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 $96.00
Event Description LA Phil
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
Date(s) 02 01 2019
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 ☐ 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
Girls Today, Women Tomorrow 14 Per ticket policy 5.3 (i)

4. Verification
I have read and understood 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
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  E-mail
213-974-4111 bgarcia@bos.lacounty.gov

Date Stamp

California Form 802
For Official Use Only

 Amendement (Mast 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
Face Value of Each Ticket/Pass $31.00
Event Description LA Phil
Provide Title/Explanation
Date(s) 02 03 2019
Ticket(s)/Pass(es) provided by agency? Yes [x] No
If no: LA Phil
If yes: 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:
Name of Individual (last, first)
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
Alma Family Services 14 Per ticket policy 5.3 (I)

4. Verification
I have read and understand FPPC Regulations 19244.1 and 19242. 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)
03/29/2019

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 | E-mail
   213-974-4111 | bgarcia@bos.lacounty.gov

2. Function or Event Information
   Does the agency have a ticket policy? Yes[ ] No[ ]
   Event Description
   LA Phil
   Face Value of Each Ticket/Pass $77.00
   Date(s)
   02/06/2019
   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.

<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 (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role [ ] Other [ ] Income [ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
</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>Elizabeth Learning Center</td>
<td>14</td>
<td>Per ticket policy 5.3 (I)</td>
</tr>
</tbody>
</table>

4. Verification
   I have read and understood FPPC Regulations 18944.1 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: __________
   Date (Month, Day, Year): 03/29/2019

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

A Public Document

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 $77.00
   Date(s) 02 07 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 (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
      Gage Middle School 14 Per ticket policy 5.3 (i)

4. Verification
   I have read and understand FPPC Regualtions 16844.1 and 16842. 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 03/29/2019 (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 $** 77.00
- **Event Description** LA Phil
- **Date(s)** 02, 08, 2019
- **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [x]
- **If no:** 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
- **A. Name of Agency, Department or Unit**
  - Number of Ticket(s)/Passes
  - Describe the public purpose made pursuant to the agency's policy

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</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>

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

<table>
<thead>
<tr>
<th>Name of Individual (Last Name)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Ceremonial Role [ ] Other [ ] Income [x]</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [x]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [x]</td>
</tr>
</tbody>
</table>

- **C. Name of Outside Organization (include address and description)**
  - Number of Ticket(s)/Passes
  - Describe the public purpose made pursuant to the agency's policy

<table>
<thead>
<tr>
<th>Name of Outside Organization</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barrio Action Youth Center</td>
<td>10</td>
<td>Per ticket policy 5.3 (i)</td>
</tr>
</tbody>
</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**
- **Print Name**
- **Title**
- **Date** (Month, Day, Year): 03/29/2019

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

- Date Stamp

- California Form 802

- For Official Use Only

- Amendment (Must provide explanation in Part 1)

- Date of Original Filing: [ ]

2. **Function or Event Information**

   - Does the agency have a ticket policy? Yes [ ] No [ ]

   - Face Value of Each Ticket/Pass $5.00

   - Event Description: LA Phil

   - Date(s): 02 08 2019

   - Ticket(s)/Pass(es) provided by agency? Yes [ ] 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**

<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>

**B. Name of Individual**

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

**C. Name of Outside Organization**

<table>
<thead>
<tr>
<th>(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>Barrio Action Youth Center</td>
<td>4</td>
<td>Per ticket policy 5.3 (i)</td>
</tr>
</tbody>
</table>

4. **Verification**

   - Have read and understand PPC Regulations 18241.1 and 18242.1. I have verified that the distribution set forth above is in accordance with the requirements.

   - Signatures of Agency Head or Designee

   - Print Name: Barbara Garcia

   - Title: Ticket Administrator

   - Date: 03/29/2019

   - (Month, Day, Year)

   - Comment:

   - 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: 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 $53.00
   Event Description: LA Phil
   Date(s): 02-10-2019
   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
   [Blank]

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

   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
   PACE - Pacific Asian Consortium in Employment: 14 | Per ticket policy 5.3 (i)
   [Blank]

4. Verification
   I have read and understand FPPC Regulations 19544.1 and 19542. 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: [Blank]
   Date: 03/29/2019
   (Month, Day, Year)
   Comment: [Blank]

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 E-mail
   213-974-4111 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 $77.00
   Event Description [LA Phil]
   Date(s) 02 16 2019
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes[ ] No[X]
   If no: LA Phil
   Name of Surname
   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
      Pellissier Village Neighborhood Group 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: 03/29/2019
   (Month, Day, Year)

Comment:

FFPC 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

   **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 $27.00**

   **Date(s)** 02/23/2019

   **Event Description** LA Phil

   **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☑

   **If no:**

   *Name of Source* LA Phil

   **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**

   **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**

   **Number of Ticket(s)/Pass(es)**

   **Describe the public purpose made pursuant to the agency's policy**

   Padres Lideres en Accion 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** Barbara Garcia

   **Title** Ticket Administrator

   **Date** 03/29/2019 (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

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
   Provide Title/Explanation
   Date(s) 02 26 2019
   Ticket(s)/Pass(es) provided by agency? Yes X No
   If no: LA Phil
   Name of Source
   If yes: [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.

   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
      [Description if checking "Ceremonial Role" or "Other"

   C. Name of Outside Organization
      Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency's policy
      Friends of Library, Huntington Park 10 Per ticket policy 5.3 (i)

4. Verification
   I have read and understand FPPC Regulations 18644.1 and 18642. 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
   03/29/2019 (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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ❏
Face Value of Each Ticket/Pass $ 32.00
Event Description LA Phil
Date(s) 02 26 2019
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
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
Hub Cities 4 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: 03/29/2019
(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 [ ]
   - Face Value of Each Ticket/Pass: $32.00
   - Event Description: LA Phil
   - Event Date(s): 03, 05, 2019
   - Ticket(s)/Pass(es) provided by agency? Yes [ ] No [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**

   **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**

   **Number of Ticket(s)/Pass(es)**

   **Describe the public purpose made pursuant to the agency's policy**

   - Bresee Youth Center
   - 14
   - Per ticket policy 5.3 (i)

4. **Verification**

   I have read and understand FPPC Regulations 19544.1 and 19544.2. 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**
   - 03/29/2019

   **(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 $53.00
   Date(s): 03/06/2019
   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
      (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
      El Arca
      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: [ ]
   Agency, Unit, or Designee: [ ]
   Print Name: [ ]
   Title: [ ]
   (Month, Day, Year): 03/29/2019

Comment: [ ]

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