Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
1. Agency Name		*	Date Stamp	California Ong
County of Los Angeles	V V			Form 802
Division, Department, or Region (If Applicable	e)			For Official Use Only
Board of Supervisor, First District	-		1	
Designated Agency Contact (Name, Title)			1	
Barbara Garcia, Ticket Administrator			<del></del>	<u> </u>
Area Code/Phone NumberE-mail			Amendment (Must pro	ovide explanation in Part 3.)
213-974-4111 bgarcia@bo	s.lacounty.go	οV	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 \$ 96	5.00
Event Description LA Phil	We show the body as the commence		, 2 19	
Provide Title/Exp	lanation	Date(s) 05		<u> </u>
Ticket(s)/Pass(es) provided by agency?	Yes No	⊠ If no: LA Phi	Name of Sour	rce
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (La	est, First)
3. Recipients			, ie.ma	
Use Section A to identify the agency's department or	unit. • Use Sec	ction B to identify an Individu	ual. • Use Section C to identif	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	o the agency's policy
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the followin	g:
		Ceremonial Role If checking "Ceremon	Other island to the control of the c	Income
		Communich Date		
		Ceremonial Role  If checking "Ceremon	Other Use Other Other Other Other Other Other Other	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant to	o.the agency's policy
(morate address and description)	Pass(es)			
l Heart SELA	14	Per ticket policy 5.3	(i)	
4. Verification				
I have read and understand FPPC Regulations 18944.1 and	d 18942. I have ve	arified that the distribution set f	orth above, is in accordance with	the requirements.
Barbai	a Garcia	Ticke	t Administrator	06/11/2019
Signature of Agency Head or Designee	Print Nam	e	Title	(Month, Day, Year)
_				
Comment:	The Property of			

Ceremonial Role Events and Tic	ket/Pass	s Distributions		A Public Document
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		State State days done soun sound come a sound and		
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	ΙΟV	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 \$ 31	.00
Event Description LA Phil			,19 ,19	
Provide Title/Expl	anation	Date(s) 05		
Ticket(s)/Pass(es) provided by agency?	Yes No	lf no: LA Phi	Name of Sour	CG
Was ticket distribution made at the behest of agency official?	No⊠ Yes	s If yes:	Official's Name (La	st, 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 identify	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
	1			
	Number of			
B. Name of Individual	Ticket(s)/ Pass(es)		Identify one of the following	g:
		Ceremonial Role	Other	Income
		if checking "Ceremoni	al Role" or "Other" describe below:	autum akkira cama akira ak
			7	
		Ceremonial Role  If checking "Ceremoni	Other Sal Role" or "Other" describe below:	Income [
			-	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the publ	lic purpose made pursuant to	the agency's policy
	Pass(es)			
Cory's Kitchen	14	Per ticket policy 5.3 (	i)	
			Translation of the state of the	
l. Verification				
I have read and understand FPPC Regulations 18944.1 and	18942. I have y	erified that the distribution set fo	orth above, is in accordance with t	the requirements.
Barbara			t Administrator	06/11/2019
Signature of Agency Head or Designee	Print Nan		Title	(Month, Day, Year)
Comment:				

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

eremonial Note Events and Tic				A Public Documer
Agency Name			Date Stamp	California 802
County of Los Angeles				- Collis
Division, Department, or Region (If Applicable	<del>)</del>		1	For Official Use Only
Board of Supervisor, First District				
Designated Agency Contact (Name, Title)			1	
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)
Function or Event Information				
Does the agency have a ticket policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$ 32	2.00
Event Description LA Phil	was similar with the second	Date(s) 05	, 21 , 19	
Provide Title/Expl	anation			JI R
Ticket(s)/Pass(es) provided by agency?	Yes No	✓ If no: LA Phi		
Was ticket distribution made at the behest	🔽		Name of Sour	rce
of agency official?	No⊠ Yes	☐ If yes: ☐	Official's Name (La	est, First)
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 identif	v an outside organization.
A. Name of Agency, Department or Unit	Number of	participation of the contract Approximation	lic purpose made pursuant to	N. Barry C. March of Agree 2011 11 12 12
	Ticket(s)/ Pass(es)		iic purpose made pursuant ii	o the agency's policy
				40.00
B. Name of Individual	Number of Ticket(s)/		Identify one of the following	g <b>:</b>
	Pass(es)	Ceremonial Role	Other	
		MORRO A GORDO CONTRACTOR A TRACTA CONTRACTOR A	ial Role" or "Other" describe below:	Income
		The second of th	a duna suma ofici data mana milia da tata mana milia	
			_	
		Ceremonial Role	Other Land Other describe below:	Income
		in a reading of controls	arrole or other describe below.	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the publ	lic purpose made pursuant to	the agency's notice
(miciale address and description)	Pass(es)		The second of th	rane pagency a policy
Hub Cities	14	Doubielest malian 5.2 (	:\	
		Per ticket policy 5.3 (	"	
Verification				
have read and understand FPPC Regulations 18944.1 and				
Barbara			t Administrator	06/11/2019
	Print Nam	8	Title	(Month, Day, Year)
Signature of Agency Head or Designee				(World, Day, Year)

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

	and nonoti do	o 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 (Nam	e,Title)		1	
Barbara Garcia, Ticket Administra	ator		Amendment (Must pr	Ovide explanation in Red 21
Area Code/Phone Number E-n	A STATE OF THE STA		1	ovide explanation in Part 3.)
213-974-4111 bg	arcia@bos.lacounty.	gov	Date of Original Filing:	(Month, Day, Year)
<ol><li>Function or Event Informat</li></ol>	ion		111	15.00
Does the agency have a ticket pol	icy? Yes⊠ N	o Face Value o	of Each Ticket/Pass \$	13.00
Event Description LA Phil		Date(s) 05	,26 ,19	
7100	vide Title/Explanation	LA Phi	1	
Ticket(s)/Pass(es) provided by ag-	ency? Yes N	o If no: LAFIII	Name of Sou	roo
Was ticket distribution made at the	heheet		Name of Soo	CC
of agency official?	e behest No X Ye	s If yes:	Official's Name (La	ast. First)
3. Recipients				, , , ,
Use Section A to identify the agency's de	nartment or unit a Use S	ection B to identify an individu	III a lica Spation C to identi	6. an autaida
and the second s		to a final part of the control of the Age		A Sec. George Control Control
A. Name of Agency, Department or	Unit Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
B. Name of Individual	Number of			
(Last, First)	Ticket(s)/ Pass(es)		Identify one of the followin	<b>G</b> anasa in the second of the
		Ceremonial Role	Other	Income 🔲
		If checking "Ceremoni	al Role" or "Other" describe below:	
		Ceremonial Role	Other _	Income
		If checking "Ceremoni	al Role" or "Other" describe below:	
C. Name of Outside Organizatio	n Number of			
(include address and description		Describe the publ	lic purpose made pursuant to	o the agency's policy
Maywood Center for Enriched St	udies 14	Per ticket policy 5.3 (	i)	
. Verification		1		
I have read and understand FPPC Regulations	18 <u>944.1 and 18942. I have</u>	verified that the distribution set fo	orth above, is in accordance with	the requirements
In bundi	Barbara Garcia		t Administrator	06/11/2019
Signature of Agency Read or Designee	Print Na		Title	
				(Month, Day, Year)
Comment:				

ere	monial Role Events and Tic	ket/Pass	Distributions		A Public Documer
. Ag	ency Name			Date Stamp	California QAG
Cou	inty of Los Angeles				California 802
	ision, Department, or Region (If Applicable	·)		4	For Official Use Only
	ard of Supervisor, First District			1	
Des	signated Agency Contact (Name, Title)			1	
Bar	bara Garcia, Ticket Administrator				
Are	a Code/Phone Number E-mail			Amendment (Must p	provide explanation in Part 3.)
213	-974-4111 bgarcia@bos	.lacounty.g	οV	Date of Original Filing:	(Month, Day, Year)
. Fu	nction or Event Information				
Doe	es the agency have a ticket policy?	Yes⊠ No	Face Value	of Each Ticket/Pass \$	25.00
Evo	nt Description LA Phil			.01 19	
Eve	Provide Title/Expl	anation	Date(s) 06		
Tick	et(s)/Pass(es) provided by agency?	Yes No	⋉ If no: LA Phi	il Name of So	urce
	s ticket distribution made at the behest agency official?	No⊠ Yes	If yes:	Official's Name (	Last, First)
Re	cipients				
	e 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	Number of Ticket(s)/ Pass(es)	Describe the pub	blic purpose made pursuant	to the agency's policy
В.	Name of Individual	Number of Ticket(s)/			
	(Last, First)	Pass(es)		Identify one of the follow	ing:
			Ceremonial Role If checking "Ceremon	Other On "Other" describe below:	Income [
			Ceremonial Role If checking "Ceremon	Other Unial Role" or "Other" describe below:	Income [
	Name of Outside Organization	Number of .		an en agradare ase o la espa o	
с. 	(include address and description)	Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	to the agency's policy
Del	Haven Community Center	14	Per ticket policy 5.3	(i)	
	ification				
Ver					
	read and understand FPPC Regulations 18 <u>944.1 and</u>	18942. I have ve	<u>ntied that the distri</u> puti <u>on set f</u>	onn above, is in accordance wit	<u>h the re</u> quirements.
	read and understand FPPC Regulations 18 <u>944.1 and</u> Barbara			onn above, is in accordance wit et Administrator	06/11/2019

Ceremonial Role Events and Tic	ket/Pass	s Distributions		A Public Document
1. Agency Name			Date Stamp	California QQQ
County of Los Angeles				Form 802
Division, Department, or Region (If Applicable	∌)			For Official Use Only
Board of Supervisor, First District		estima intinessidas, vitam structus da astribus as ancesarios servicios	1	
Designated Agency Contact (Name, Title)			1	
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 \$ 32	2.00
Event Description LA Phil		Date(s) 06	,01 ,19	
Provide Title/Expl	anation	**************************************		
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: LA Phi	Name of Sou	rce
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (La	ast, First)
. 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 identi	fy an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/	y strong kit pisa. Pro tan Pa	lic purpose made pursuant t	A Discourse of the second of the second
	Pass(es)			
	1			
			On the second with the second	
B. Name of Individual	Number of Ticket(s)/			
(Last, First)	Pass(es)		Identify one of the following	lg:
		Ceremonial Role	Other	Income
		if checking "Ceremoni	ial Role" or "Other" describe below:	
		Ceremonial Role		Income
		ii criecking Ceremoni	ial Role" or "Other" describe below:	
C. Name of Outside Organization	Number of Ticket(s)/	Describe the publ	lic purpose made pursuant t	4
(include address and description)	Pass(es)	Describe tile pub	iic purpose made pursuant t	o the agency's policy
Maravilla Housing	14	Per ticket policy 5.3 (	i)	and Miles and Mi
	<u>L</u>	Ter tieket policy 5.5 (	''	
		Received the second of the sec		
. Verification I have read and understand FPPC Regulations 18944.1 and	18042   have	adfed that the distribution	46-6	
	16942. I nave vi a Garcia		0.000 0.000 0.000	
Signature of Agency Head or Designee	Print Nan		t Administrator	06/11/2019
	r mit Nan		Title	(Month, Day, Year)
Comment:	7.00			

Division, Department, or Region (ii Applicable)	m OUZ
County of Los Angeles  Division, Department, or Region (If Applicable)  For County of Los Angeles	m OUZ
Division, Department, or Region (If Applicable)	
Roard of Supervisor First District	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 provide explana	tion in Part 3.)
213-974-4111 bgarcia@bos.lacounty.gov Date of Original Filing:	Voori
Function or Event Information	ay, rear)
Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$	
Event Description LA Phil Date(s) 06 ,11 ,19	V
Ticket(s)/Pass(es) provided by agency? Yes No If no:	
Was ticket distribution made at the behest No  ✓ Yes  If yes:	
of agency official? Official's Name (Last, First)	
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)	y's policy
( ass(s)	
D Number of	
B. Name of Individual Number of Ticket(s)/ Identify one of the following:	
Ceremonial Role Other	Jacoma I
If checking "Ceremonial Role" or "Other" describe below:	Income L
	Hamilton South States and States
Ceremonial Role Other	F
If checking "Ceremonial Role" or "Other" describe below:	Income
C. Name of Outside Organization Number of (include address and description) Number of Ticket(s)/ Describe the public purpose made pursuant to the agence	
(include address and description)    Control of the public purpose made pursuant to the agency	y's policy
Foothill Family Services Per ticket policy 5.3 (i)	
Verification	
I have lead and understand FPRC Regulations 18 <u>944.1 and 18942. I have verified that the distri</u> bution set forth above, is in accordance with the requirement	ents
O D D D D D D D D D D D D D D D D D D D	
Signature of America Head or Designed	/11/2019
Signature of Agency Head of Designee Print Name Title	(Month, Day, Year)
Comment:	