eremonial Role Events and Ticl	ket/Pass	Distributions		A Public Document
Agency Name			Date Stamp	California 802
County of Los Angeles				r om
Division, Department, or Region (If Applicable,)			For Official Use Only
Board of Supervisor, First District				
Designated Agency Contact (Name, Title)				
Barbara Garcia, Ticket Administrator				L
Area Code/Phone Number E-mail		The state of the s	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	09X	1900000	45	5.00
A STATE OF THE STA	Yes 🗵 No	Face Value o	of Each Ticket/Pass \$	
Event Description Dodgers		Date(s) 6	,13 ,2019	
Provide Title/Expla	nation	Dodge	are	
Ticket(s)/Pass(es) provided by agency?	Yes No	If no:	Name of Soul	rce
Was ticket distribution made at the behest	No⊠ Yes	If yes:		- CONTROL STATE OF THE STATE OF
of agency official?	NO Pies	i i yes,	Official's Name (La	ast, First)
Recipients				
Use Section A to identify the agency's department or u		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 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	g:
	Pass(es)	Ceremonial Role If checking "Ceremon	Other ial Role" or "Other" describe below:	Income
		Ceremonial Role If checking "Ceremon	Other Lial 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	o the agency's policy
Verification /	l			
I have read and understand FPPC Regulations 18944.1 and		1 1		the requirements.
Barbara	Garcia	Ticke	t Administrator	07/16/2019
Signature of Agency Head or Designee	Print Nan	ne	Title	(Month, Day, Year)
Comment:				

Ceremoniai Role Events	and lickeupas	SDISTIBUTIONS		A Public Document
1. Agency Name			Date Stamp	California 802
County of Los Angeles				Form OUZ
Division, Department, or Region	(If Ápplicable)		1	For Official Use Only
Board of Supervisor, First Distric	t		1	
Designated Agency Contact (Nam	ne, Title)			
Barbara Garcia, Ticket Administr	ator			
	mail	The second secon	Amendment (Must pro	vide explanation in Part 3.)
213-974-4111 bg	arcia@bos.lacounty.g	Jov	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information			45	.00
Does the agency have a ticket po	licy? Yes⊠ No		of Each Ticket/Pass \$	
Event Description Dodgers	vida Tilla (Turlandia)	Date(s) 6	, 14 , 2019	
	vide Title/Explanation	Dodge	ers	
Ticket(s)/Pass(es) provided by ag	ency? Yes No	If no:	Name of Sour	ce
Was ticket distribution made at the	e behest No X Yes	s If yes:		
of agency official?			Official's Name (La	st, First)
3. Recipients				
Use Section A to identify the agency's default.	Number of	y the sale who is the common to	And the late of the large of the late of t	Nyth Charles Sept 4 in Charles
A. Name of Agency, Department of	r 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 following	g
		Ceremonial Role If checking "Ceremon	Other islander or "Other" describe below:	Income
		Ceremonial Role If checking "Ceremoni	Other Land of the control of the con	Income 🔲
Name of Outside Organization (include address and descript		Describe the pub	lic purpose made pursuant to	the agency's policy
. Verification				
I have read and understand FPPC Regulation				
Signature of Agency Head or Designee	Barbara Garcia		t Administrator	07/16/2019
Signature of Agency Head or Designee	Print Na	me	Title	(Month, Day, Year)
Comment:				

