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 $96.00
   Event Description LA Phil
   Provide Title/Explanation
   Date(s) 05 2 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 (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:
      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
      I Heart SELA 14 Per ticket policy 5.3 (i)

4. Verification
   I have read and understood FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   [Signature] Barbara Garcia Ticket Administrator 06/11/2019
   (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   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: $31.00
   Event Description: LA Phil
   Date(s): 05 19 19
   Ticket(s)/Pass(es) provided by agency? Yes[X] No[ ]
   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.

<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>
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</tbody>
</table>

<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>
</tbody>
</table>

<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>Cory's Kitchen</td>
<td>14</td>
<td>Per ticket policy 5.3 (i)</td>
</tr>
</tbody>
</table>

4. Verification
I have read and understand FPPC Regulations 19544.1 and 16842. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee
Barbara Garcia
Ticket Administrator
06/11/2019

Comment:

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 E-mail
213-974-4111 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 $32.00
Date(s) 05 21 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.

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 [ ]
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
Hub Cities 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.
Barbara Garcia Ticket Administrator 06/11/2019
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)
Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/276-7772)
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 Supervisors, 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[ ] No[ ]
   Face Value of Each Ticket/Pass $115.00
   Event Description LA Phil
   Date(s)
   Ticket(s)/Pass(es) provided by agency? Yes[ ] No[ ]
   If no: LA Phil
   Name of Source
   Was ticket distribution made at the behest of agency official? No[ ] 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.
   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
      Maywood Center for Enriched Studies 14 Per ticket policy 5.3 (i)

4. Verification
   I have read and understand FPPC Regulations 10644.1 and 10642.1. I have verified that the distribution set forth above is in accordance with the requirements.
   Signature of Agency Head or Designee
   Name
   Title
   Date (Month, Day, Year)
   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 $25.00
   Event Description: LA Phil
   Date(s): 06 01 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.

   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 [ ]
      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
      Del Haven Community Center 14 Per ticket policy 5.3 (i)

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.

   Signature of Agency Head or Designee: Barbara Garcia
   Print Name: Ticket Administrator
   Title: (Month, Day, Year) 06/11/2019

   Comment:

   FPPC Form 802 (4/12)
   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 García, Ticket Administrator
   Area Code/Phone Number: 213-974-4111
   E-mail: bgarcia@bos.lacounty.gov
   Date Stamp
   California Form 802

2. Function or Event Information
   Does the agency have a ticket policy? Yes[ ] No[ ]
   Face Value of Each Ticket/Pass $32.00
   Date(s) 06 01 19
   Ticket(s)/Pass(es) provided by agency? Yes[ ] No[ ]
   Event Description LA Phil
   Provide Title/Explanation
   Was ticket distribution made at the behest of agency official? Yes[ ] No[ ]
   If yes: LA Phil
   Name of Source
   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 Tickets/Passes | Describe the public purpose made pursuant to the agency's policy
      ______________________________________ | ________________________ | ______________________________________
      ______________________________________ | ________________________ | ______________________________________
      ______________________________________ | ________________________ | ______________________________________

   B. Name of Individual (Last, First) | Number of Tickets/Passes | 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 Tickets/Passes | Describe the public purpose made pursuant to the agency's policy
      Maravilla Housing | 14 | Per ticket policy 5.3 (i)
      ______________________________________ | ________________________ | ______________________________________
      ______________________________________ | ________________________ | ______________________________________

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.

   Signature of Agency Head or Designee  Barbara García  Ticket Administrator  06/11/2019
   Print Name
   Title
   (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 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 $32.00
   Date(s) 06 11 19
   Event Description LA Phil
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   Was ticket distribution made at the behest of agency official? No [x] Yes [ ]
   If yes: Name of Source

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)
      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
      Foothill Family Services 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
   Title
   Ticket Administrator
   Date (Month, Day, Year) 06/11/2019

Comment: