

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

A Public Document

1. Agency Name

County of Los Angeles
 Division, Department, or Region (If Applicable)
 Board of Supervisors, First District
 Designated Agency Contact (Name, Title)
 Barbara Garcia, Ticket Administrator
 Area Code/Phone Number: 213.974.4111 E-mail: bgarcia@bos.lacounty.gov

Date Stamp: **California Form 802**
 For Official Use Only

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? Yes No
 Event Description: LA Phil
 Provide Title/Explanation

Face Value of Each Ticket/Pass \$ 32.00
 Date(s) 10 / 09 / 2018

Ticket(s)/Pass(es) provided by agency? Yes No
 If no: LA Phil
 Name of Source

Was ticket distribution made at the behest of agency official? No Yes
 If yes: _____
 Official's Name (Last, First)

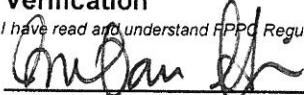
3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
West Covina Senior Center	14	Per ticket policy 5.3(i)

4. Verification

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

Signature of Agency Head or Designee: 
 Print Name: Barbara Garcia Title: Ticket Administrator Date: 11/26/2018
 (Month, Day, Year)

Comment: _____