County of Los Angeles Division, Department, or Region (If Applicable) Board of Supervisor, First District Designated Agency Contact (Name, Tibe) Barbara Garcia, Ticket Administrator Area Code/Phone Number Lemail 213-974-4111 bgarcia@bos.lacounty.gov Provide TitleExplanation Does the agency have a ticket policy? Yes\ No\ Provide TitleExplanation Ticket(s)/Pass(es) provided by agency? Yes\ No\ Yes\ If no Dodgers Was ticket distribution made at the behest of agency official? Recipients - Vas 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. Number of Ticket(s)/ Pass(es) Staff 2 Per ticket policy 5.3 (k) B. Name of Individual (Last reg) Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Corremonal Role Other Section below. Corremonal Role Other Section below.	Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
Board of Supervisor, First District Designated Agency Contact (Name, Title)	1. Agency Name			Date Stamp	California Q02
Board of Supervisor, First District Dosignated Agency Contact (Name, Trile) Barbara Garcia, Ticket Administrator Area Code/Phone Number E-mail 213-974-4111 bgarcia@bos.lacounty.gov Date of Original Filing: (Monn, Day, Yeer) 2. Function or Event Information Does the agency have a ticket policy? Yes No Event Description Dodgers Frowlet TineExplanetion Ticket(s)/Pass(es) provided by agency? Yes No Was ticket distribution made at the behest of agency official? Official's Name (Last, First) 3. Recipients S. Recipients S. Recipients S. Les 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 Pass(es) Describe the public purpose made pursuant to the agency's policy Frace(es) Describe the public purpose made pursuant to the agency's policy Frace(es) Describe the public purpose made pursuant to the agency's policy Frace(es) Describe the public purpose made pursuant to the agency's policy Frace(es) Describe the public purpose made pursuant to the agency's policy Frace(es) Describe the public purpose made pursuant to the agency's policy Frace(es) Describe the public purpose made pursuant to the agency's policy Frace(es) Describe the public purpose made pursuant to the agency's policy Frace(es) Describe the public purpose made pursuant to the agency's policy Frace(es) Describe the public purpose made pursuant to the agency's policy Frace(es) Describe the public purpose made pursuant to the agency's policy Frace(es) Describe the public purpose made pursuant to the agency's policy Frace(es) Describe the public purpose made pursuant to the agency's policy Frace(es) Describe the public purpose made pursuant to the agency's policy Frace(es) Describe the public purpose made pursuant to the agency Frace	County of Los Angeles			1700	Form OUZ
Designated Agency Contact (Name, Title)		e)			For Official Use Only
Barbara Garcia, Ticket Administrator Area Goda/Phone Number E-mail Date of Original Filling: (Menth, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass Event Description Dodgers Provide Title-Explanation Pass Ticket(s)/Pass(es) provided by agency? Yes No Yes If no Dodgers Was ticket distribution made at the behest of agency official? Official's Name (Last, First) 3. Reciplents 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) B. Name of Individual Number of Ticket(s)/Pass(es) Other Identify one of the following: Everance Pass Other Other Identify one of the following: Covernoois Role Other Identify one of the following: Covernoois Role	Board of Supervisor, First District				
Amendment (Must provide evabalation in Part 3) 21.3-79.4.4111	Designated Agency Contact (Name, Title)				
Area Code/Phone Number Email Digaricajebos.lacounty.gov Date of Original Filing: (Month, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass Event Description Dodgers Dodgers Date(s) 6 15 2019 Event Description Dodgers Date(s) 6 15 2019 Ticket(s)/Pass(es) provided by agency? Yes No	Barbara Garcia, Ticket Administrator	***************************************			
2. Function or Event Information Does the agency have a licket policy? Event Description Provide TitleExplanation Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official? 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) Staff 2 Per ticket policy 5.3 (k) B. Name of Individual Authorized Ticket(s)/ Pass(es) Ceremonial Role C	Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
Does the agency have a ticket policy? Event Description Dodgers	213-974-4111 bgarcia@bos	s.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
Event Description Dodgers Provide TitleExplanation Dodgers Provide TitleExplanation Dodgers Provide TitleExplanation Ticket(s)/Pass(es) provided by agency? Yes No If no: Dodgers Dodg	2. Function or Event Information			7	5 00
Ticket(s)/Pass(es) provided by agency? Yes No Income Incom	Does the agency have a ticket policy?	Yes⊠ No	Face Value o	f Each Ticket/Pass \$	5.00
Ticket(s)/Pass(es) provided by agency? Yes No Income Incom	Event Description Dodgers		Date(s) 6	,15 ,2019	
Was ticket distribution made at the behest of agency official? 3. Recipients ■ Use Section A to identify the agency's department or unit. A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(s) Staff 2. Per ticket policy 5.3 (k) B. Name of Individual (ast Prio) Ceremonial Role Other Income	Flovide MiterExp.		Dodge	ers	
A. Name of Agency, Department or Unit Staff 2 Per ticket policy 5.3 (k) B. Name of Individual (Leat, Fing) Number of Ticket(s) Pass(es) B. Name of Individual (Leat, Fing) Number of Ticket(s) Pass(es) Ceremonial Role Other Income Income Income Income Include address and description) 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 Income In				Name of So	IFCO
Use Section A to identify the agency's department or unit. A. Name of Agency, Department or Unit Number of Describe the public purpose made pursuant to the agency's policy Pass(es)		No Ľ Yes	If yes:	Official's Name (L	.ast, First)
A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es)	3. Recipients				
Staff 2 Per ticket policy 5.3 (k) B. Name of Individual Number of Ticket(s) Pass(es) Ceremonial Role Other Income Inco			g kalangan Kapatan an Pendagan Ng	are recent of said and reach	TANK PRODUCES OF STREET
B. Name of Individual Ceremonial Role Other Income Identify one of the following:	A. Name of Agency, Department or Unit	Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
Ceremonial Role Other Income In	Staff	2	Per ticket policy 5.3	(k)	
Ceremonial Role Other Income In					
Ceremonial Role Other Income Income Inchecking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income Income Inchecking "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	B. Name of Individual	Ticket(s)/		Identify one of the followi	ng:
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) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Print Name Title (Month, Day, Year)					Income
Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Ticket(s)/ Pass				Control of the Contro	Income
Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Ticket(s)/ Pass		Number of			
Signature of Agency Head or Designee Barbara Garcia Print Name Title Title Title (Month, Day, Year)		Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
Signature of Agency Head or Designee Barbara Garcia Print Name Title Title Title (Month, Day, Year)					
Signature of Agency Head or Designee Barbara Garcia Print Name Title Title Title (Month, Day, Year)				Manuscone and American Manuscone American and an american separation and an analysis of a separation and an am	
Barbara Garcia Ticket Administrator 07/16/2019 Signature of Agency Head or Designee Print Name Title (Month, Day, Year)			-14		
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)			erified that the distribution set fo	orth above, is in accordance wit	h the requirements.
(monin, et, real)	Barbar	a Garcia	Ticke	t Administrator	07/16/2019
Comment:	Signature of Agency Head or Designee	Print Nan	ne	Title	(Month, Day, Year)
	Comment:				

ocicinomai Noic Events and Tie	NCUI ass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
County of Los Angeles				Form OUZ
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				
Area Code/Phone NumberE-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			45	5.00
Does the agency have a ticket policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$.00
Event Description Dodgers		Date(s) 6	, 16 , 2019	
Provide Title/Expl	anation			
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: Dodge	Name of Sour	rce
Was ticket distribution made at the behest	No⊠ Yes			Militar anno anno anno anno anno anno anno an
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	unit. • Use Se	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)/ Pass(es)	Describe the pub	lic purpose made pursuant to	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 followin	g:
		Ceremonial Role If checking "Ceremon	Other describe below:	Income
		Ceremonial Role	Other	Income
		ії спескіпд "Сегетоп	ial Role" or "Other" describe below:	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	o the agency's policy
-				
4. Verification		- W		
/flave read and understand FPPC Regulations 18944.1 and				
Much	a Garcia		t Administrator	07/16/2019
Signature of Agency Head or Designee	Print Nan	пе	Title	(Month, Day, Year)
Comment:	100			

Seremonial Note Event	s and no	Neur ass	Distributions		A Public Documen
. Agency Name				Date Stamp	California 802
County of Los Angeles					TOIM -
Division, Department, or Regio	n (If Applicable))			For Official Use Only
Board of Supervisor, First Dist	rict		a dente a communication de la Albania Indonesia Indonesia Indonesia Indonesia Indonesia Indonesia Indonesia In		
Designated Agency Contact (N	ame, Title)				
Barbara Garcia, Ticket Admini	strator			C Amandment (Must away	Lucido avalantina in Dad 21
	E-mail			Amendment (Must pro	ovide explanation in Part 3.)
	ogarcia@bos.	lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
. Function or Event Inform				45	5.00
Does the agency have a ticket	policy?	Yes⊠ No	Face Value o	f Each Ticket/Pass \$.00
Event Description Dodgers			Date(s) 6	,17 ,2019	
	Provide Title/Expla		Dodge	rs	The state of the s
Ticket(s)/Pass(es) provided by	agency?	Yes No	If no:	Name of Sour	ce
Was ticket distribution made at	the behest	No⊠ Yes	If yes:		
of agency official?			,	Official's Name (La	st, First)
. Recipients					
Use Section A to identify the agency's	department or u	nit. • Use Se	ction 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)	
B. Name of Individual		Number of Ticket(s)/			
(Last, First)		Pass(es)		Identify one of the followin	9 :
			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
	SALES AND SALES				
C. Name of Outside Organiz (include address and descr		Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant to	the agency's policy
Verification					
I have read and understand FPPC Regulati	E .				
amony	Barbara			t Administrator	07/16/2019
Signature of Agency Head or Designee		Print Nam	ne	Title	(Month, Day, Year)
Comment:					

Seremoniai Role Events and	lickevPass	Sustributions		A Public Documen
I. Agency Name			Date Stamp	California 802
County of Los Angeles				Form OUZ
Division, Department, or Region (If App	plicable)		2	For Official Use Only
Board of Supervisor, First District		And and a second	1	
Designated Agency Contact (Name, Title	e)]	
Barbara Garcia, Ticket Administrator			Amendment (Must p	myide explanation in Part 2.1
Area Code/Phone Number E-mail		MASS TRANSPORT AND THE TRANSPO		Ovide explanation in Fait 3.)
	@bos.lacounty.g	lov	Date of Original Filing:	(Month, Day, Year)
. Function or Event Information	-	–	4	5.00
Does the agency have a ticket policy?	Yes ≚ No		of Each Ticket/Pass \$	
Event Description Dodgers	itle/Explanation	Date(s) 6	,18 ,2019	
		Dodge	ers	minimine and a superior of the
Ticket(s)/Pass(es) provided by agency	[?] Yes□ No	If no:	Name of So	urce
Was ticket distribution made at the bel	nest No⊠ Yes	If yes:	and the second	in 4. Mar communication 4.1
of agency official?			Official's Name (L	.ast, First)
. Recipients				
Use Section A to identify the agency's departm	Number of	1 * 1 * 5 m X * 2 * 5	Art of the Sake of the state of	Control of the Control of the Control
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	ng:
		Ceremonial Role If checking "Ceremoni	Other Dial Role" or "Other" describe below:	Income
		Ceremonial Role	Other	Income
		if checking "Ceremoni	ial Role" or "Other" describe below:	3
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)		lic purpose made pursuant	to the agency's policy
	1 233(23)		A Samuel Committee of the Committee of t	
			and the second s	
Verification				
I have read and understand FPPC Regulations 1894	<u>4.1 and 18942. I have v</u> arbara Garcia			
Signature of Agency Head or Designee			t Administrator	07/16/2019
Signature of Agency Head of Designee	Print Nan	ne	Title	(Month, Day, Year)
Comment:			2	

1. Agency Name County of Los Angeles Division, Department, or Region (If Applicable) Board of Supervisor, First District Designated Agency Contact (Name, Title)	California 802 Form For Official Use Only
Division, Department, or Region (If Applicable) Board of Supervisor, First District	
Board of Supervisor, First District	For Official Use Only
Designated Agency Contact (Name Title)	
Barbara Garcia, Ticket Administrator	
Area Code/Phone Number E-mail Amendment (Must pro	vide explanation in Part 3.)
213-974-4111 bgarcia@bos.lacounty.gov Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information	00
Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$.00
Event Description Dodgers Date(s) 6 19 2019	
Provide Title/Explanation Dodgers Dodgers	- Palis dilancardo
Ticket(s)/Pass(es) provided by agency? Yes No If no:	na .
West ideat distribution made at the help at	A Transaction of the Control of the
of agency official? No區 Yes If yes:	st, 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) Number of Ticket(s)/ Pass(es)	the agency's policy
Staff 2 Per ticket policy 5.3 (k)	
B. Name of Individual (Last, First) Number of Ticket(s)/ Pass(es) Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below:	J:
Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to	the agency's policy
Verification Inave read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the	he requirements
Barbara Garcia Ticket Administrator	07/16/2019
Signature of Agency Head or Designee Print Name Title	(Month, Day, Year)
Time Time	(wonth, Day, Year)
Comment:	

Ceremonial Role Events and Tic	ket/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	∌)			For Official Use Only
Board of Supervisor, First District				
Designated Agency Contact (Name, Title)				
Barbara Garcia, Ticket Administrator			Amendment (Must pr	avide evaluation in Best 2 \
Area Code/Phone Number E-mail				OVIGE EXPIRITATION IN FAIT 3.)
213-974-4111 bgarcia@bos	s.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information			4	5.00
Does the agency have a ticket policy?	Yes⊠ No	Face Value o	f Each Ticket/Pass \$	5.00
Event Description Dodgers		Date(s) 6	,20 ,2019	
Provide Title/Expl	anation	ane	MACONINE CONTROL CONTR	
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: Dodge	Name of Sou	rce
Was ticket distribution made at the behest 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	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)	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 (Lest, First)	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
		Ceremonial Role If checking "Ceremon	Other describe below:	Income
		Ceremonial Role If checking "Ceremon	Other Land Control of the Control of	Income
	Number of			
C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
Verification I have read and understand FPPC Regulations 18944.1 and	1 18942. I have v	erified that the distribution set &	orth above is in accordance with	the requirements
	a Garcia		t Administrator	07/16/2019
Signature of Agency Head or Designee	Print Nan		Title	(Month, Day, Year)
	····	various summaria, a summaria s		
Comment:				

