Celemonial Note Events	and nekeuras	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
County of Los Angeles				Form OUZ
Division, Department, or Region (		For Official Use Only		
Board of Supervisor, First District	ţ			
Designated Agency Contact (Nam	e, Title)			
Barbara Garcia, Ticket Administra	ator		Amendment (Must pro	L. Control
Area Code/Phone Number E-n				ovide explanation in Part 3.)
	arcia@bos.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Informat		_	16	58.00
Does the agency have a ticket pol	icy? Yes⊠ No	Face Value o	f Each Ticket/Pass \$	
Event Description LA Phil		Date(s) 05	, 26 , 19	
	vide Title/Explanation	LA Phi	one a ninona attorna i de caracterio e cuma ante e caracterio e carac	and a surface of the
Ticket(s)/Pass(es) provided by ag	ency? Yes No	If no:	Name of Sou	rce
Was ticket distribution made at the	behest No Yes	If yes:		
of agency official?	110-23 100	n yes.	Official's Name (La	est, First)
3. Recipients			<del></del>	
Use Section A to identify the agency's de	The second secon	ection B to identify an individu	al. • 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 t	o 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 followin	g:
		Ceremonial Role If checking "Ceremoni	Other al Role" or "Other" describe below:	Income
		Ceremonial Role If checking "Ceremoni	Other all Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)		Describe the publ	ic purpose made pursuant t	o the agency's policy
Verification I than read and understand FPPC Regulations Signature of Agency Head or Designee	Barbara Garcia	Ticke	orth above, is in accordance with t Administrator Title	the requirements.  (Month, Day, Year)
Comment:				

remonial Role Events and Tid	cket/Pass	s Distributions		A Public Documen
Agency Name			Date Stamp	California 802
County of Los Angeles				I Olin =
Division, Department, or Region (If Applicab	le)			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)	provide explanation in Part 3.)
13-974-4111 bgarcia@bo	s.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 o	f Each Ticket/Pass \$	99.00
vent Description LA Phil		Date(s) 05	, 26 , 19	
Provide Title/Exp	olanation			
icket(s)/Pass(es) provided by agency?	Yes No	If no: LA Phil		
Voo tieket dietributies made at the bat			Name of So	purce
Vas 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	runit. • Use Se	ection B to identify an Individu	ıal. • Use Section C to iden	tify an outside organization.
Name of Agency, Department or Unit	Number of	A CONTRACTOR OF THE STATE OF	lic purpose made pursuan	NAME OF THE PERSON OF THE
	Ticket(s)/ Pass(es)		no purpose made pursuam	to the agency's policy
itaff	2	Per ticket policy 5.3 (	(Iv)	
		ref ticket policy 5.5 (	(N)	
	Number of		- AVI	
Name of Individual (Lest, First)	Ticket(s)/ Pass(es)		Identify one of the follow	Ing:
		Ceremonial Role	Other 🔲	Income L
			al Role" or "Other" describe below:	meome E
			our ann ann ann an an an an an an an an an	
		Ceremonial Role	Other   Other	Income
				wanter the same state of the s
Name of Outside Organization	Number of Ticket(s)/		lic purpose made pursuant	
(include address and description)	Pass(es)	Jeso/ibe tile pet	ic purpose made pursuam	to the agency's policy
				The contract of the contract o
				2 to
			The second secon	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN
erification				
we read and understand FPPC Regulations 18 <u>944,1 and</u>				th the requirements.
we read and understand FPPC Regulations 18 <u>944,1 and</u>	d 18942. I have vi ra Garcia Print Nan	Ticket	orth above, is in accordance wi t Administrator	th the requirements.

Agency Report of: Ceremonial Role Events and Ticl	ket/Pass	s Distributions		A Public Document
Agency Name     County of Los Angeles     Division, Department, or Region (If Applicable)     Board of Supervisor, First District	)		Date Stamp	California 802 Form 809
Designated Agency Contact (Name, Title)				
Barbara Garcia, Ticket Administrator  Area Code/Phone Number E-mail  213-974-4111 bgarcia@bos.	lacounty.q	ov	Amendment (Must p	
Event Description    LA Phil   Provide Title/Expla		Date(s) 05	of Each Ticket/Pass \$	
of agency official?  3. Recipients  • Use Section A to identify the agency's department or u	nit. • Use Se	ection B to identify an Individu	Official's Name (L	
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)		lic purpose made pursuant	National Community and the second
Staff	2	Per ticket policy 5.3 (	(k)	
B. Name of Individual	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremoni	Identify one of the following  Other	ng:
		Ceremonial Role  If checking "Ceremoni	Other Sal Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)  Num Tick Pas		Describe the public purpose made pursuant to the agency's policy		
I. Verification I have read and understand FPPC Regulations 18944.1 and 1 Barbara Signature of Agency Head or Designee		Ticket	orth above, is in accordance with t Administrator Title	the requirements.  (Morith, Day, Year)
Comment:		F	FPPC Toll-Free Helpline: 86	FPPC Form 802 (4/12) 66/ASK-FPPC (866/275-7772)

Agency	Report	of:
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Ceremonial Role Events and Tic	ket/Pass	s Distributions		A Public Document
1. Agency Name			Date Stamp	California Ong
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			16	8.00
Does the agency have a ticket policy?	Yes⊠ No	Face Value o	f Each Ticket/Pass \$	08.00
Event Description LA Phil		Date(s) 05	, 26 , 19	
Provide Title/Expla	anation	LA Phi		
Ticket(s)/Pass(es) provided by agency?	Yes No	if no: LA Phil	Name of Sour	rca
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (La	ast, First)
3. Recipients				
Use Section A to identify the agency's department or u	_	ection B to identify an individu	al. • Use Section C to identif	y an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o 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 followin	g:
		Ceremonial Role If checking "Ceremoni	Other all Role" or "Other" describe below:	Income 🗋
		Ceremonial Role  if checking "Ceremonial"	Other all Role" or "Other" describe 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
			SAM SA	
Verification I have read and opderstand PPC Regulations 18944.1 and Barbara Signature of Agency Head or Designee		Ticket	rth above, is in accordance with t Administrator	the requirements.  [Month, Day, Year)
Comment:				(www.itii, Uay, rear)

C	eremonial Role Events	and Tic	ket/Pass	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 Distric	t	Calling the Control of the Control o			
	Designated Agency Contact (Nar					
	Barbara Garcia, Ticket Administ	rator				
		mail			Amendment (Must p	rovide explanation in Part 3.)
			.lacounty.go	οV	Date of Original Filing:	W-11-5-V-1
2.	Function or Event Informa					(Month, Day, Year)
	Does the agency have a ticket po		Yes⊠ No	Face Value of	f Each Ticket/Pass \$	9.00
			1030 110	05	,26 ,19	
	Event Description LA Phil	ovide Title/Expla	anation	Date(s)	_/[	
	Ticket(s)/Pass(es) provided by ag	rencv?	Yes□ No	If no: LA Phi		
			res INO	<u> </u>	Name of Sou	ırce
	Was ticket distribution made at the	e behest	No⊠ Yes	If yes:		
	of agency official?				Official's Name (L	.ast, First)
3.	Recipients					- 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
	Use Section A to identify the agency's d	epartment or u	1	ction B to identify an individu	al. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Department of	r Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	Staff		2	Per ticket policy 5.3	k)	
			Number of		NI MENTEN TO THE DESCRIPTION OF THE PARTY OF	
	B. Name of Individual		Ticket(s)/ Pass(es)		Identify one of the followi	ng:
				Ceremonial Role	Other	Income 🗍
				COMPANY AND	al Role" or "Other" describe below:	
					anns Comp	
				Ceremonial Role	Other   Other al Role" or "Other" describe below:	Income
1				I onesaing coremon	arrole of other describe below.	
1						
C. Name of Outside Organization Number of Ticket(s)/ Pass(es)			Ticket(s)/	Describe the public purpose made pursuant to the agency's policy		
		· · · · · · · · · · · · · · · · · · ·				
8						
8						
1.	Verification	100 CONT.		II		
	I have read and understand FPPC Regulation	s 18 <u>944.1 and</u>	18942. I have ve	erified that the distribution set fo	rth above, is in accordance with	the requirements.
	/ M M /	Barbara	Garcia	Ticke	t Administrator	7/7/19
	Signature of Agency Head or Designee		Print Nam	e L	Title	(Month, Day, Year)
	Comment:					EDDC Form 900 (4/40)
				F	PPC Toll-Free Helpline: 8	FPPC Form 802 (4/12) 66/ASK-FPPC (866/275-7772)

eremonial Role Events and Tic	Reurass	Distributions		A Public Document
Agency Name			Date Stamp	California Onc
County of Los Angeles				Form 802
Division, Department, or Region (If Applicable	9)	<u> </u>		For Official Use Only
Board of Supervisor, First District				
Designated Agency Contact (Name, Title)				
Barbara Garcia, Ticket Administrator			C Amondment (Must are	Landa and and an in Cont.
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			99	0.00
Does the agency have a ticket policy?	Yes⊠ No		t Each Ticket/Pass \$	
Event Description LA Phil		Date(s) 05	,26 ,19	
Provide Title/Expl.		LA Phi	atessamusemumeemumeemumeemumeemumeemumeemu	ONA MARIANTA MARIA
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: □	Name of Sour	rce
Was ticket distribution made at the behest	No⊠ Yes	If yes:		
of agency official?			Official's Name (La	est, First)
Recipients			y at the second	
Use Section A to identify the agency's department or a section A to identify the agency's department or a section A.	unit. • Use Se	ection B to identify an individu	al. • Use Section C to identif	y an outside organization.
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	o the agency's policy
Staff	2	Per ticket policy 5.3 (	k)	
	7			
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the followin	g
		Ceremonial Role  If checking "Ceremonial	Other Other Other" describe below:	Income
		Ceremonial Role If checking "Ceremonia	Other And Processing Section (1997)	Income
	Number of		THE WAY WHEN THE THE WORLD	
C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	the agency's policy
Verification				
have read understand FPPC Regulations 18944.1 and	18942. I have ve	erified that the distribution set fo	rth above, is in accordance with	the requirements.
Barbara			: Administrator	7/7/19
Signature of Agency Head or Designee	Print Nan	ne E	Title	(Month, Day, Year)
Comment:				

C	eremonial Role Events and Tic	ket/Pass	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 (Name, Title)				
	Barbara Garcia, Ticket Administrator				
	Area Code/Phone Number   E-mail			Amendment (Must p	ovide explanation in Part 3.)
	213-974-4111 bgarcia@bos	lacounty or	οV	Date of Original Filing:	
2	Function or Event Information	acounty.g			(Month, Day, Year)
۷.		🔽	C Comp. Volume	6 F   Ti -	9.00
	Does the agency have a ticket policy?	Yes⊠ No		f Each Ticket/Pass \$	
	Event Description LA Phil Provide Title/Expla		Date(s) 05	,30 ,19	
	Provide Tille/Expir		I A Phi		- WANDAMA
	Ticket(s)/Pass(es) provided by agency?	Yes No	x If no:	Name of Sou	ırce
	Was ticket distribution made at the behest	No⊠ Yes	If yes:		
	of agency official?	140-1162	u nyes.	Official's Name (L	ast, First)
3.	Recipients				
٠.	Use Section A to identify the agency's department or a	unit. • Use Se	ction B to identify an individu	ial. • Use Section C to identi	ify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	promise years of the second	lic purpose made pursuant	* N. S
	Ch. II				
	Staff	2	Per ticket policy 5.3 (	(K)	
	B. Name of Individual	Number of Ticket(s)/		Identify one of the following	na
	(Last, First)	Pass(es)			
			Ceremonial Role	Other	Income
			ir checking Ceremoni	al Role" or "Other" describe below:	
			Ceremonial Role	AND	Income
			If checking "Ceremoni	al Role" or "Other" describe below:	
		Number of			
	Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant t	o the agency's policy
		1 835(63).		sur some ar merupi unda.	
					NEED-COLORINA NO COMPANY OF COMPANY CONTROL OF COMPANY CONTROL OF COMPANY CONTROL OF CON
-					
4.		18042   have	edied that the distribution and	udh ahawa le la aasa da	
	I have read and understand FPPC Regulations 18944.1 and				tne requirements.
Barbara Garcia  Signature of Agency Head or Designee  Print Name				t Administrator	1719
	Signature or rigority rised of Designee	Print Nam		Title	(Month, Day, Year)
	Comment:				
				EDDO TAIL Francisco	FPPC Form 802 (4/12)
			•	FFC IOII-Free Helpline: 86	66/ASK-FPPC (866/275-7772)

- Personal State of the Control of t		mour doc	Distributions		A Public Documen
1. Agency Name	Agency Name				California 802
County of Los Angeles	5				Form OUZ
Division, Department,	or Region (If Applicable		For Official Use Only		
Board of Supervisor, F	irst District				
Designated Agency Co	ontact (Name, Title)				
Barbara Garcia, Ticket	Administrator			Amendment (Must pn	ovido ovalezation in Dest 23
Area Code/Phone Num					ovide explanation in Part 3.)
213-974-4111	bgarcia@bos	s.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
2. Function or Event		-		99	9.00
Does the agency have		Yes⊠ No		f Each Ticket/Pass \$	
Event Description LA P	The second secon		Date(s) 05	,31 ,19	
- 1 12 No. 1	Provide Title/Exp		I A Phi	morphise authorisms of the second	CONTRACTOR
Ticket(s)/Pass(es) prov	ided by agency?	Yes No	If no:	Name of Sou	rce
Was ticket distribution r	made at the behest	No⊠ Yes	☐ If yes:		
of agency official?			, 557.	Official's Name (La	ast, First)
. Recipients					
	e agency's department or	unit. • Use Se	ction B to identify an individu	al. • Use Section C to identif	fy an outside organization.
A. Name of Agency, D	epartment or Unit	Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant t	o the agency's policy
Staff		2	Per ticket policy 5.3 (	k)	
B. Name of Ir		Number of Ticket(s)/ Pass(es)	Ceremonial Role  If checking "Ceremonial	Identify one of the followin  Other  Role" or "Other" describe below:	ig:
			Ceremonial Role If checking "Ceremonia	Other all Role" or "Other" describe below:	Income
C. Name of Outside (Include address a	e Organization and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	o the agency's policy
Verification  Pave real and understand FPF  Signature of Agency Head or  Comment:	Barbara	18942. I have ve a Garcia Print Nam	Ticket	rth above, is in accordance with Administrator Tille	the requirements.  17117  (Month, Day, Year)

	gency Report of: eremonial Role Events and Tic	ket/Pass	Distributions		A Public Documen
1.	Agency Name			Date Stamp	
	County of Los Angeles		Form OUZ		
	Division, Department, or Region (If Applicable	)			For Official Use Only
	Board of Supervisor, First District				
	Designated Agency Contact (Name, Title)	esignated Agency Contact (Name, Title)			
	Barbara Garcia, Ticket Administrator		X 18 18 18 18 18 18 18 18 18 18 18 18 18	Amendment (Must pr	rovide explanation in Part 3 )
1	Area Code/Phone Number E-mail 213-974-4111 bgarcia@bos	lacountre	<b>~</b>	Date of Original Filing:	
		.iacounty.gi	OV	Date of Original Filling.	(Month, Day, Year)
۷.	Function or Event Information  Does the agency have a ticket policy?	v IVI v	T Face Value a	of Each Ticket/Dags C	68.00
	Does the agency have a ticket policy? Yes No Face Value of  Event Description LA Phil  Provide Title/Explanation  Date(s)			of Each Ticket/Pass \$	
	Ticket(s)/Pass(es) provided by agency?	Yes No	✓ If no: LA Phi	The second secon	
	Was ticket distribution made at the behest	তা		Name of Sou	ırce
	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 u	ınit. • Use Se	ction B to identify an Individu	ual. ● Use Section C to identi	ify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Configuration and the Configuration	lic purpose made pursuant	CATEGORIAN SERVICES SANDON CONTRACTOR
	Staff	2	Per ticket policy 5.3	(k)	
	B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the following	<b>1g</b> :
			Ceremonial Role If checking "Ceremon	Other Other Other" describe below:	Income
			Ceremonial Role If checking "Ceremoni	Other Other Other describe below:	Income [
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)		lic purpose made pursuant (	o the agency's policy
J.	Verification				
	Pave read and understand FPPC Regulations 18944.1 and Barbara Signature of Agency Head or Designee		Ticke	orth above, is in accordance with t Administrator Title	the requirements.  117 [1] (Month, Day, Year)

gency Report of: eremonial Role Events and Tic	cket/Pass	s Distributions		A Public Documen
Agency Name			Date Stamp	
County of Los Angeles			1	California 802
Division, Department, or Region (If Applicab	ole)		4	For Official Use Only
Board of Supervisor, First District		www.vigue.commonohii.com/gues/com/synthesis/	1	
Designated Agency Contact (Name, Title)			4	
Barbara Garcia, Ticket Administrator				
Area Code/Phone Number   E-mail			Amendment (Must p	provide explanation in Part 3.)
	s.lacounty.g	ov	Date of Original Filing:	(Month One Vocal
Function or Event Information			ı F	(Month, Day, Year)
Does the agency have a ticket policy?	Yes No	Face Value o	of Each Ticket/Pass \$	68.00
Event Description LA Phil	er e	Date(s) 06	,01 ,19	
Provide Title/Exp	planation	Comment of the Commen		
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: LA Phi	Name of So	urce
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (I	Last, First)
Recipients  • Use Section A to identify the agency's department or	runit. • Use Se	ction B to identify an Individu	12 a Lica Section C to iden	tifu an outcide organization
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	A STREET STREET STREET STREET	lic purpose made pursuant	
Staff	2	Per ticket policy 5.3	(k)	
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng
		Ceremonial Role If checking "Ceremoni	Other	Income
		Ceremonial Role If checking "Ceremoni	Other all Role" or "Other" describe below:	Income
Name of Outside Organization (include address and description)  Nu Ti Pa		Describe the public purpose made pursuant to the agency's policy		
Verification	4 400 40 44			
have read and understand FPPC Regulations 18944.1 and	<u>d 18942. I have ve</u> ra Garcia			the requirements.
Signature of Agency Head or Designee	Print Nam		t Administrator	
	1 7111 198(1)	-	ride	(Month, Day, Year)

