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

eremonial Role Events and Ticl	ACUI doc	Distributions		A Public Documer
Agency Name			Date Stamp	California 802
County of Los Angeles				19111
Division, Department, or Region (If Applicable))		1	For Official Use Only
Board of Supervisor, First District				
Designated Agency Contact (Name, Title)			1	
Barbara Garcia, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
213-974-4111 bgarcia@bos.	Date of Original Filing:	(Month, Day, Year)		
Function or Event Information				1.00
Does the agency have a ticket policy?	Yes⊠ No	Face Value o	of Each Ticket/Pass \$	1.00
Event Description Hollywood Bowl Provide Title/Expla	nation	Date(s) 06	,15 ,2019	
Ticket(s)/Pass(es) provided by agency?	Yes□ No	If no: Hollyw	vood Bowl Name of So	urce
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (L	.ast, First)
Recipients				74.7.11
Use Section A to identify the agency's department or u	nit. • Use Se	ction 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		Per ticket policy 5.3	(k)	
B. Name of Individual	Number of Ticket(s)/			
(Lest, First)	Pass(es)		Identify one of the followi	ng:
		Ceremonial Role If checking "Ceremon	Other Dial Role" or "Other" describe below:	Income [
		Ceremonial Role If checking "Ceremon	Other Usial Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
			H. E. Married Control of the Control	Andrews Commencer and Commence
	L	AD		
Verification There read and understand FPPC Regulations 18944.1 and Barbara			orth above, is in accordance wit et Administrator	h the requirements. 07/31/2019

I. Agency Name			Date Stamp	A Public Document
County of Los Angeles			Date Stamp	Form 802
Division, Department, or Region (If Applicable)			For Official Use Only
Board of Supervisor, First District			1	
Designated Agency Contact (Name, Title)			4	
Barbara Garcia, Ticket Administrator				
Area Code/Phone Number E-mail	Amendment (Must pr	ovide explanation in Part 3.)		
213-974-4111 bgarcia@bos	Date of Original Filing:	(Month, Day, Year)		
2. Function or Event Information				
Does the agency have a ticket policy?	Yes No	Face Value of	of Each Ticket/Pass \$ 8	1.00
Event Description Hollywood Bowl		Date(s) 06	,15 ,2019	
Provide Title/Expl	anation			VI T
Ticket(s)/Pass(es) provided by agency?	Yes No	✓ If no: Hollyw	vood Bowl	
Was ticket distribution made at the behest	🔽		Name of Sou	Irce
of agency official?	No⊠ Yes	L If yes: L	Official's Name (L	ast, First)
Recipients				
Use Section A to identify the agency's department or	unit. • Use Se	ction B to identify an individu	ual. • Use Section C to 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 i	to the agency's policy
Staff		Per ticket policy 5.3	(k)	
B. Name of Individual	Number of Ticket(s)/		Identify one of the following	10:
(Last, First)	Pass(es)			
		Ceremonial Role If checking "Ceremon	Other I	income
				ментин бөлүн касаматын башка ташын айтан ташын айтан ташын айтан ташын айтан ташын айтан ташын айтан ташын айт
		Ceremonial Role	Other	Income
		il checking Celemon	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 the agency's policy
			The state of the s	
			Commence for the second	
	III I	II R		

Barbara Garcia

Print Name

ire of Agency Head or Designee

Comment:

FPPC Form 802 (4/12) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)

07/31/2019

(Month, Day, Year)

Ticket Administrator

Title

Ceremonial Role Events and Tick 1. Agency Name	ket/Pass	s Distributions	Data Stawa	A Public Document
County of Los Angeles			Date Stamp	California 802
Division, Department, or Region (If Applicable))			For Official Use Only
	/	COMMERCIAL HEREIN CONTRACTOR STATE OF THE ST	7	
Board of Supervisor, First District Designated Agency Contact (Name, Title)				
Barbara Garcia, Ticket Administrator				
Area Code/Phone Number E-mail bgarcia@bos.	.lacounty.g	ov	Amendment (Must pn	(Month, Day, Year)
Event Description Hollywood Bowl Provide Title/Expla	Yes□ No No⊠ Yes	Date(s) If no: Hollyw If yes:	of Each Ticket/Pass \$	ast, First) fy an outside organization.
B. Name of Individual (Lest, First)	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon	Identify one of the followin Other Other describe below:	ig:
		Ceremonial Role If checking "Ceremoni	Other all Role" or "Other" describe below:	income
C. Name of Outside Organization	Number of .	Describe the nub	ic nurnose made nursuant fo	o the seapoyle policy