Agency Name		With the second	Data Stama	Colifornia O O
County of Los Angeles			Date Stamp	California 802
Division, Department, or Region (If Applicable)			For Official Use Only
	The state of the s			
Board of Supervisor, First District Designated Agency Contact (Name, Title)				
Barbara Garcia, Ticket Administrator Area Code/Phone Number E-mail	_		Amendment (Must)	provide explanation in Part 3.)
213-974-4111 bgarcia@bos	.lacounty.go	ov	Date of Original Filing:	(Marth Day York
Function or Event Information			Г	(Month, Day, Year)
Does the agency have a ticket policy?	Yes⊠ No	Face Value o	f Each Ticket/Pass \$	15.00
Event Description Dodgers			,21 2019	
Provide Title/Expla	anation	Date(s) 6		
Ticket(s)/Pass(es) provided by agency?	Yes□ No	▼ If no: Dodge		
			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 a	ınit. • Use Se	ction B to identify an Individu	al. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/	Particular control of the part of	lic purpose made pursuan	TAME TO BE SEEN TO SEE
	Pass(es)			
Staff	2	Per ticket policy 5.3	(k)	al de l'informatique de contribute de moderne de contraction de la contraction de l'inscription de l'inscrip
	_	r er tieket policy 3.3		
R Name of Individual	Number of			
B. Name of Individual	Ticket(s)/ Pass(es)		Identify one of the follow	ing:
		Ceremonial Role	Other _	Income
		If checking "Ceremoni	al Role" or "Other" describe below:	
		Ceremonial Role	Other _	Income
		Company Compan	al Role" or "Other" describe below:	
	Number of			PROPERTY OF THE PARTY OF THE PA
C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the pub	ic purpose made pursuant	
	1 855(55)			
Verification				
Verification I have read and understand FPPC Regulations 18944.1 and	18942. I have ve	arified that the distribution set fo	orth above, is in accordance wi	th the requirements.
			orth above, is in accordance wi t Administrator	th the requirements. 07/16/2019

s ticket distribution made at the behest No agency official?	No Face Value of Each Ticket/Pass \$ Date(s) 6
and of Supervisor, First District signated Agency Contact (Name, Title) bara Garcia, Ticket Administrator a Code/Phone Number E-mail -974-4111 bgarcia@bos.lacount anction or Event Information es the agency have a ticket policy? Yes ant Description Dodgers Provide Title/Explanation set(s)/Pass(es) provided by agency? Yes sticket distribution made at the behest agency official? Cipients agency official? Name of Agency, Department or Unit Numbe Tickett Pass(e	ty.gov Date of Original Filing: (Month, Day, Year) No Face Value of Each Ticket/Pass \$ Date(s) Date(s) No If no: Dodgers Nama of Source Yes If yes: Official's Name (Last, First) See Section B to identify an individual. Use Section C to identify an outside organizate art of tasks.
bara Garcia, Ticket Administrator a Code/Phone Number E-mail -974-4111 bgarcia@bos.lacount Inction or Event Information es the agency have a ticket policy? Yes ent Description Dodgers Provide Title/Explanation est(s)/Pass(es) provided by agency? Yes s ticket distribution made at the behest agency official? estimate Section A to identify the agency's department or unit. Us Name of Agency, Department or Unit Number Ticket Pass(e) Name of Individual Number Ticket Pass(e)	No Face Value of Each Ticket/Pass \$ No Date(s) 6
bara Garcia, Ticket Administrator a Code/Phone Number E-mail -974-4111 bgarcia@bos.lacount Inction or Event Information es the agency have a ticket policy? Yes ent Description Dodgers Provide Title/Explanation est(s)/Pass(es) provided by agency? Yes s ticket distribution made at the behest agency official? estimate Section A to identify the agency's department or unit. Us Name of Agency, Department or Unit Number Ticket Pass(e) Name of Individual Number Ticket Pass(e)	No Face Value of Each Ticket/Pass \$ No Date(s) 6
rea Code/Phone Number E-mail -974-4111 bgarcia@bos.lacount -974-4111 bga	No Face Value of Each Ticket/Pass \$ No Date(s) 6
bgarcia@bos.lacount Inction or Event Information es the agency have a ticket policy? Provide Title/Explanation Ret(s)/Pass(es) provided by agency? Sticket distribution made at the behest agency official? Cipients Researcy A to identify the agency's department or unit. Name of Agency, Department or Unit Number Ticket Name of Individual Number Ticket	No Face Value of Each Ticket/Pass \$ No Date(s) 6
es the agency have a ticket policy? Provide Title/Explanation Set(s)/Pass(es) provided by agency? Sticket distribution made at the behest agency official? Cipients Resection A to identify the agency's department or unit. Number of Agency, Department or Unit Number of Individual Number of Individual Number Ticket	No Face Value of Each Ticket/Pass \$ No Date(s) 6
es the agency have a ticket policy? Provide Title/Explanation Ret(s)/Pass(es) provided by agency? Sticket distribution made at the behest agency official? Cipients See Section A to identify the agency's department or unit. Name of Agency, Department or Unit Number Ticket Pass(e	No I Face Value of Each Ticket/Pass \$ Date(s) 6 22 2019 No If no: Dodgers Name of Source Yes If yes: Official's Name (Last, First) See Section B to identify an individual. • Use Section C to identify an outside organizate are of the public purpose made pursuant to the agency's policy
Provide Title/Explanation Ket(s)/Pass(es) provided by agency? Sticket distribution made at the behest agency official? Cipients Se Section A to identify the agency's department or unit. Name of Agency, Department or Unit Number Ticket Pass(e) Name of Individual Number Ticket	No I Face Value of Each Ticket/Pass \$ Date(s) 6 22 2019 No If no: Dodgers Name of Source Yes If yes: Official's Name (Last, First) See Section B to identify an individual. • Use Section C to identify an outside organizate are of the public purpose made pursuant to the agency's policy
sticket distribution made at the behest agency official? cipients See Section A to identify the agency's department or unit. Name of Agency, Department or Unit Name of Individual Number Street Num	Date(s) No If no: Dodgers Name of Source
sticket distribution made at the behest agency official? cipients See Section A to identify the agency's department or unit. Name of Agency, Department or Unit Name of Individual Number Street Num	No If no: Dodgers Name of Source
s ticket distribution made at the behest agency official? **Cipients** **Se Section A to identify the agency's department or unit. • Us Name of Agency, Department or Unit **Number Ticket Pass(e) **Number Ticket **Pass(e) **Number Ticket **Ticket **T	Yes If yes: Name of Source Name of Source Official's Name (Last, First) se Section B to identify an individual. • Use Section C to identify an outside organizate or of testing the public purpose made pursuant to the agency's policy
agency official? cipients se Section A to identify the agency's department or unit. • Us Name of Agency, Department or Unit Number Ticket(Pass(e	Se Section B to identify an individual. • Use Section C to identify an outside organizater of the public purpose made pursuant to the agency's policy
agency official? cipients se Section A to identify the agency's department or unit. • Us Name of Agency, Department or Unit Number Ticket(Pass(e	Se Section B to identify an individual. • Use Section C to identify an outside organizater of the public purpose made pursuant to the agency's policy
Name of Individual Name of Individual Number Ticket	er of Describe the public purpose made pursuant to the agency's policy
Name of Agency, Department or Unit Tickety Pass(e ff 2 Name of Individual (set first) Number Tickety	t(s)/ Describe the public purpose made pursuant to the agency's policy
Name of Individual Numbe	θ 5)
Name of Individual Ticket	Per ticket policy 5.3 (k)
	t(s)/ Identify one of the following:
T ness(t	Ceremonial Role Other Ind
	Ceremonial Role Other Inc
	If checking "Ceremonial Role" or "Other" describe below:
Name of Outside Organization Numbe (include address and description) Number Ticket(Pass(e	(s)/ Describe the public purpose made pursuant to the agency's policy
rification _	
e read and understand FPPC Regulations 18 <u>944.1 and 18942. I ha</u> Barbara Garcia	ave verified that the distribution set forth above, is in accordance with the requirements.

Comment:

(Month, Day, Year)

eremonial Role Events and Tic	NCUI ass	Distributions		A Public Documen
Agency Name County of Los Angeles	SSUITE AUGUSTAL STONE ST		Date Stamp	California 802
Division, Department, or Region (If Applicable)			For Official Use Only
			1	
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.go	V	Date of Original Filing:	(Month, Day, Year)
Function or Event Information			7.5	5.00
	Yes⊠ No	Face Value of	of Each Ticket/Pass \$,,,,,
Event Description Dodgers		Date(s) 6	,23 ,2019	
Trovide HiterExpre	anation		arc	
Ticket(s)/Pass(es) provided by agency?	Yes No	ĭ If no: Dodge	Name of Sou	rce
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (La	
Recipients				
Use Section A to identify the agency's department or u	ınit. • Use Se	tion B to identify an Individ	ual. • Use Section C to identi	fy an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	y the sale with a transfer of	lic purpose made pursuant t	Nysa diferinda tegala ili ili ili
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)			9.
		Ceremonial Role If checking "Ceremon	Other describe below:	Income
		Ceremonial Role	Other Usial Role" or "Other" describe below:	Income
		in oncoming outernam	ar Note of Other describe below.	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy

Pave read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Ticket Administrator

Signature of Agency Head or Designee

Print Name

Title

(Month, Day, Year)

Comment:

	INCUPASE	s Distributions		A Public Document
. Agency Name			Date Stamp	California 802
County of Los Angeles				Form OUZ
Division, Department, or Region (If Applicable	le)			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 pr	ovide explanation in Part 3.)
213-974-4111 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 of	of Each Ticket/Pass \$ 4	5.00
Dodgers		7	,2 2019	
Event Description Dodgers Provide Title/Exp	olanation	Date(s)		<u> </u>
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: Dodge	ers 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	unit. • Use Se	ection B to identify an individu	ual. • 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	2	Per ticket policy 5.3	(L)	
		Ter ticket policy 3.3	(N)	
	Number of		17,690	
B. Name of Individual	Ticket(s)/ Pass(es)		Identify one of the following	ng:
		Ceremonial Role	Other	Income 🗆
		If checking "Ceremon	ial Role" or "Other" describe below:	
		Ceremonial Role if checking "Ceremon.	Other Land 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
			5 (4 Mars 1900) 10 1000 (10 mars 1000)	
Verification				
I have read and understand FPPC Regulations 18944.1 and				7.000
	ra Garcia		t Administrator	07/16/2019
Signature of Agency Head or Designee	Print Nan	ne	Title	(Month, Day, Year)
Comment:				

Agency Report of: Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
County of Los Angeles			3000 330 330	Form OUZ
Division, Department, or Region (If Applicable	·)			For Official Use Only
Board of Supervisor, First District		in the state of th		
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.go	ov	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information			45	5.00
Does the agency have a ticket policy?	Yes⊠ No	Face Value o	f Each Ticket/Pass \$	
Event Description Dodgers		Date(s) 7	, 3 , 2019	
Provide Title/Expl		Dodge	rc	
Ticket(s)/Pass(es) provided by agency?	Yes No	If no:	Name of Soul	rge
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		ction 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 (Last, First)	Number of Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the followin Other Other Other Other Other	g:
		Ceremonial Role If checking "Ceremoni	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 pub	lic purpose made pursuant t	o the agency's policy
4. Verification Nave read and undersland FPPC Regulations 18944.1 and	18942. J have ve	erified that the distribution set fo	orth above, is in accordance with	the requirements
Barbara Barbara			t Administrator	07/16/2019
Signature of Agency Head or Designee	Print Nam	e	Title	(Month, Day, Year)
Comment:				

Ceremoniai Role Ever	its and lic	KeuPass	Distributions		A Public Document
1. Agency Name				Date Stamp	California 802
County of Los Angeles					Form OUZ
Division, Department, or Reg	jion (If Applicable)			For Official Use Only
Board of Supervisor, First Di	strict		and the second s		
Designated Agency Contact	(Name, Title)			j	
Barbara Garcia, Ticket Admi	nistrator			Amendment ////	ovide explanation in Part 3.)
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)
2. Function or Event Infor				45	5.00
Does the agency have a tick	et policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$	
Event Description Dodgers			Date(s) 7	, 4 , 2019	
	Provide Title/Expl		Dodge	ers	marchino e Archeologo e de la sedoca está me a dimensión de la companya de la companya de la companya de la co
Ticket(s)/Pass(es) provided t	y agency?	Yes No	If no:	Name of Sou	rce
Was ticket distribution made	at the behest	No⊠ Yes	If yes:		
of agency official?		-		Official's Name (La	ast, First)
3. Recipients					
Use Section A to identify the agence	y's department or i		ction B to identify an individu	ual. • Use Section C to identi	fy an outside organization.
A. Name of Agency, Departm	ent 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 Individu	al	Number of Ticket(s)/		Identify one of the following	e ha e e e
		Pass(es)	Ceremonial Role If checking "Ceremon	Other island to the control of the c	Income
			Ceremonial Role If checking "Ceremon	Other later or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's polic		
Verification Nave read and understand FPPC Regulation Nave read and understand FPPC Regulation	ilations 18944.1 and	18942. I have v	edified that the distribution set to	odh above, is in accordance with	the requirements
1 de de	Barbara			t Administrator	07/16/2019
Signature of Agency Head or Designed	<u> </u>	Print Nan		Title	(Month, Day, Year)
Comment:					

Agency Report of: Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document	
1. Agency Name County of Los Angeles Division, Department, or Region (If Applicable))		Date Stamp	California Form 802 For Official Use Only	
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			Amendment (Must provide explanation in Part 3.) Date of Original Filing: (Month, Day, Year)		
2. Function or Event Information Does the agency have a ticket policy? Event Description Dodgers Provide Title/Expla Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official?	Yes⊠ No anation Yes□ No No⊠ Yes□	Date(s) 7	f Each Ticket/Pass \$		
3. Recipients • Use Section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency and the section A to identify the agency at the agency	unit. • Use Sec	ction B to identify an individu	ıal. • 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	to the agency's policy	
Staff	2	Per ticket policy 5.3 ((k)		
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremoni	Identify one of the follow	ing:	
		Ceremonial Role If checking "Ceremoni	Other al Role" or "Other" describe below:	Income	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy			
Verification Whave read and understand FPPC Regulations 18944.1 and Barbara Signature of Agency Head or Designee	18942 have ve a Garcia Print Nam	Ticke	orth above, is in accordance wit t Administrator Title	h the requirements. 07/16/2019 (Month, Day, Year)	
Comment:				(

ocicinoma Noic Eachts and Tic	neur asc	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
County of Los Angeles				Form OUZ
Division, Department, or Region (If Applicable	9)			For Official Use Only
Board of Supervisor, First District	OVER THE STATE OF			
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	s.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information			7.5	5.00
Does the agency have a ticket policy?	Yes⊠ No	Face Value o	of Each Ticket/Pass \$,.00
Event Description Dodgers	422	Date(s) 7	, 6 , 2019	
Provide Title/Expl		Dodge	ers	e santi de mannesanama anno santat union sant este se se se se santates
Ticket(s)/Pass(es) provided by agency?	Yes No	If no:	Name of Sou	rce
Was ticket distribution made at the behest	No⊠ Yes	If yes:		
of agency official?	110-21-103	ii yes.	Official's Name (La	ast, First)
3. Recipients				
Use Section A to identify the agency's department or		ction B to identify an individu	ial. • 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)	7
B. Name of Individual	Number of			
(Last, First)	Ticket(s)/ Pass(es)		Identify one of the followin	ig:
		Ceremonial Role If checking "Ceremoni	Other Other describe below:	Income
		Ceremonial Role	Other Garage	Income
			divide di dille daddisc solovi.	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
. Verification				
I have read and understand FPPC Regulations 18944.1 and				the requirements.
Barbar	a Garcia	Ticke	t Administrator	07/16/2019
Signature of Agency Head or Designee	Print Nan	ne	Tille	(Month, Day, Year)
Comment:				

Ceremonial Role Events	and Ticket/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)		-	For Official Use Only
Board of Supervisor, First Distric	it	ONNOTO: SANCER ON THE SECOND CONTRACT OF THE		
Designated Agency Contact (Nat				
Barbara Garcia, Ticket Administ	rator			
	mail		Amendment (Must p	provide explanation in Part 3.)
	garcia@bos.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Informa	tion			
Does the agency have a ticket po	olicy? Yes⊠ No	Face Value o	of Each Ticket/Pass \$	15.00
Event Description Dodgers	Autocopy of Section 2015 Section 2016 Automobile Automo	7	,7 ,2019	
Event Description Pro	ovide Title/Explanation	Date(s)	VL	
Ticket(s)/Pass(es) provided by a	gency? Yes□ No	If no: Dodge	ers	
	_		Name of So	urce
Was ticket distribution made at the of agency official?	e behest No Yes	If yes:	Official's Name (I	Last First
			Oniciai s ivame (i	_ast, First)
3. Recipients				
Use Section A to identify the agency's d	Number of	ection B to identify an individu	ial. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Department of	r Unit Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
Staff	2	Per ticket policy 5.3	(k)	ľ
B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	ing:
	Pass(es)	Ceremonial Role	Other	Income 🔲
		The same of the same of	ial Role" or "Other" describe below:	income
			and the second s	assessment and a supplementations of the supplementation of the supp
		<u> </u>		
		Ceremonial Role	Other Grant Street Other	Income
		in checking objection	arrole of Other describe below.	
C. Name of Outside Organization (include address and description) Number of Ticket(s)/ Pass(es)		lic purpose made pursuant	to the agency's policy	
			Note that the second se	
			100 T	
1. Verification			30.8 13 10 100	
I have read and understand FPPC Regulation	Annual Control of the			
Moral	Barbara Garcia		t Administrator	07/16/2019
Signature of Agency Head or Designee	Print Na	ne	Title	(Month, Day, Year)
Comment:				
				FPPC Form 802 (4/12)
		F	PPC Toll-Free Helpline: 8	66/ASK-FPPC (866/275-7772)