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

   [Date Stamp]

   California Form 802
   For Official Use Only

2. Function or Event Information
   Does the agency have a ticket policy? Yes [ ] No [x]
   Event Description: LA Phil
   Face Value of Each Ticket/Pass \$ 99.00
   Date(s) 02 12 19
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   If no: LA Phil
   Name of Source
   If yes: LA Phil
   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
   
   | Staff | 2 | Per ticket policy 5.3 (k) |
   
   B. Name of Individual (Last, First) | 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
   
   4. Verification
   I have read and understood FPPC Regulations 19264.1 and 16842. 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
   2/26/19
   [Print Name]
   [Title]

   [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

   □ 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] [X]
   Face Value of Each Ticket/Pass $99.00
   Event Description: LA Phil
   Date(s): 02 12 19
   Ticket(s)/Pass(es) provided by agency? [Yes] [No] [X]
   If no: LA Phil
   Name of Source: [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

      | Name of Agency, Department or Unit | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy |
      |-----------------------------------|-----------------------------|---------------------------------------------------------------|
      | Staff                             | 2                           | Per ticket policy 5.3 (k)                                    |
      |                                   |                             |                                                               |

   B. Name of Individual
      (Last Name)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:

      | Name of Individual (Last Name) | 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

      | 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 |
      |-----------------------------------------------------------------|-----------------------------|---------------------------------------------------------------|
      |                                                                |                             |                                                               |

4. Verification
   I have read and understand FPPC Regulations 19644.1 and 19842. I have verified that the distribution set forth above is in accordance with the requirements.

   Signature of Agency Head or Designee: [Signature]
   Print Name: [Signature]
   Title: [Title]
   (Month, Day, Year): 2/26/19

   Comment: [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

**Date Stamp**
California Form 802
For Official Use Only
Amendment (Must provide explanation in Part 3)
Date of Original Filing:

**2. Function or Event Information**
Does the agency have a ticket policy?
Yes [x] No [ ]
Face Value of Each Ticket/Pass $168.00
Event Description LA Phil
Provide Title/Explanation
Date(s)
02 15 19

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

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
<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>Staff</td>
<td>2</td>
<td>Per ticket policy 5.3 (k)</td>
</tr>
</tbody>
</table>

#### B. Name of Individual
<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role</th>
<th>Other</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>[ ] Ceremonial Role</td>
<td>[ ] Other</td>
<td>[ ] Income</td>
</tr>
</tbody>
</table>

If checking "Ceremonial Role" or "Other" describe below:

#### C. Name of Outside Organization
<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>
</table>

**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: 2/24/17

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
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   Face Value of Each Ticket/Pass $168.00
   Date(s): 02 15 19
   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
      Staff | 2 | Per ticket policy 5.3 (k)

   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

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: (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

   Date Stamp: California Form 802
   For Official Use Only

   Amendment (Must provide explanation in Part 1)
   Date of Original Filing: (Month, Day, Year)

2. Function or Event Information
   Does the agency have a ticket policy? Yes [X] No [ ]
   Face Value of Each Ticket/Pass $168.00
   Event Description: LA Phil
   Date(s): 02 16 19
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
   If no: LA Phil
   Name of Source:
   Official's Name (Last, First)

   Was ticket distribution made at the behest of agency official? No [ ] Yes [X]

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
      Staff
      2
      Per ticket policy 5.3 (k)

   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 [ ]
      If checking "Ceremonial Role" or "Other" describe below:

   C. Name of Outside Organization
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy

4. Verification
   I have read and understand FPPC Regulations 19944 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
   Print Name: Ticket Administrator
   Title:
   (Month, Day, Year)
   2/24/19

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: $168.00
   Date(s): 02/16/19
   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: [ ]

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
   Staff | 2 | Per ticket policy 5.3 (k)

   B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:
   Ceremonial Role [ ] Other [ ]
   If checking "Ceremonial Role" or "Other" describe below:
   Income [ ]
   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

4. Verification
   I have read and understand FPPC Regulations 19944.1 and 19842. I have verified that the distribution set forth above is in accordance with the requirements.