Name of Outside Organizatio. (include address and description	n Ticket(s)/ Pass(es)	Describe the public purpose made pursuan	t to the agency's policy
Verification paye read and understand FPPC Regulations	18 <u>944.1 and 18942. I have ve</u>	rified that the distribution set forth above, is in accordance w	ith the requirements.
MAN	Barbara Garcia	Ticket Administrator	07/31/2019
Signature of Agency Head or Designee	Print Nam	e Tille	(Month, Day, Year)
Comment:			
		FPPC Toll-Free Helpline:	FPPC Form 802 (4/12) 866/ASK-FPPC (866/275-7772)

Agency Report of:

Ce	remonial Role Even	is and lic	Ketrass	Distributions		A Public Documen
1/	Agency Name				Date Stamp	California 802
	County of Los Angeles					Form OUZ
֡֞֞֞֞֞֞֞֞֞֩֞֩֞֩	Division, Department, or Regi	on (If Applicable)			For Official Use Only
E	Board of Supervisor, First Dis	trict	Accident money management		1	
ב	Designated Agency Contact (Name, Title)]	
В	Barbara Garcia, Ticket Admin	istrator				
	Area Code/Phone Number	E-mail			Amendment (Must pr	ovide explanation in Part 3.)
	13-974-4111	bgarcia@bos	.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
	Function or Event Inforr				8.	1.00
Ľ	Does the agency have a ticket		Yes⊠ No		of Each Ticket/Pass \$	
E	Event Description Hollywood	The second second second		Date(s) 06	,15 ,2019	
-	** 1 (/ N/B)	Provide Title/Expla		Hollyw	vood Bowl	
- 1	icket(s)/Pass(es) provided by	agency?	Yes No	If no:	Name of Sou	rce
	Vas ticket distribution made a	t the behest	No⊠ Yes	If yes:		
	of agency official?				Official's Name (La	ast, First)
	Recipients					
	Use Section A to identify the agency	's department or u	init. • Use Se	ction B to identify an Individu	ual. • Use Section C to identi	fy an outside organization.
=	A. Name of Agency, Departmen	nt or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
S	taff			Per ticket policy 5.3	(k)	
Ē	Name of Individual (Last, First)		Number of Ticket(s)/ Pass(es)		Identify one of the following	ıg:
				Ceremonial Role If checking "Ceremon.	Other Other" describe below:	Income
				Ceremonial Role	Other _	Income
Г		Eva service van de service de la companya de la com		If checking "Ceremoni	ial Role" or "Other" describe below:	
C	Name of Outside Organia (include address and desc	zation ription)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant to	o the agency's policy
						and the second s
					and the second s	
. V	erification .		<u>L</u>			
	ave read and understand FPP Regula	tions 18 <u>944.1 and</u>	18942. I have ve	erified that the distribution set fo	orth above, is in accordance with	the requirements.
6	more of '	Barbara		1 1	t Administrator	07/31/2019
	Signature of Agency Head or Designee		Print Nam	e L	Title	(Month, Day, Year)
^			· · · · · · · · · · · · · · · · · · ·			
C	omment:					

Agency Report of:

eremoniai Role Event	s and 11c	Ketrass	Distributions		A Public Docume
Agency Name				Date Stamp	California 802
County of Los Angeles				*	Form OU
Division, Department, or Regio	n (If Applicable)			For Official Use Only
Board of Supervisor, First Dist	rict				
Designated Agency Contact (N	lame, Title)			1	
Barbara Garcia, Ticket Admini	strator				
	E-mail			Amendment (Must pr	ovide explanation in Part 3.)
L	bgarcia@bos	.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
Function or Event Inform				81	.00
Does the agency have a ticket		Yes⊠ No		of Each Ticket/Pass \$	
Event Description Hollywood	Bowl Provide Title/Expla	nation	Date(s) 06	, 15 , 2019	
	157	2000	Hollyw	ood Bowl	
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?		-		Official's Name (La	ast, First)
Recipients					
Use Section A to identify the agency's		Number of	The Proposition of the Control of		N. Phys. Colors of Aspect 10 11
A. Name of Agency, Department	t or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
Staff			Per ticket policy 5.3 ((k)	
B. Name of Individual		Number of Ticket(s)/			
(Lest, First)		Pass(es)		Identify one of the followin	g:
			Ceremonial Role If checking "Ceremoni	Other Other or "Other" describe below:	income
			Ceremonial Role	Other	Income
			If checking "Geremonia	al Role" or "Other" describe below:	
Name of Outside Organiza (include address and descri		Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant t	the agency's policy
		1 455(65)			
			IIF		
			,		
Verification					
	ons 18 <u>944,1 and</u>	18942. I have ve	affied that the distribution set fo	rth above, is in accordance with	the requirements.
Verification have read and understand IPPC Regulation Signature of Agency-Head or Designee	ons 18 <u>944.1 and 1</u> Barbara			nth above, is in accordance with t Administrator	the requirements.

