A Public Document

	Agency Name			Date	Stamp Califo	
	County of Los Angeles				For	
Ī	Division, Department, or Reg	ion (if applicable)			For	Official Use Only
	Board of Supervisor, First D					
	Designated Agency Contact	100 100 100 100 100				
	Barbara Garcia, Ticket Adm Area Code/Phone Number	inistrator TE-mail		Amend	ment (Must Provide Explar	nation in Part 3.)
	213-974-4111	bgarcia@bos.laco	unty.gov	Date of Ori	ginal Filing:(month, c	day, year)
·.	Function or Event Infor	mation				150.00
	Does the agency have a ticl	ket policy? Yes		ace Value of Each Ticke		150.00
	Event Description: Hollywo	od Bowl	D	ate(s) 04 / 30 / 20	22	
		Provide Title/ Expl	lanation	no:		
	Ticket(s)/Pass(es) provided	by agency? Yes	□ No 🗐 If	Name of Se	ource	***************************************
	Was ticket distribution made of agency official?	at the behest Yes	□ No ■ If	yes:Official's Nar	ne (Last, First)	
	Recipients • Use Section A to identify the ager	ncy's department or unit.	• Use Section B to ic	lentify an individual. Use Sect	ion C to identify an outside	organization.
	A. Name of Agency, Depart	artment or Unit	Number of Ticket(s)/ Passes	Describe the public purp	ose made pursuant to the	agency's policy
	Staff		2	Per ticket policy 5.3 (k)	
	B. Name of Ind		Number of Ticket(s)/ Passes	ldenti	fy one of the following:	
				Ceremonial Role	Other Role" or "Other" describe below:	Income
				Ceremonial Role If checking "Ceremonial I	Other Role" or "Other" describe below:	Income
	C. Name of Outside C		Number of Ticket(s)/ Passes	Describe the public purp	ose made pursuant to the	agency's policy
						A
				I have verified that the dist	ribution set forth above	is in accordance
	Verification I have read/and understand FF with the reguirements.	PPC Regulations 1894	14.1 and 18942.	Thave vermed that the dist	nadion out form above	, is in accordance
	I have read/and understand FF	PPC Regulations 1894 Barbara Ga		Administrative [05/26/2023

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Agency Report of:

	nonia	Role	Events	and	Ticket/Pass	Distributions	
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١.	Agency Name				Date Stamp	California 802
	County of Los Angeles					Tollii O —
	Division, Department, or Region	on (if applicable)			1	For Official Use Only
	Board of Supervisor, First DI	strict				
	Designated Agency Contact (A	Name, Title)	100		1	
	Barbara Garcia, Ticket Admir	nistrator				
		E-mail			Amendment (Must	Provide Explanation in Part 3.)
		bgarcia@bos.lacou	inty.gov		Date of Original Filing	(month, day, year)
2.	Function or Event Inforn	nation		***		
	Does the agency have a tick	et policy? Yes I	■ No□ F	ace Value of	Each Ticket/Pass \$ _	166.00
	Event Description: Hollywoo	d Bowl	D	ate(s)05	09 202	
		Provide Title/ Expla	nation			
	Ticket(s)/Pass(es) provided by	by agency? Yes I	□ No 🔳 If	no:	Name of Source	
	Was ticket distribution made	at the behest Ves I	¬ No.■ If	yes:		
	of agency official?	163	_ 140 _		Official's Name (Last, First,)
3.	Recipients					
	 Use Section A to identify the agence 	cy's department or unit. •	Use Section B to id	dentify an individu	ual. Use Section C to ident	tify an outside organization.
	A. Name of Agency, Depar	rtment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	ursuant to the agency's policy
	Staff		2	Per ticket p	olicy 5.3 (k)	
	B. Name of Indiv (Last, Firs		Number of Ticket(s)/ Passes		Identify one of the	Income
	_				nonial Role Other Other or "Other" of the control of the contro	
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	ursuant to the agency's policy
			,			
4.	Verification I have read and/understand FPI	PC Regulations 18944	1.1 and 18942.	l have verified	that the distribution set	forth above, is in accordance
	with the requirements.	Barbara Gar			inistrative Director	05/26/2023
	Signature of Agency Head or Designe		Print Name	Aum	Title	(month, day, year)
	oignature of Agency Head or Designa	ee F	riint Name		riue	(month, day, year)
	Comment:) Marie de la companya de la company	

Agency Name			Date Stamp	California 802
County of Los Angeles				
Division, Department, or Regi	on (if applicable)			For Official Use Only
Board of Supervisor, First D	Istrict			
Designated Agency Contact (Name, Title)			
Barbara Garcia, Ticket Admi			Amendment (Must	Provide Explanation in Part 3.)
Area Code/Phone Number	E-mail			
213-974-4111	bgarcia@bos.lacou	unty.gov	Date of Original Filing:	(month, day, year)
Function or Event Inform	nation			00.50
Does the agency have a tick	cet policy? Yes		ace Value of Each Ticket/Pass \$ _	99.50
Event Description: Hollywoo	od Bowl		Pate(s) 05 / 13 / 202	
	Provide Title/ Expla	anation		
Ticket(s)/Pass(es) provided	by agency? Yes	□ No ■ If	no:	
Was ticket distribution made	at the behest Yes	□ No ■ If	yes:Official's Name (Last, First)	-
of agency official?	100		Official's Name (Last, First)	
Recipients • Use Section A to identify the agen	cv's department or unit	· Use Section B to in	dentify an individual. Use Section C to ident	ify an outside organization
OSC Section A to identify the agen	ey sucpartment of anic.	Number	Serviny annual and a servine a servi	ny an oasiac organización
A. Name of Agency, Depa	rtment or Unit	of Ticket(s)/ Passes	Describe the public purpose made pu	rsuant to the agency's policy
Staff			Per ticket policy 5.3 (k)	***
COMPANIES		2		
		Number		
B. Name of Indi		Number of Ticket(s)/	Identify one of the	following:
(Last, I II.	» <i>)</i>	Passes	Ceremonial Role Other	Income
			If checking "Ceremonial Role" or "Other" of	
			Ceremonial Role Other	Income
			If checking "Ceremonial Role" or "Other" of	lescribe below:
C. Name of Outside O		Number of Ticket(s)/	Describe the public purpose made pu	rsuant to the agency's policy
(ilicidue address alid	description)	Passes		
	Name of the State			
Verification				
a CHIHCALIOH	PPC Regulations 1894	4.1 and 18942	I have verified that the distribution set	forth above. is in accordant
I have read and understand FP		10072.	Tomas and and another out	
I have read and understand FF with the requirements.				
	Barbara Gar	cia	Administrative Director	05/26/2023

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Agency Report of:

9				
Ceremonial	Role E	vents and	Ticket/Pass	Distributions

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. Agency Name			Date Stamp	California 802
County of Los Angeles				Form CC
Division, Department, or Region (if applicable)	- 1 UH-WHILE - 19			For Official Use Only
Board of Supervisor, First District				
Designated Agency Contact (Name, Title)				
Barbara Garcia, Ticket Administrator			Amendment (Must Pr	rovide Explanation in Part 3.)
Area Code/Phone Number E-mail			Milleriament (Wast Fr	ovide Explanation in Fart 5.)
213-974-4111 bgarcia@bos.lacou	nty.gov		Date of Original Filing: _	(month, day, year)
2. Function or Event Information				400.50
Does the agency have a ticket policy? Yes	■ No□ F	ace Value of	Each Ticket/Pass \$	100.50
Event Description: Hollywood Bowl Provide Title/ Explar	Dation	ate(s)	, 22 , 2022	
		no:		
1332			Name of Source	
Was ticket distribution made at the behest Yes [] No 🔳 🏻 If	yes:	Official's Name (Last, First)	
of agency official?			omouro rramo (2001, r noty	
 Recipients Use Section A to identify the agency's department or unit. 	Use Section B to ic	dentify an individu	ual. Use Section C to identify	y an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	suant to the agency's policy
Staff	2	Per ticket p	olicy 5.3 (k)	
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the fo	Income
		Ceren	nonial Role Other des	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe th	e public purpose made pure	suant to the agency's policy
1. Verification				
I have read and understand FPPC Regulations 18944 with the requirements.	.1 and 18942.	I have verified	that the distribution set fo	orth above, is in accordance
Barbara Gard	ia	Admi	inistrative Director	05/26/2023
Signature of Agency Head or Designee Pr	rint Name		Title	(month, day, year)
Comment:				

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. ,	Agency Name				Date Stamp	California 802
	County of Los Angeles					I Citili
Ī	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Board of Supervisor, First D		- 200			
Ī	Designated Agency Contact	(Name, Title)				
	Barbara Garcia, Ticket Adm		47-40-		Amendment (Must F	Provide Explanation in Part 3.)
	Area Code/Phone Number 213-974-4111	E-mail bgarcia@bos.lacou	inti dov		Date of Original Filing:	
			inty.gov			(month, day, year)
	Function or Event Infor		<u>194</u>			100.00
	Does the agency have a tic				Each Ticket/Pass \$ _	
	Event Description: Hollywo	od Bowl	D	oate(s)	, 23 , 202	
		Provide Title/ Expla		i no:		
	Ticket(s)/Pass(es) provided	by agency? Yes	□ No 🔳 If	no:	Name of Source	
١	Was ticket distribution made	e at the behest Yes	□ No ■ If	yes:	Official's Name (Last, First)	,
	of agency official?		and the second s		Official's Name (Last, First)	
			Number			
	A. Name of Agency, Dep	artment or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy
	Staff	artment or Unit		Per ticket p		rsuant to the agency's policy
		ividual	Passes 2 Number of Ticket(s)/			
	Staff B. Name of Ind	ividual	Passes 2	Per ticket p	olicy 5.3 (k)	following:
	Staff B. Name of Ind	ividual	Passes 2 Number of Ticket(s)/	Per ticket p Ceren If chec	Identify one of the	following: Income [escribe below:
	Staff B. Name of Ind	ividual rst)	Passes 2 Number of Ticket(s)/	Ceren	Identify one of the nonial Role Other cking "Ceremonial Role Other king "Ceremonial Role" or "Other" do	following: Income [escribe below:
	B. Name of Ind (Last, Fit	ividual rst)	Passes 2 Number of Ticket(s)/ Passes Number of Ticket(s)/	Ceren	Identify one of the nonial Role Other cking "Ceremonial Role Other king "Ceremonial Role" or "Other" do	following: Income [escribe below: Income [
	B. Name of Ind (Last, Fit	ividual rst) Organization d description)	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Ceren If chec	Identify one of the nonial Role Other king "Ceremonial Role Other king "Ceremonial Role" or "Other" de king "Ceremonial Role or "Other" de king "Ceremonial Role" or "Other" de nonial Role or "Other" d	following: Income [

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California 802 Form 802 For Official Use Only (Must Provide Explanation in Part 3.) (Image:
(Must Provide Explanation in Part 3.) Filling:
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(month, day, year) 160.95 1, First) sidentify an outside organization.
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(month, day, year) 160.95 1, First) sidentify an outside organization.
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t, First) Identify an outside organization.
identify an outside organization.
de pursuant to the agency's policy
of the following:
Other Income Deliver describe below:
Other Income Deliver" describe below:
de pursuant to the agency's policy
n set forth above, is in accordanc
or 05/26/2023
"CO"