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

1. Agency Name
County of Los Angeles
Division, Department, or Region (If Applicable)
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

Date Stamp California Form 802
For Official Use Only

Amendment (Must provide explanation in Part 2)
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: $115.00
Event Description: LA Phil
Provide Title/Explanation
Date(s) 12 13 2018
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If no: LA Phil
If yes:
Name of Source:
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.

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Name of Individual (Date, Time)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
</table>

| Ceremonial Role ☐ Other ☐ Income ☐ |
| Ceremonial Role ☐ Other ☐ Income ☐ |
| Ceremonial Role ☐ Other ☐ Income ☐ |

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>YWCA GLA</td>
<td>14</td>
<td>Per ticket policy 5.3 (i)</td>
</tr>
</tbody>
</table>

4. Verification
I have read and understood FPPC Regulations 18944 and 18945. I have verified that the distribution set forth above, is in accordance with the requirements.

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

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   County of Los Angeles
   Division, Department, or Region (If Applicable)
   Board of Supervisor, First District
   Designated Agency Contact (Name, Title)
   Barbara Garcia, Ticket Administrator
   Area Code/Phone Number: 213-974-4111
   E-mail: bgarcia@bos.lacounty.gov

2. Function or Event Information
   Does the agency have a ticket policy? Yes [x] No [ ]
   Event Description: LA Phil
   Face Value of Each Ticket/Pass $39.00
   Date(s) 12/19/2018
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   If no: LA Phil
   Name of Source
   Was ticket distribution made at the behest of agency official? No [ ] Yes [x]
   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 [ ] Other [ ] Income [ ]
      If checking 'Ceremonial Role' or 'Other' describe below:

      Ceremonial Role [ ] Other [ ] Income [ ]
      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

      Dalton Park 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: Barbara Garcia
   Print Name: Ticket Administrator
   Title: 01/15/2019
   (Month, Day, Year)

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

1. Agency Name
   County of Los Angeles
   Division, Department, or Region (If Applicable)
   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? □ Yes □ No
   Event Description: LA Phil
   Face Value of Each Ticket/Pass $39.00
   Date(s): 12/20/2018
   Ticket(s)/Pass(es) provided by agency? □ Yes □ No
   If no: LA Phil
   If yes:

   Name of Source
   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.

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/ Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/ Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/ Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>In The Making</td>
<td>14</td>
<td>Per ticket policy 5.3 (i)</td>
</tr>
<tr>
<td>-----------------------------------------------------------------</td>
<td>-----------------------------</td>
<td>-------------------------------------------------------------</td>
</tr>
</tbody>
</table>

4. Verification
   I have read and understand FPPC Regulations 19344.1 and 19642. I have verified that the distribution set forth above, is in accordance with the requirements.
   Barbara Garcia
   Signature of Agency Head/Designee
   Ticket Administrator
   Print Name
   (Month, Day, Year)

   Comment:
### Agency Report of:

**Ceremonial Role Events and Ticket/Pass Distributions**

**1. Agency Name**
- County of Los Angeles
- Division, Department, or Region (If Applicable)
- Board of Supervisor, First District
- Designated Agency Contact (Name, Title)
- Barbara Garcia, Ticket Administrator
- Area Code/Phone Number: 213-974-4111
- E-mail: bgarcia@bos.lacounty.gov

**2. Function or Event Information**
- Does the agency have a ticket policy? Yes [X] No [ ]
- Event Description: LA Phil
- Face Value of Each Ticket/Pass: $100.00
- Date(s): 12/22/2018
- Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
- Was ticket distribution made at the behest of agency official? No [X] Yes [ ]

**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.

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Ceremonial Role [ ] Other [ ] Income [ ]
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Name of Outside Organization (include address and description) | Number of Ticket(s)/Pass(es) | Ceremonial Role [ ] Other [ ] Income [ ]
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Tierra Blanca</td>
<td>14</td>
<td>Per ticket policy 5.3 (i)</td>
</tr>
<tr>
<td>----------------------------------------------------------------</td>
<td>-----------------------------</td>
<td>---------------------------------------------------------------</td>
</tr>
</tbody>
</table>

**4. Verification**

I have read and understand FPPC Regulations 18244.1 and 18242. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee: [Signature]

Barbara Garcia [Print Name] Ticket Administrator [Title]

Date: 01/15/2019 (Month, Day, Year)

Comment: [ ]
# Agency Report of:
## Ceremonial Role Events and Ticket/Pass Distributions

### 1. Agency Name
- County of Los Angeles
- Board of Supervisor, First District
- Barbara Garcia, Ticket Administrator

### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes [X] No [ ]
- **Face Value of Each Ticket/Pass $** 39.00
- **Event Description** LA Phil
- **Date(s)** 12 23 2018
- **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [X]
- **Was ticket distribution made at the behest of agency official?** No [X] Yes [ ]

### 3. Recipients
- **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**
- **Number of Ticket(s)/Pass(es)**
- **Identify one of the following:**
  - Ceremonial Role [ ] Other [ ] Income [ ]
  - Ceremonial Role [ ] Other [ ] 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**
  - Pilipino Workers Center
    - 14
    - Per ticket policy 5.3 (i)

### 4. Verification
- **Signature of Agency Head or Designee**
- **Ticket Administrator**
- **Date** 01/15/2019

### Comment:

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**FPPC Form 802 (4/12)**

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/276-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   County of Los Angeles
   Division, Department, or Region (if Applicable)
   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
   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 X No
   Event Description LA Phil
   Face Value of Each Ticket/Pass $61.00
   Date(s) 1 3 2019
   Ticket(s)/Pass(es) provided by agency? Yes X No
   If no: LA Phil
   Name of Source
   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 X Other
      Income
      Ceremonial Role X Other
      Income
      Ceremonial Role X Other
      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
      Southeast Rio Vista YMCA 14 Per ticket policy 5.3 (i)

4. Verification
   I have read and understand FPPC Regulations 19941 and 19942. I have verified that the distribution set forth above is in accordance with the requirements.

   Signature of Agency Head or Designee
   Barbara Garcia
   Ticket Administrator
   Title
   Print Name
   01/15/2019
   (Month, Day, Year)

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

1. Agency Name
   County of Los Angeles
   Division, Department, or Region (If Applicable)
   Board of Supervisor, First District
   Designated Agency Contact (Name, Title)
   Barbara Garcia, Ticket Administrator
   Area Code/Phone Number 213-974-4111
   E-mail bgarcia@bos.lacounty.gov

2. Function or Event Information
   Does the agency have a ticket policy? Yes X No
   Event Description LA Phil
   Face Value of Each Ticket/Pass $96.00
   Date(s) 1 4 2019
   Ticket(s)/Pass(es) provided by agency? Yes No X
   If no: LA Phil
   Name of Source
   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 X Other
   Income
   If checking “Ceremonial Role” or “Other” describe below:
   Ceremonial Role X Other
   Income
   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
   Boys and Girls Club of Greater LA 14 Per ticket policy 5.3 (l)

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 Barbara Garcia
   Print Name Ticket Administrator
   Title 01/15/2019
   (Month, Day, Year)

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

#### 1. Agency Name
- County of Los Angeles
- Division, Department, or Region (If Applicable)
- Board of Supervisor, First District
- Designated Agency Contact (Name, Title)
  - Barbara Garcia, Ticket Administrator
- Area Code/Phone Number: 213-974-4111
- E-mail: bgarcia@bos.lacounty.gov

#### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes [x] No [ ]
- **Face Value of Each Ticket/Pass** $32.00
- **Event Description** LA Phil
- **Date(s)** 01.08.2019
- **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [x]
- **Was ticket distribution made at the behest of agency official?** No [x] Yes [ ]

#### 3. Recipients
- **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**
- **Number of 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**

- **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**
  - Mexican American Opportunity Foundation: 14
  - Per ticket policy 5.3 (i)

#### 4. Verification
- **Signature of Agency Head or Designee**: [Signature]
- **Print Name**: Barbara Garcia
- **Title**: Ticket Administrator
- **Date**: 01/15/2019

**Comment:**

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FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
County of Los Angeles
Division, Department, or Region (If Applicable)
Board of Supervisor, First District
Designated Agency Contact (Name, Title)
Barbara Garcia, Ticket Administrator
Area Code/Phone Number: 213-974-4111
E-mail: bgarcia@bos.lacounty.gov

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No [ ]
Face Value of Each Ticket/Pass $59.00
Event Description: LA Phil
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes [ ] No ☑
If no: LA Phil
If yes: LA Phil
Name of Sponsor
Official's Name (Last, First)
Date(s) 10/2019

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 ☐ Other ☐ Income ☐
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
East Yard Communities for a Better Environment 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.

Barbara Garcia, Ticket Administrator
01/15/2019

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

1. Agency Name
   County of Los Angeles
   Division, Department, or Region (If Applicable)
   Board of Supervisor, First District
   Designated Agency Contact (Name, Title)
   Barbara Garcia, Ticket Administrator
   Area Code/Phone Number: 213-974-4111
   E-mail: bgarcia@bos.lacounty.gov

2. Function or Event Information
   Does the agency have a ticket policy? Yes [X] No [ ]
   Face Value of Each Ticket/Pass $9.00
   Event Description: LA Phil
   Date(s): 1/11/2019
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
   If no: LA Phil
   Name of Source
   Was ticket distribution made at the behest of agency official? No [X] 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
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      - Ceremonial Role
      - Other
      - Income
      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
      East LA Rising
      14
      Per ticket policy 5.3 (i)

4. Verification
   I have read and understood 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]
   [Title]
   [Date (Month, Day, Year)]
   Barbara Garcia
   Ticket Administrator
   01/15/2019

Comment:

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