C	eremoniai Role Even	is and lic	KevPass	Spistributions		A Public Document
1.	Agency Name		<u> </u>		Date Stamp	California Ong
	County of Los Angeles					Form 802
1	Division, Department, or Reg	ion (If Applicable			For Official Use Only	
	Board of Supervisor, First Dis	strict		Anna de Antonio de Carlos de C		
	Designated Agency Contact	(Name, Title)				
	Barbara Garcia, Ticket Admir	nistrator			Amendment (Must pro	
ſ	Area Code/Phone Number	E-mail				ovide explanation in Part 3.)
	213-974-4111	bgarcia@bos	.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
	Function or Event Infor				16	58.00
	Does the agency have a ticke	t policy?	Yes No		f Each Ticket/Pass \$	
	Event Description LA Phil	Provide Title/Evel		Date(s) 06	,01 ,19	
	T:-11/-1/D/	Provide Title/Expl		I A Phi	Anna anna anna anna anna anna anna anna	A tonaccional auditica de commentante a que en commentante de la commentante del commentante de la com
	Ticket(s)/Pass(es) provided by	y agency?	Yes No	If no:	Name of Soul	rce
	Was ticket distribution made a	t the behest	No⊠ Yes	If yes:	a continue of the continue of	
	of agency official?				Official's Name (La	ast, First)
3.	Recipients				A	
	Use Section A to identify the agency		unit. • Use Se Number of	ction B to identify an individu	al. • Use Section C to identif	y an outside organization.
i	A. Name of Agency, Departme	nt or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
	Staff		2	Per ticket policy 5.3 (	k)	
	B. Name of Individua	ı	Number of Ticket(s)/ Pass(es)		Identify one of the followin	g:
				Ceremonial Role If checking "Ceremonial	Other al Role" or "Other" describe below:	Income 🔲
				Ceremonial Role	Other	Income
				If checking "Ceremonia	al Role" or "Other" describe below:	
L	Name of Outside Organi (include address and desc		Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	o the agency's policy
Г					VIII 200	
F						
. '	Verification		L			
1	have read and understand FPPC Regula	ations 18 <u>944.1 and</u>	18942. I have ve	erified that the distribution set fo	rth above, is in accordance with	the requirements.
_	Muy	Barbara	Garcia	Ticket	Administrator	7/7/19
	Signature of Agency Head or Designee		Print Nam	ne E	Title	(Month, Day, Year)
(	Comment:					
,	JOHNITOHL, L					

Ceremonial Role Events and Tic	ket/Pass	s Distributions		A Public Documen
. Agency Name			Date Stamp	California Ong
County of Los Angeles				Form 802
Division, Department, or Region (If Applicable	<del>)</del>	and the second s	1	, and the same of
Board of Supervisor, First District  Designated Agency Contact (Name, Title)				
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)
. Function or Event Information				(Month, Day, Year)
Does the agency have a ticket policy?	Yes⊠ No	Face Value o	of Each Ticket/Pass \$	9.00
Event Description LA Phil  Provide Title/Expl.	anation	Date(s) 06	,01 ,19	
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 (L	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)/ Pass(es)	german version of the control w	lic purpose made pursuant (	NUMBER OF THE PROPERTY OF THE
Staff	2	Per ticket policy 5.3 (	(k)	
B. Name of Individual	Number of Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the followin	ng:
			al Role" or "Other" describe below:	income <u>-</u>
		Ceremonial Role  If checking "Ceremoni	Other al Role" or "Other" describe below:	Income
C. Name of Outside Organization	Number of			
(include address and description)	Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant t	o the agency's policy
Verification  Nave read and understand FPPC Regulations 18944.1 and	18043 / have w		4.1	
Barbara Barbara Pagnature of Agency Head or Designee		Ticket	t Administrator	7/7/11
Comment:			THE	(Month, Day, Year)

Ceremonial Role Events and Tic	ket/Pass	s Distributions		A Public Documen		
1. Agency Name			Date Stamp	California 802		
County of Los Angeles						
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			Amendment (Must pr	ovide evolunation in Part 21		
Area Code/Phone Number E-mail	- 1			ovide explanation in an 3.7		
213-974-4111   bgarcia@bos	s.iacounty.g	ov	Date of Original Filing:	(Month, Day, Year)		
2. Function or Event Information Does the agency have a ticket policy?		C Com Makes	6 Facilities 199	9.00		
THE PROPERTY OF THE PROPERTY O	Yes⊠ No	year	f Each Ticket/Pass \$			
Event Description LA Phil  Provide Title/Expl	lanation	Date(s) 06	,01 ,119	//		
Ticket(s)/Pass(es) provided by agency?	Name of Source	rce				
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (La			
3. Recipients						
Use Section A to identify the agency's department or		ection B to identify an Individu	al. • 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 t	o the agency's policy		
Staff 2 Per ticket poli		Per ticket policy 5.3 (	3 (k)			
		The tracket policy 3.5 (				
B. Name of Individual	Number of					
(Last, First)	Ticket(s)/ Pass(es)		Identify one of the followin	g:		
		Ceremonial Role  If checking "Ceremonial	Other Dal Role" or "Other" describe below:	Income		
		Ceremonial Role	Other	Income		
		If checking "Ceremonia	al 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				
. Verification		III.				
I have read and Inderstand FPPC Regulations 18944.1 and	18942. I have ve	erified that the distribution set fo	rth above, is in accordance with	the requirements.		
Barbara	a Garcia	Ticket	Administrator	7/7/19		
Signature of Agency Head or Designee	Print Nam	ne	Title	(Month, Day, Year)		
Comment:						

_	gency Name			Date Stamp	California Onc
Co	ounty of Los Angeles				Form OUZ
Di	vision, Department, or Region (If Applicable	<del>)</del> )			For Official Use Only
Вс	oard of Supervisor, First District	- Caware connected to the control of the	The terms of the second of the	1	
D	esignated Agency Contact (Name, Title)				
Ba	arbara Garcia, Ticket Administrator			Clamonders of 44.4	
B	rea Code/Phone Number E-mail				provide explanation in Part 3.)
	3-974-4111 bgarcia@bos unction or Event Information	.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
Tid Wood	LA Phil  Provide Title/Expl  cket(s)/Pass(es) provided by agency?  as ticket distribution made at the behest of agency official?  ecipients  Jse Section A to identify the agency's department or unit	Yes No No Yes  unit. • Use Se  Number of Ticket(s)/	Date(s)  LA Ph  If no:  If yes:	of Each Ticket/Pass \$ Land   19   19   19   19   19   19   19   1	(Last, First)
St	aff	Pass(es)	Per ticket policy 5.3	(k)	
B	Name of Individual (Lest, First)	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon	Identify one of the follow  Other  Other describe below:	ring:
			Ceremonial Role If checking "Ceremon	Other Dial Role" or "Other" describe below:	Income

erification			
	ns 18 <u>944.1 and 18942. I have verified that the</u>	e distribution set forth above, is in accordance with	the requirements.
Who had	Barbara Garcia	Ticket Administrator	7/7/16
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Yes