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** County of Los Angeles For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisor, First District Designated Agency Contact (Name, Title) Barbara Garcia, Ticket Administrator Amendment (Must provide explanation in Part 3.) Area Code/Phone Number 213-974-4111 Date of Original Filing: bgarcia@bos.lacounty.gov (Month, Day, Year) 2. Function or Event Information 165.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes≚ No. Event Description Hollywood Bowl 18 2019 Date(s) Provide Title/Explanation Hollywood Bowl Ticket(s)/Pass(es) provided by agency? Yes No X Name of Source Was ticket distribution made at the behest No⊠ Yes□ If yes: 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. Number of A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Pass(es) Staff Per ticket policy 5.3 (k) Number of B. Name of Individual Ticket(s)/ Pass(es) Identify one of the following: Other ___ Ceremonial Role Income ___ If checking "Ceremonial Role" or "Other" describe below: Other _ Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below: Number of C. Name of Outside Organization Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es)

Verification

I yave 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)

Agency Report of:

eremonial Role Events and Tick	ket/Pass	Distributions		A Public Documer
Agency Name			Date Stamp	California 802
County of Los Angeles				Form OU2
Division, Department, or Region (If Applicable)			1	For Official Use Only
Board of Supervisor, First District		Sur Transconding Control of the Cont	1	
Designated Agency Contact (Name, Title)			j	
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	v	Date of Original Filing:	(Month, Day, Year)
Function or Event Information				03.50
	Yes⊠ No	Face Value of	of Each Ticket/Pass \$	J3.50
Event Description Hollywood Bowl Provide Title/Explain	nation	Date(s) 06	,24 ,2019	
Tieket(e)/Dece(ee) and ideal by a constant	Yes□ No	Hollyv	vood Bowl	1700
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 un	nit. • 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)	Describe the pub	lic purpose made pursuant t	to the agency's policy
Staff		Per ticket policy 5.3	(k)	
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the following	19 :
		Ceremonial Role If checking "Ceremon	Other isl 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)/	Describe the pub	lic purpose made pursuant t	o the agency's policy
(Pass(es)			
Verification	80.40.44	25.44		
have read and understand FPPC Regulations 18944.1 and 1 Barbara		1 1	orth above, is in accordance with t Administrator	the requirements. 07/31/2019
Signature of Agency Head or Designee	Print Nam		Title	
			1100	(Month, Day, Year)

1. Agency Name			Date Stamp	California Ong
County of Los Angeles				Form 802
Division, Department, or Region (If Application)	able)		<u> </u>	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	provide explanation in Part 3.)
	os.lacounty.g	IOV	Date of Original Filing	: (Month, Day, Year)
2. Function or Event Information			<u> </u>	
Does the agency have a ticket policy?	Yes No	Face Value o	of Each Ticket/Pass \$	99.50
Event Description Hollywood Bowl		Your Comments	. 25 2019	
Provide Title/E	xplanation	Date(s) 06		
Ticket(s)/Pass(es) provided by agency?	Yes□ No	If no: Hollyw	ood Bowl	
Westisked distribution of the state of the s		_	Name of S	ource
Was ticket distribution made at the behes of agency official?	t No⊠ Yes	If yes:	Official's Name	(Last. First)
3. Recipients				,,,
Use Section A to identify the agency's department	or unit. • Use Se	ection B to identify an individu	ıal. ● Use Section C to ide	ntify an outside organization
A. Name of Agency, Department or Unit	Number of Ticket(s)/	a service and an open way of the other by-	lic purpose made pursuan	CARROLL TYPES IN FOR A CONTROL OF THE PARTY.
	Pass(es)			is to the agency a policy
Staff		Per ticket policy 5.3	(k)	
B. Name of Individual	Number of Ticket(s)/			
(Lest, First)	Pass(es)		Identify one of the follow	/ing:
		Ceremonial Role	Other	Income
		ii checking Ceremoni	al Role" or "Other" describe below:	
		Ceremonial Role	Other	Income
		ir checking "Ceremoni	al Role" or "Other" describe below:	
4074	- 110			
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/		ic purpose made pursuan	

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 07/31/2019 Signature of Agericy Head or Designee Print Name Title (Month, Day, Year)

Verification

Comment: