Ceremonial Role Events and Tid	cket/Pass	s Distributions		A Public Document		
1. Agency Name			Date Stamp	California 802		
County of Los Angeles				Form OUZ		
Division, Department, or Region (If Applicable	le)		1	For Official Use Only		
Board of Supervisor, First District			1			
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			5	5.00		
Does the agency have a ticket policy?	Yes⊠ No		of Each Ticket/Pass \$ ⊾			
Event Description Hollywood Bowl Provide Title/Exp	planation	Date(s) 05	,04 ,2019			
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: Hollyv	vood Bowl	urca		
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (i			
3. Recipients	·					
	Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Number of					
		olic 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 Dial Role" or "Other" describe below:	Income		
		Ceremonial Role If checking "Ceremon	Other Usial 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		
l. Verification						
I have read and understand FPPC Regulations 18 <u>944.1 an</u>	d 18942. I have v	rerified that the distribution set f	orth above, is in accordance wit	h the requirements.		
	ra Garcia	Ticke	et Administrator			
Signature of Agency Head or Designee	Print Nar	me	Title	(Month, Day, Year)		
Comment						

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1. Agency Name			Date Stamp	California Ong		
County of Los Angeles				Form 802		
Division, Department, or Region (If Applicable	le)	<u> </u>	4	For Official Use Only		
Board of Supervisor, First District	4. Constitution of the continue of the		1			
Designated Agency Contact (Name, Title)			1			
Barbara Garcia, Ticket Administrator	Rarbara Garcia Ticket Administrator					
Area Code/Phone Number E-mail			Amendment (Must p	provide explanation in Part 3.)		
213-974-4111 bgarcia@bo	s.lacounty.g	ov	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 \$	9.50		
	IESE INC		17 2019			
Event Description Hollywood Bowl Provide Title/Exp	olanation	Date(s) 05	/17 , 2019			
Ticket(s)/Pass(es) provided by agency?	Yes□ No	✓ If no: Hollyv	vood Bowl			
Was ticket distribution made at the behest	No⊠ Yes	If yes:	Official's Name (i			
of agency official?	of agency official?					
3. Recipients	,					
Use Section A to identify the agency's department or	unit. • Use Se	ction B to identify an individ	ual. • Use Section C to iden	tify 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	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 of the other	Income _		
			–			
		Ceremonial Role If checking "Ceremon	Other Usial Role" or "Other" describe below:	Income		
Name of Outside Organization	Number of			American		
C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy		
1. Verification						
I lave read and understand FPPC Regulations 18 <u>944.1 an</u>		erified that the distribution set fo	orth above, is in accordance wit	h the requirements.		
Barbai	ra Garcia	Ticke	t Administrator	06/11/2019		
Signature of Agency Head or Designee	Print Nan	ne	Title	(Month, Day, Year)		
Comment:		AW.				

	eremonial Role Events and Tic	KevPass	Distributions		A Public Documen
Ι.,	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				
	Designated Agency Contact (Name, Title)				
	Barbara Garcia, Ticket Administrator			Amendment (Must	provide explanation in Part 3.)
r	Area Code/Phone Number E-mail	more with the view views		TAMORAMONE (Mast)	I I I I I I I I I I I I I I I I I I I
	213-974-4111 bgarcia@bos	.lacounty.g	DV	Date of Original Filing:	(Month, Day, Year)
	Function or Event Information				20.05
	Does the agency have a ticket policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$	99.95
	Event Description Hollywood Bowl	AMILA SALA	Date(s) 05	,26 ,2019	
	Provide Tille/Expir		Hollyv	vood Bowl	
	Ticket(s)/Pass(es) provided by agency?	Yes No	▼ If no:	Name of So	ource
	Was ticket distribution made at the behest of agency official?	No Yes	If yes:	Official's Name	(Last, First)
	Recipients				
	Use Section A to identify the agency's department or it		ction B to identify an Individ	ual. • Use Section C to ider	ntify an outside organization.
8	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	t 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	ring:
			Ceremonial Role If checking "Ceremon	Other Other Other" describe below:	Income
			Ceremonial Role If checking "Ceremon	Other Usial 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 to the agency's policy
Γ					
	Verification				
1	have read and understand FPPC Regulations 18944.1 and				
	Barbara	Garcia	Ticke	t Administrator	06/11/2019
-	Signature of Agency Head or Designee	Print Nam			

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
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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				
Area Code/Phone Number E-mail			Amendment (Must pro	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			-	0.50
Does the agency have a ticket policy?	Yes No	Face Value of	of Each Ticket/Pass \$	0.50
Event Description Hollywood Bowl		Date(s) 06	,01 ,2019	
Provide Title/Expl Ticket(s)/Pass(es) provided by agency?	32.00	Hollyw	ood Bowl	
ricket(s)/rass(es) provided by agency?	Yes No	If no:	Name of Sour	Ce
Was ticket distribution made at the behest of agency official?	No ⊠ Yes	If yes:	Official's Name (La	nst, First)
3. Recipients				
Use Section A to identify the agency's department or		ection 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)/ Describe the public purpose made pursuant to (Pass(es)			o the agency's policy
Staff	2	Per ticket policy 5.3	(k)	
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the followin	g:
		Ceremonial Role If checking "Ceremon	Other describe below:	Income
		Ceremonial Role If checking "Ceremon	Other Land of the Control of the Con	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
. Verification	<u> </u>	Л		
have read and understand FPPO Regulations 18944.1 and				
910010 X	a Garcia		t Administrator	06/11/2019
Signature of Agency Head or Designee	Print Nan	ne	Title	(Month, Day, Year)
Comment:				

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1. Agency Name			Date Stamp	California 802	
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Board of Supervisor, First District			1		
Designated Agency Contact (Name, Title)	Designated Agency Contact (Name, Title)				
Barbara Garcia, Ticket Administrator	Barbara Garcia, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must p	provide 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				105.00	
Does the agency have a ticket policy?	Yes 🗵 No	Face Value o	of Each Ticket/Pass \$	103.00	
Event Description Hollywood Bowl Provide Title/Exp	lanation	Date(s) 06	03 2019		
Ticket(s)/Pass(es) provided by agency?	Yes No	Hollyw	vood Bowl		
Was ticket distribution made at the behest	No⊠ Yes	If yes:	Name of So	ource	
of agency official?	100 TC3	il yes.	Official's Name (Last, First)	
3. Recipients	Recipients				
Use Section A to identify the agency's department or		ection B to identify an individual	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	t 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 oilal Role" or "Other" describe below:	Income _	
		Ceremonial Role	Other _	Income T	
		If checking "Ceremon	nial Role" or "Other" describe below:		
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	
1. Verification	11	1			
have read and understand FPPC Regulations 18944.1 and		1 1			
TIOD TO THE TOTAL	a Garcia		et Administrator	06/11/2019	
Signature of Agency Head or Designee	Print Nan	ne	Title	(Month, Day, Year)	
Comment:					