Ceremonial Role Events and Tic	ket/Pass	s Distributions		A Public Documen
Agency Name			Date Stamp	California QQ2
County of Los Angeles				Form 802
Division, Department, or Region (If Applicable	)			For Official Use Only
Board of Supervisor, First District			1	
Designated Agency Contact (Name, Title)	esignated 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	ov	Date of Original Filing:	(Month, Day, Year)
. Function or Event Information				
Does the agency have a ticket policy?	Yes⊠ No	Face Value o	of Each Ticket/Pass \$	68.00
Event Description LA Phil		Date(s) 06	, 2 , 19	
Provide Title/Expla	anation	LA Phi		
Ticket(s)/Pass(es) provided by agency?	Yes No	If no:	Name of Sou	ırce
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (L	ast, First)
Recipients	· · · · · · · · · · · · · · · · · · ·			
Use Section A to identify the agency's department or I		ction B to identify an individu	al. • 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
Staff	Per ticket policy 5.3 (k)			
	Number of			
B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)		Identify one of the following	ng:
		Ceremonial Role If checking "Ceremoni	Other al Role" or "Other" describe below:	Income
		Ceremonial Role  If checking "Ceremonial	Other all Role" or "Other" describe below:	Income [
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	o the agency's policy
1				
Verification				
have read and understand hPPC Regulations 18944.1 and Barbara		1 1	rth above, is in accordance with Administrator	the requirements.
Signature of Agency Head or Designee	Print Nam	ne	Tille	(Month, Day, Year)
Comment:				
Comment:				

Agency Report of: Ceremonial Role Events and Tick	ket/Pass	s Distributions		A Public Document
1. Agency Name  County of Los Angeles  Division, Department, or Region (If Applicable)	)	·	Date Stamp	California 802 Form 809
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.			Amendment (Must pr	ovide explanation in Part 3.)
2. Function or Event Information			Date of Original Filing:	(Month, Day, Year)
Event Description LA Phil  Provide Title/Expla		Face Value o	,11 ,19	
	Yes No		Name of Soul	ссе
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (La	ast, First)
3. Recipients  • Use Section A to identify the agency's department or u  A. Name of Agency. Department or Unit	nit. • Use Se	a Proposition of the Section No.	Arrier and a system of the realization of	National Services Report to the First
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)		lic purpose made pursuant t	o the agency's policy
Stati	2	Per ticket policy 5.3 (	k)	
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the followin	g:
		Ceremonial Role If checking "Ceremonia	Other al Role" or "Other" describe below:	Income
		Ceremonial Role If checking *Ceremonia	Other all Role" or "Other" describe 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	o the agency's policy
. Verification				
I have read and understand FPPC Regulations 18944.1 and 1 Barbara Signature of Agency Head or Designee		Ticket	rth above, is in accordance with Administrator	the requirements.  77 1 1 (Month, Day, Year)
Comment:		F	PPC Toll-Free Helpline: 860	FPPC Form 802 (4/12) 6/ASK-FPPC (866/275-7772)

Ceremonial Role Events and Tid	cket/Pas	s Distributions		A Public Document		
1. Agency Name		Date Stamp	California Ono			
County of Los Angeles				Form 802		
Division, Department, or Region (If Applicable	le)			For Official Use Only		
Board of Supervisor, First District			1			
Designated Agency Contact (Name, Title)	Designated Agency Contact (Name, Title)					
Barbara Garcia, Ticket Administrator						
Area Code/Phone Number E-mail			Amendment (Must pr	ovide explanation in Part 3.)		
213-974-4111 bgarcia@bo	s.lacounty.g	IOV	Date of Original Filing:	(Month, Day, Year)		
2. Function or Event Information	2		90	9.00		
Does the agency have a ticket policy?	Yes 🗵 No		of Each Ticket/Pass \$	7.00		
Event Description LA Phil		Date(s) 06	, 11 , 19			
Provide Tille/Exp		I A Phil				
Ticket(s)/Pass(es) provided by agency?	Yes No	If no:	Name of Source  Official's Name (Last, First)			
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:				
3. Recipients						
Use Section A to identify the agency's department or	unit. • Use Se	ection B to identify an individu	al. • Use Section C to identif	y an outside organization.		
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o 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 followin	g:		
		Ceremonial Role If checking "Ceremonia	Other Other Other describe below:	Income		
		Ceremonial Role	Other all Role" or "Other" describe 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		
. Verification		AT .				
I have read and unders and FPPC Regulations 18944.1 and	18942. I have ve	erified that the distribution set for	rth above, is in accordance with i	the requirements.		
Signature of Agency Head or Designee	a Garcia Print Nam		Administrator	7 7 (19 (Month, Day, Year)		
				(WORLD, Day, real)		
Comment:						

eremonial Role Events and Tic	ket/Pass	s Distributions		A Public Documen		
. Agency Name			Date Stamp	D. B.		
County of Los Angeles			Blackplot COPPER 1 COP The Bit As Select 1991 Tex	Form 802		
Division, Department, or Region (If Applicable	e)			For Official Use Only		
Board of Supervisor, First District	OCCUPATION OF THE VALUE OF THE	and the second s				
Designated Agency Contact (Name, Title)	Designated Agency Contact (Name, Title)					
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)		
Function or Event Information			1,	58.00		
Does the agency have a ticket policy?	Yes⊠ No	The state of the s	of Each Ticket/Pass \$ 100.00			
Event Description LA Phil Provide Title/Expl.	anation	Date(s) 06 12 19				
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 (L			
Recipients						
Use Section A to identify the agency's department or it.		ection B to identify an individu	al. • 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	lic purpose made pursuant (	o the agency's policy		
Staff	2	Per ticket policy 5.3 (	k)			
B. Name of Individual	Number of					
(Last, First)	Ticket(s)/ Pass(es)		Identify one of the following	g:		
		Ceremonial Role If checking "Ceremonial III	Other al Role" or "Other" describe below:	income		
		Ceremonial Role	Other Dal Role" or "Other" describe below:	Income		
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the publ	ic purpose made pursuant t	p the agency's policy		
(motute address and description)	Pass(es)					
Verification		III				
have read and understand EPPC Regulations 18944.1 and Barbara Signature of Agency Head or Designee	Garcia	Ticket	Administrator	the requirements.		
- Servey room or posignee	Print Nam	IG	Title	(Month, Day, Year)		
Comment:						

