Value of Each Ticket/Pass $77.00
   Event Description: LA Phil
   Provide Title/Explanation
   Date(s): 04 28 19
   Ticket(s)/Pass(es) provided by agency? Yes [X] No
   If no: LA Phil
   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)/Pass(es)
   Describe the public purpose made pursuant to the agency's policy

   B. Name of Individual (Last, First)
   Number of Ticket(s)/Pass(es)
   Identify one of the following:
   Ceremonial Role [X] Other [ ]
   Income [ ]
   if checking "Ceremonial Role" or "Other" describe below:

   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
   Bassett Park
   14
   Per ticket policy 5.3 (i)

4. Verification
   I have read and understand FPPC Regulations 19544.1 and 19542. I have verified that the distribution set forth above is in accordance with the requirements.
   Signature of Agency Head or Designee
   Barbara Garcia
   Print Name
   Ticket Administrator
   Title
   05/14/2019
   (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 Supervisor, First District
   Designated Agency Contact (Name, Title)
   Barbara Garcia, Ticket Administrator
   Area Code/Phone Number: 213-974-4111
   E-mail: bgarcia@bos.lacounty.gov

2. Function or Event Information
   Does the agency have a ticket policy? Yes[ ] No[X]
   Face Value of Each Ticket/Pass: $96.00
   Event Description: LA Phil
   Date(s): 05/19
   Ticket(s)/Pass(es) provided by agency? Yes[ ] No[X]
   If no: LA Phil
   Name of Source
   Was ticket distribution made at the behest of agency official? No[ ] Yes[X]
   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)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy

   B. Name of Individual
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role [ ] Other [ ]
      Income [ ]
      If checking "Ceremonial Role" or "Other" describe below:
      Ceremonial Role [ ] Other [ ]
      Income [ ]
      If checking "Ceremonial Role" or "Other" describe below:

   C. Name of Outside Organization (Include address and description)
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy
      Heart of Los Angeles: 14
      Per ticket policy 5.3 (i)

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: Barbara Garcia
   Print Name: Ticket Administrator
   Title: 05/14/2019 (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 Supervisor, First District
   - Designated Agency Contact (Name, Title)
   - Barbara Garcia, Ticket Administrator
   - Area Code/Phone Number: 213-974-4111
   - E-mail: bgarcia@bos.lacounty.gov

2. **Function or Event Information**
   - Does the agency have a ticket policy? **Yes**
   - Face Value of Each Ticket/Pass $87.00
   - Event Description: LA Phil
   - Ticket(s)/Pass(es) provided by agency? **Yes**
   - Was ticket distribution made at the behest of agency official? **Yes**
   - Date(s): 05 10 19

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)/Pass(es)
   - Describe the public purpose made pursuant to the agency's policy

   **B. Name of Individual (Last, First)**
   - Number of Ticket(s)/Pass(es)
   - Identify one of the following:
     - Ceremonial Role
     - Other
     - Income
     - Ceremonial Role
     - Other
     - Income
     - Ceremonial Role
     - Other
     - 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
   - Active SGV 14 Per ticket policy 5.3 (i)

4. **Verification**
   - I have read and understand FPPC Regulations 19441 and 18442. I have verified that the distribution set forth above, is in accordance with the requirements.
   - Barbara Garcia
   - Ticket Administrator
   - 05/14/2019

   Comment: [Signature]

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
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 Supervisor, First District
   - Designated Agency Contact (Name, Title)
   - Barbara Garcia, Ticket Administrator
   - Area Code/Phone Number
   - 213-974-4111
   - E-mail
   - bgarcia@bos.lacounty.gov

2. **Function or Event Information**
   - Does the agency have a ticket policy? [ ] Yes [X] No
   - Face Value of Each Ticket/Pass $3.00
   - Event Description: LA Phil
   - Date(s) 05 12 19
   - Ticket(s)/Pass(es) provided by agency? [ ] Yes [X] No
   - If no: LA Phil
   - 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)/Pass(es)
   - Describe the public purpose made pursuant to the agency's policy

   **B. Name of Individual**
   - Last, First
   - Number of Ticket(s)/Pass(es)
   - Ceremonial Role [ ] Other [ ] Income [ ]
   - Identify one of the following:
     - if checking "Ceremonial Role" or "Other" describe below:
     - Ceremonial Role [ ] Other [ ] Income [ ]
     - if checking "Ceremonial Role" or "Other" describe below:

   **C. Name of Outside Organization**
   - (include address and description)
   - Number of Ticket(s)/Pass(es)
   - Describe the public purpose made pursuant to the agency's policy

   CAUSE
   - 14
   - Per ticket policy 5.3 (i)

4. **Verification**
   - I have read and understand FPPC Regulations 19644.1 and 19642. I have verified that the distribution set forth above, is in accordance with the requirements.
   - Signature of Agency Head or Designee
   - Print Name
   - Title
   - (Month, Day, Year) 05/14/2019

Comment: 

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/276-7772)