   Signature of Agency Head or Designee: [Signature]
   Print Name: [ ]
   Title: [ ]
   Date: 2/24/19

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
- Provide Title/Explanation
- Face Value of Each Ticket/Pass: $168.00
- Date(s): 02 17 19
- 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
<table>
<thead>
<tr>
<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>Staff</td>
<td>2 Per ticket policy 5.3 (k)</td>
</tr>
</tbody>
</table>

#### B. Name of Individual
- Name of Individual (Last, First)
- Number of Ticket(s)/Pass(es)
- Identify one of the following:
  - Ceremonial Role [ ] Other [ ] Income [ ]
  - Ceremonial Role [ ] Other [ ] Income [ ]

#### C. Name of Outside Organization
- 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

### 4. Verification
I have read and understand FPPC Regulations 19441 and 19442. 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**: 2/26/19

**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: $168.00
- Date(s) 02 17 19
- Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
- If no: LA Phil
- 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
<table>
<thead>
<tr>
<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>Staff</td>
<td>2 Per ticket policy 5.3 (k)</td>
</tr>
</tbody>
</table>

#### B. Name of Individual
<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>[ ] Ceremonial Role</td>
<td>[ ] Other</td>
<td>[ ] Income</td>
</tr>
</tbody>
</table>

Is checking "Ceremonial Role" or "Other" describe below:

#### C. Name of Outside Organization
<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>
</table>

### 4. Verification
I have read and understand FPPC Regulations 19645.1 and 19642. 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) 2/24/19

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 $168.00
   Event Description: LA Phil
   Date(s) 02 19 19
   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.

   A. Name of Agency, Department or Unit  Number of Ticket(s)/Pass(es)  Describe the public 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)  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

4. Verification
   I have read and understand FPPC Regulations 19344.1 and 1942. 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: [ ]
## 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** $168.00
- **Date(s)** 02/19/19
- **Ticket(s)/Pass(es) provided by agency?** Yes [x] No [ ]
- **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.

#### A. Name of Agency, Department or Unit
<table>
<thead>
<tr>
<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>Staff</td>
<td>2 Per ticket policy 5.3 (k)</td>
</tr>
</tbody>
</table>

#### B. Name of Individual
<table>
<thead>
<tr>
<th>Number of Ticket(s)/ Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ceremonial Role [ ] Other [ ]</td>
<td>income [ ]</td>
</tr>
<tr>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
<td></td>
</tr>
</tbody>
</table>

#### C. Name of Outside Organization
<table>
<thead>
<tr>
<th>Number of Ticket(s)/ Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>

### 4. Verification
- I have read and understand FPPC Regulations 19944.1 and 19942. 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** 02/24/19

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

1. Agency Name
   County of Los Angeles
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   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: $168.00
   Date(s): 02 23 19
   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
      | Staff | 2 | Per ticket policy 5.3 (k) |

   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

4. Verification
   I have read and understand FPPC Regulations 19944 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: (Month, Day, Year)
   Date: 02/24/19

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: $168.00
Event Description: LA Phil
Provide Title/Explanation:
Ticket(s)/Pass(es) provided by agency? Yes [X] No [ ]
Date(s): 02 23 19
If no:
If yes:
LA Phil
Official's Name (Last, First):
Name of Source:

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**
<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>Staff</td>
<td>2</td>
<td>Per ticket policy 5.3 (k)</td>
</tr>
</tbody>
</table>

**B. Name of Individual**
<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>
</tr>
</tbody>
</table>

**C. Name of Outside Organization**
<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>
</table>

4. Verification
I have read and understood FPPC Regulations 19344.1 and 19345. 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: [ ]
Print Name: [ ] Title: [ ]
Date: 2/24/19

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $168.00
   Event Description LA Phil
   Date(s) 02 23 19
   If no: LA Phil
   If yes: Name of Source
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Was ticket distribution made at the behest of agency official? No ☑ 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.

   A. Name of Agency, Department or Unit | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy
   Staff | 2 | Per ticket policy 5.3(k)

   B. Name of Individual (incl. title) | 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

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18945. I have verified that the distribution set forth above is in accordance with the requirements.

   Signature of Agency Head or Designee

   Signature of Agency Head or Designee

   Signature of Agency Head or Designee

   Print Name

   Print Name

   Print Name

   Title

   Title

   Title

   2/24/19

   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 [ ]
- Face Value of Each Ticket/Pass: $168.00
- Date(s): 02 23 19
- Event Description: LA Phil
- 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**

<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>Staff</td>
<td>2</td>
<td>Per ticket policy 5.3 (k)</td>
</tr>
</tbody>
</table>

**B. Name of Individual**
- Name of Individual (Last, First)
- Number of Ticket(s)/Pass(es)
- Identify one of the following:
  - Ceremonial Role [ ] Other [ ] Income [ ]
  - Ceremonial Role [ ] Other [ ] Income [ ]

**C. Name of Outside Organization**
- 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

**4. Verification**
- I have read and understand FPPC Regulations 18944 and 15942. I have verified that the distribution set forth above, is in accordance with the requirements.
- Signature of Agency Head or Designee: [Signature]  
- Print Name: Barbara Garcia
- Title: Ticket Administrator
- Date: 2/24/19

Comment: [ ]