Agency Report of: Ceremonial Role Events and Tick	ket/Pass	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 (Name, Title)	***************************************			
Barbara Garcia, Ticket Administrator				1
Area Code/Phone Number   E-mail			Amendment (Must pr	ovide explanation in Part 3.)
213-974-4111 bgarcia@bos.	lacounty.go	ov	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information		- I		
Does the agency have a ticket policy?	Yes No	Face Value o	f Each Ticket/Pass \$	9.00
Event Description LA Phil	The state of the s	Date(s) 06	,12 19	
Provide Title/Explai	nation			
Ticket(s)/Pass(es) provided by agency?	Yes No	⋉ If no: LA Phil	The second secon	
18/a- Kalada distribution and a color of the color		200000000000000000000000000000000000000	Name of Sou	rce
Was ticket distribution made at the behest of agency official?	No  ✓ Yes	lf yes:	Official's Name (L.	ast First)
3. Recipients				
Vectories     Use Section A to identify the agency's department or use.	nit. • Use Se	ction B to identify an Individu	al. • Use Section C to identi	fy an outside organization
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	profit profit to the control of	ic purpose made pursuant (	Name of the State
Staff	2	Per ticket policy 5.3 (	k)	
B. Name of Individual (Lest, First)	Number of Ticket(s)/ Pass(es)		Identify one of the following	ig:
		Ceremonial Role If checking "Ceremonia	Other Dal Role" or "Other" describe below:	Income
		Ceremonial Role	Other Day Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant t	o the agency's policy
4. Verification				
I have read and understand FPPC Regulations 18944.1 and 1 Barbara	Garcia	Ticket	Administrator	the requirements.
Signature of Agency Head or Designee  Comment:	Print Nam	ee	Title	(Month, Day, Year)

. Ac	gency Name			Date Stamp	California OOO
	unty of Los Angeles				Form 8U2
Div	ision, Department, or Region (If Applicable	9)		4	For Official Use Only
	ard of Supervisor, First District				
Bar	bara Garcia, Ticket Administrator			<u> </u>	
	a Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
213	-974-4111 bgarcia@bos	.lacounty.go	οV	Date of Original Filing:	(Month, Day, Year)
Eve Tick Was	nction or Event Information es the agency have a ticket policy? ent Description LA Phil  Provide Title/Expl.  set(s)/Pass(es) provided by agency? es ticket distribution made at the behest agency official?  cipients	Yes⊠ No  anation  Yes□ No  No⊠ Yes	Date(s) 06	of Each Ticket/Pass \$	
A.	e Section A to identify the agency's department or  Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	and the state of t	olic purpose made pursuant	TANA DEPOSIT SERVICE CONTRA
B.	Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the followly Other Identify one of the followly	ng:
			Ceremonial Role If checking "Ceremon	Other Other Other describe below:	Income
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant (	to the agency's policy

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 Barbara Garcia Ticket Administrator 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 (866/275-7772)

A Public Document
California 802
Form OUZ
For Official Use Only
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identify an outside organization.
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Illowing: Income
Income
uant to the agency's policy
te with the requirements.  177   16  (Month, Day, Year)
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C	eremonial Role Event	ts and Tic	ket/Pass	Distributio	ns		A Public Document	
1.	Agency Name			· · · · · · · · · · · · · · · · · · ·		Date Stamp	California 802	
	County of Los Angeles						Form OUZ	
	Division, Department, or Regi	on (If Applicable	e)				For Official Use Only	
	Board of Supervisor, First Dis	trict	and the second s	Marie Bullet Style 122 Man 22 Maries 110000				
	Designated Agency Contact (							
	Barbara Garcia, Ticket Admin							
		E-mail				Amendment (Must p	rovide explanation in Part 3.)	
		bgarcia@bos	s lacounty de	ov		Date of Original Filing:		
2	Function or Event Inform	L COMMENT	- Independently 19				(Month, Day, Year)	
۷.	Does the agency have a ticket		V	Π Face \/	alua at	Each Ticket/Pass \$	68.00	
	and the second control of the second control	policy:	Yes⊠ No		£			
	Event Description LA Phil Date(s)			06	, 16 , 19			
	A Ph				A Phil		Annatoria	
	Ticket(s)/Pass(es) provided by agency? Yes No⊠ If no:					Name of Sou	irce	
	Was ticket distribution made at	the behest	No⊠ Yes	If yes:				
	of agency official?		140-1105	i yes. E		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 i	individua	al. • Use Section C to identi	ify an outside organization.	
	A. Name of Agency, Departmen	Number of Ticket(s)/ Pass(es)	In the park of the second	Sec. 15 34.	c purpose made pursuant	CNOWN THE CONTRACTOR OF THE		
	Staff		2	Per ticket policy	<)			
						7		
			Number of			- William		
	B. Name of Individual		Ticket(s)/ Pass(es)			Identify one of the following	ng:	
			1 1 235(48)	Ceremonial	Role	Other 🔲	Income 🔲	
				0.00 pr week was		Role" or "Other" describe below:	income []	
				Ceremonial	CANCELLE PROPERTY PROPERTY IN		Income	
1				if checking *C	Ceremonia	Role" or "Other" describe below:		
1								
		Sec. 1	Number of		75 19 S	- Programme and State of the St		
	Name of Outside Organia (include address and desc		Ticket(s)/ Pass(es)	Describe th	ne publi	public purpose made pursuant to the agency's policy		
			F 455(65)		11 1676	ing formula at the late of the late.	and order of the section of	
						The second of th		
١.	Verification							
1	Thave read and understand FPPC Regula	E-const		1 1			the requirements.	
1	Inon of	Barbara	a Garcia		Ticket	Administrator	17/7/19	
	Signature of Agency Head or Designee		Print Nam	e		Title	(Month, Day, Year)	
	Commont							
	Comment:		1 - 1				FPPC Form 802 (4/12)	
					FF	PPC Toll-Free Helpline: 86	66/ASK-FPPC (866/275-7772)	

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)				
Board of Supervisor, First District	Number State		1		
Designated Agency Contact (Name, Title)					
Barbara Garcia, Ticket Administrator					
Area Code/Phone Number E-mail	Amendment (Must pr	ovide explanation in Part 3.)			
213-974-4111 bgarcia@bos	213-974-4111 bgarcia@bos.lacounty.gov			(Month, Day, Year)	
2. Function or Event Information					
Does the agency have a ticket policy?	Yes⊠ No	Face Value o	of Each Ticket/Pass \$	58.00	
Event Description LA Phil		Date(s) 06	, 16 , 19		
Provide TitlerExpl	anation	LA Phi	Annua An		
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: □	Name of Sou	rce	
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (La	ast, First)	
3. Recipients				<b>—————————————————————————————————————</b>	
Use Section A to identify the agency's department or		ection B to identify an individu	al. • 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	lic purpose made pursuant t	o the agency's policy	
Staff	2	Per ticket policy 5.3 (	k)		
B. Name of Individual	Number of Ticket(s)/		Identify one of the followin		
(Last, First)	Pass(es)	Ceremonial Role	Other	Income	
		If checking "Ceremoni.	al Role" or "Other" describe below:		
		Ceremonial Role  If checking "Ceremonial	Other al Role" or "Other" describe below:	Income	
C. Name of Outside Organization	Number of .		ाम् क्रिक्ट स्टब्स्ट स्टब्स्ट स्टब्स्ट्रास		
(include address and description)	Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant f	o the agency's policy	
. Verification					
Signature of Agency Head or Designee	Garcia	Ticket	Administrator	7/7/19	
Signature of Agency read of Designee	Print Nan	ne	Title	(Month, Day, Year)	
Comment:					

Country of Los Angeles   Division, Department, or Region ((r Applicable)	Ceremoniai Role Ev	ents and Hc	KetrPass	Sustributions		A Public Document
County of Los Angeles   Division, Department, or Region (if Applicable)	1. Agency Name				Date Stamp	California Ono
Board of Supervisor, First District  Designated Agency Contact (Name, Title)  Barbara Garcia, Ticket Administrator  Area Godd/Phone Number  Lamail  Dast of Original Filing:  (Monn, Day, Year)  Function or Event Information  Does the agency have a ticket policy?  Yes No  Face Value of Each Ticket/Pass \$  168.00  Dete(s)  Face Value of Each Ticket/Pass \$  168.00  If yes:  Official's Name (Last, First)  Annual filing:  Was ticket distribution made at the behest No. Yes If yes:  Official's Name (Last, First)  Annual filing:  Was ticket distribution made at the behest No. Yes If yes:  Official's Name (Last, First)  Describe the public purpose made pursuant to the agency's policy Pass(s)  Face Value of Each Ticket Administrator  Number of Ticket(s)  Taket(s)  Pass(s)  Describe the public purpose made pursuant to the agency's policy  Pass(s)  Describe the public purpose made pursuant to the agency's policy  Pass(s)  Describe the public purpose made pursuant to the agency's policy  Pass(s)  Describe the public purpose made pursuant to the agency's policy  Pass(s)  Describe the public purpose made pursuant to the agency's policy  Fass(s)  Pass(s)  Describe the public purpose made pursuant to the agency's policy  Pass(s)  Fass(s)  Pass(s)  Describe the public purpose made pursuant to the agency's policy  Fass(s)  F	County of Los Angeles					
Barbara Garcia, Ticket Administrator	Division, Department, or I					For Official Use Only
Barbara Garcia, Ticket Administrator  Area Code/Phone Number 213-974-4111   bgarcia-goode-bools   bgarcia-good	Board of Supervisor, First	District				
Area Code/Phone Number	Designated Agency Conta	act (Name, Title)				
Date of Original Filing: (Month, Day, Year)	Barbara Garcia, Ticket Ad	ministrator	C Amendment (Must ex	mydd gyrlandiau ir Cart 2 \		
2. Function or Event Information  Does the agency have a ticket policy? Yes No   Describe the public purpose made pursuant to the agency's policy  Provide Tritle/Explanation  Ticket(s)/Pass(es) provided by agency? Yes No   No   If no:   LA Phil   Name of Source.    Was ticket distribution made at the behest of agency official?   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   Ticket(s)   Describe the public purpose made pursuant to the agency's policy   Pass(es)    Staff   2   Per ticket policy 5.3 (k)    B. Name of Individual   Number of Ticket(s)   Ticket(						
Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$    Event Description   LA Phil		ال	.lacounty.g	ov	(Month, Day, Year)	
Event Description   A Phil   Provide Title/Explanation   Ticket(s)/Pass(es) provided by agency?   Yes   No   If no:					116	58.00
Ticket(s)/Pass(es) provided by agency?  Was ticket distribution made at the behest of agency official?  Recipients  Use Section A to identify the agency's department or unit.  Use Section B to identify an individual.  Use Section A to identify an individual.  Name of Agency, Department or Unit.  Staff  2 Per ticket policy 5.3 (k)  B. Name of Individual (Last, Fin)  Name of Individual (Last, Fin)  Number of Ticket(s)/ Pass(es)  Pass(es)  Ceremonial Role Other Income Income Inchested Ceremonial Role Other Income Inchested Ceremonial Role Other Department or Ticket(s)/ Pass(es)  Ceremonial Role Other Income Inchested Ceremonial Role Other Other deached below:  Ceremonial Role Other Other deached below:  Ceremonial Role Other Other of Ticket(s)/ Pass(es)  Ceremonial Role Other Other deached below:  Ceremonial Role Other Other of Ticket(s)/ Pass(es)  Ceremonial Role Other Other Other of Ticket(s)/ Pass(es)  Ceremonial Role Other Other Other Other of Ticket(s)/ Pass(es)  Ceremonial Role Other Othe	gramma and an analysis		Yes≌ No		f Each Ticket/Pass \$	
Ticket(s)/Pass(es) provided by agency?  Was ticket distribution made at the behest of agency official?  Recipients  Use Section A to identify the agency's department or unit.  Use Section B to identify an individual.  Use Section A to identify an individual.  Use Section B to identify an individual.  Use Section C to identify one of the following:  Pass(es)  Describe the public purpose made pursuant to the agency's policy  Pass(es)  Ceremonial Role Other Income Inchested Companization (Include address and description)  Number of Inchested Ceremonial Role Other Other describe below.  Ceremonial Role Other Income Inchested Ceremonial Role Other Other describe below.  Ceremonial Role Other Other describe below.  Ceremonial Role Other Other Other describe below.  Ceremonial Role Other Other describe below.  Ceremonial Role Other Other Other describe below.  Ceremonial Role Other	Event Description LA Phil	The state of the s	anation	Date(s) 06	,16 ,19	
Mass ticket distribution made at the behest of agency official?  No∑ Yes	Ticket(s)/Pass(es) provide			I A Phi		
Recipients  - Use Section A to identify the agency's department or unit.  - Use Section B to identify an individual.  - Name of Agency, Department or Unit  - Number of Ticket(s)  - Per ticket policy 5.3 (k)  - Per ticket policy 5.3 (k)  - B. Name of Individual  - Income if the the individual (last Fray)  - Pass(es)  - Ceremonial Role   Other   Income if the the public purpose made pursuant to the agency's policy  - Pass(es)  - Ceremonial Role   Other   Income if the the public purpose made pursuant to the agency's policy  - Ceremonial Role   Other   Income if the the public purpose made pursuant to the agency's policy  - Ceremonial Role   Other   Income if the the public purpose made pursuant to the agency's policy  - Pass(es)  - Verification  - Verification  - Pass(es)  - Verification  - Pass(es)					Name of Sou	rce
**Name of Agency, 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   Pass(es)    **B. Name of Individual   Number of   Ticket(e)   Pass(es)    **B. Name of Individual   Number of   Ticket(e)   Pass(es)    **Ceremonial Role   Other   Income   I		de at the behest	No⊠ Yes	If yes:	Official's Name (I	act Eiroth
Use Section A to identify the agency's department or unit.  A. Name of Agency, Department or Unit    Number of Ticket(s)   Describe the public purpose made pursuant to the agency's policy	***	* <del></del>			Official's Name (L	asi, Filsij
A. Name of Agency, Department or Unit    Ticket(s)    Pass(es)     Per ticket policy 5.3 (k)   B. Name of Individual (Last, Frail)     Pass(es)     Ceremonial Role   Other   Income     If checking "Coremonial Role or "Other describe below:   Ceremonial Role   Other   Income     If checking "Coremonial Role or "Other describe below:   Ceremonial Role   Other   Income     If checking "Coremonial Role or "Other describe below:   Ceremonial Role   Other   Income     If checking "Coremonial Role or "Other describe below:   Ceremonial Role   Other   Income     If checking "Coremonial Role or "Other describe below:   Ceremonial Role   Other   Income     If checking "Coremonial Role or "Other describe below:   Ceremonial Role   Other   Income     If checking "Coremonial Role or "Other describe below:   Ceremonial Role   Other   Income     If checking "Coremonial Role or "Other describe below:   Ceremonial Role   Other   Income     If checking "Coremonial Role or "Other describe below:   Ceremonial Role   Other   Income     If checking "Coremonial Role or "Other describe below:   Ceremonial Role   Other   Income     If checking "Coremonial Role or "Other describe below:   Ceremonial Role   Other   Income     If checking "Coremonial Role or "Other describe below:   Ceremonial Role or "Other describe below:   Describe the public purpose made pursuant to the agency's policy     Ceremonial Role or "Other describe below:		gency's department or i	unit. • Use Se	ection B to identify an Individu	al. • Use Section C to identi	fv an outside organization.
B. Name of Individual 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:    Ceremonial Role   Other   Income     If checking 'Ceremonial Role' or 'Other' describe below:    Ceremonial Role   Other   Income     Inc			Number of Ticket(s)/	the straight of the straight o		NAMES OF THE PROPERTY OF THE PARTY.
Ceremonial Role   Other   Income   In	Staff		2	Per ticket policy 5.3 (	(k)	
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  Pass(es)  Verification  Name of Outside Organization (include address and description)  Pass(es)  Describe the public purpose made pursuant to the agency's policy  Pass(es)  Ticket Administrator  Ticket Administrator	B. Name of Indiv	idual	Ticket(s)/	The second secon	Other	
(Include address and description)  Ticket(s)/ Pass(es)  Describe the public purpose made pursuant to the agency's policy  Pass(es)  Verification  Pass read and onderstand EPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.  Barbara Garcia  Ticket Administrator				AND CONTROL OF CONTROL	- New Colonia III	Income
have read and inderstand EPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.  Barbara Garcia  Ticket Administrator	C. Name of Outside Organization (include address and description)		Ticket(s)/	Describe the publ	ic purpose made pursuant t	o the agency's policy
Page read and onderstand EPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.    Ticket Administrator   17111						
Page read and inderstand EPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.    Ticket Administrator   17111						
Barbara Garcia Ticket Administrator				•		The second secon
	( aron of	Barbara	Garcia	Ticket	Administrator	7/7/19
Comment:	producers of a state of the sta				rue	(Month, Day, Year)

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California On 2
County of Los Angeles	10000000000000000000000000000000000000	Form 802		
Division, Department, or Region (If Applicable	e)			For Official Use Only
Board of Supervisor, First District		and the second s	1	
Designated Agency Contact (Name, Title)				
Barbara Garcia, Ticket Administrator				
Area Code/Phone Number   E-mail			Amendment (Must pr	ovide explanation in Part 3.)
2. Function or Event Information			Date of Original Filing:	(Month, Day, Year)
Does the agency have a ticket policy?	🖾	C Face Velice -	6 F   Tiel - +   P   99	9.00
	Yes≚ No		of Each Ticket/Pass \$	
Event Description LA Phil		Date(s) 06	, 16 , 19	
Provide Title/Expl		I Δ Phi		or made a state manus
Ticket(s)/Pass(es) provided by agency?	Yes No	ĭ If no:	Name of Sou	Irce
Was ticket distribution made at the behest	No⊠ Yes	T If was		
of agency official?	140 E 162	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	ıal. • Use Section C to identi	fv an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	A CONTRACTOR OF THE PARTY OF TH	lic purpose made pursuant i	TO Day THE COLD SHEET TO THE PERSON
C. ((				
Staff	2	Per ticket policy 5.3 (	(k)	
		4		
B. Name of Individual	Number of Ticket(s)/			
(Lest, First)	Pass(es)		Identify one of the following	1 <b>g:</b>
		Ceremonial Role	Other	Income [
		If checking "Ceremoni	al Role" or "Other" describe below:	
		Communial Data	T & IT	
		Ceremonial Role  If checking "Ceremonial  If checking "Ceremonial Role of the Ceremonial Ro	Other  al Role" or "Other" describe below:	Income
	lr			
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		
		***		
l. Xerification				
I have read and understand FPPC Regulations 18 <u>944.1 and</u>	18942. I have ve	erified that the distribution set to	th shove is in eccordance	the requirements
\	a Garcia		t Administrator	ure requirements.
Signature of Agency Head or Designee	Print Nam		The state of the s	
Assessed in Designee	rincivam	ic	Title	(Month, Day, Year)
Comment:				
1				FPPC Form 802 (4/12)
		F	PPC Toll-Free Helpline: 86	66/ASK-FPPC (866/275-7772)