# 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

**Contact Information**
- 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):** 03-02-2019

**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 officials?
- No [x] Yes [ ]

**Official's Name (Last, First):**

### 3. Recipients
- **A. Name of Agency, Department or Unit**
  - **Number of Ticket(s)/Pass(es):** 2
  - **Describe the public purpose made pursuant to the agency's policy:** 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

- **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 19244.1 and 19647. 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:** 04/15/2019

**Comment:**

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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

2. Function or Event Information
   Does the agency have a ticket policy? Yes[ ] No[ ]
   Event Description LA Phil
   Face Value of Each Ticket/Pass $99.00
   Date(s)
   03 03 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
      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 understood FPPC Regulations 19524.1 and 19527. 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

   Comment:

   04/15/2019

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 855/ASK-FPPC (886/275-7772)
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

2. Function or Event Information
   Does the agency have a ticket policy? Yes [ ] No [X] Face Value of Each Ticket/Pass $168.00
   Event Description LA Phil Date(s) 03/05/2019
   Provide Title/Explanation
   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 19241.1 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
   Title
   (Month, Day, Year)
   Comment:

FPPC Form 832 (4/12)
FPPC Toll-Free Helpline: 888/ASK-FPPC (888/275-7772)
## 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 $**: 168.00
- **Date(s)**: 03 05 2019
- **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [X]
- **If no**: LA Phil
- **Name of Sponsoring Office**:
- **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
- **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
- **Name of Outside Organization**
- **Number of Ticket(s)/ Pass(es)**
- **Describe the public purpose made pursuant to the agency's policy**

### 4. Verification
- **Signature of Agency Head or Designee**: Barbara Garcia
- **Print Name**: Ticket Administrator
- **Title**: 04/15/2019
- **Comment**:

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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
   Board of Supervisor, First District
   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): 03-06-2019
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
   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 Activity, 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 understood 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) 04/15/2019
   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**
   - Face Value of Each Ticket/Pass $168.00
   - Event Description LA Phil
   - Date(s) 03/06/2019
   - Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   - If no: LA Phil
   - Was ticket distribution made at the behest of agency official? Yes ☑ No ☐
     - Official's Name (Last, First)

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
     - Staff 2 Per ticket policy 5.3 (k)

4. **Verification**
   - I have read and understand FPPC Regulations 18924.1 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 Ticket Administrator 04/15/2019
   - Title
     - (Month, Day, Year)
   - Comment:
# Ceremonial Role Events and Ticket/Pass Distributions

**Agency Name:**
County of Los Angeles
Board of Supervisor, First District
Barbara Garcia, Ticket Administrator

**Area Code/Phone Number:** 213-974-4111
**E-mail:** bgarcia@bos.lacounty.gov

**Function or Event Information**
- **Does the agency have a ticket policy?** Yes
- **Event Description:** LA Phil
- **Face Value of Each Ticket/Pass:** $168.00
- **Date(s):** 07/03/2019

**Ticket(s)/Pass(es) provided by agency?**
- **Yes:** No

**Was ticket distribution made at the behest of agency official?**
- **Yes:** No

**Recipient Information**

<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>

**Recipient Information (Individual)***
- **Name of Individual:**
- **Number of Ticket(s)/Pass(es):**
- **Ceremonial Role:**
- **Income:**

**Recipient Information (Outside Organization)**
- **Name of Outside Organization:**
- **Number of Ticket(s)/Pass(es):**
- **Describe the public purpose made pursuant to the agency's policy:**

**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**
- **04/15/2019**

**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 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 $99.00
   Event Description LA Phil
   Date(s) 03 07 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? Yes[ ] No[ ]
   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 choosing "Ceremonial Role" or "Other" describe below:

   Ceremonial Role [ ] Other [ ]
   Income [ ]
   If choosing "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 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: [Signature]
   Date (Month, Day, Year): 04/15/2019
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): 03 09 2019
Ticket(s)/Pass(es) provided by agency? Yes [X] No [ ]
If no: LA Phil
Name of Source:
Was ticket distribution made at the behest of agency official? No [X] Yes [ ]
If yes:
Name of Official: [ ]

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 understand FPPC Regulations 18944.1 and 18924. 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: 04/15/2019

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. Recipients**

- **Name of Agency, Department or Unit**:
  - **Name of Individual (Last, First)**:
  - **Number of Ticket(s)/Pass(es)**:
    - **2**: Per ticket policy 5.3 (k)

- **Name of Outside Organization (include address and description)**:
  - **Number of Ticket(s)/Pass(es)**:

**B. Identification of Ceremonial Role**

<table>
<thead>
<tr>
<th>Ceremonial Role</th>
<th>Other</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**C. Verification**

I have read and understand FPPC Regulations 18924.1 and 18942.1. 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**: 04/15/2019
- **Comment**: [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

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 $ 99.00

Date(s) 03 09 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

| 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 (a) 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

Date (Month, Day, Year) 04/15/2019

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

## 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 ☐
- **Event Description** LA Phil
- **Face Value of Each Ticket/Pass** $168.00
- **Date(s)** 03/10/2019
- **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☑️
- **Was ticket distribution made at the behest of agency official?** No ☑️ Yes ☐

## 3. Recipients

### A. Name of Agency, Department or Unit
<table>
<thead>
<tr>
<th>Name of Individual</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>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Income ☐, Ceremony Role ☐, Other ☐, Income ☐, Ceremony Role ☐, Other ☐</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 18944.1 and 18947. 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**
- **Title**
- **Date (Month, Day, Year)** 04/15/2019

- 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 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 $ 168.00
   Date(s) 03 10 2019
   Event Description LA Phil
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes [x] No
   If no: LA Phil
   Name of Source
   Was ticket distribution made at the behest of agency official? No [x] 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
      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
      (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 18944.2. 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 (Month, Day, Year) 04/15/2019
   Comment:

FPPC Form 832 (4/12)
FPPC Toll-Free Helpline: 855/ASK-FPPC (855/275-7772)
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 $168.00
   Event Description LA Phil
   Date(s) 03 10 2019
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Event Date(s) 03 10 2019
   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.

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
   (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 18947. 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
04/15/2019
(Month, Day, Year)

Print Name
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 $168.00
   Event Description: LA Phil
   Provide Title/Explanation
   Date(s): 03/13/2019
   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 [ ] 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
   Staff | 2 | Per ticket policy 5.3 (k)

   B. Name of Individual
      (Last, First)
      Number of Ticket(s)/Pass(es)
      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 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: 04/15/2019
   (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

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) 03 13 2019
   Ticket(s)/Pass(es) provided by agency? Yes[ ] No[ ]
   If no: 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
      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:

   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 19444.1 and 19442. 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)

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

**2. Function or Event Information**
Does the agency have a ticket policy? Yes [X] No No
Face Value of Each Ticket/Pass $168.00
Event Description LA Phil
Provide Title/Explanation
Date(s) 03 /16 /2019
Ticket(s)/Pass(es) provided by agency? Yes No [X] No
If yes: LA Phil
Name of Source
Was ticket distribution made at the behest of agency official? No [X] Yes No
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>
<tbody>
<tr>
<td>Staff</td>
<td>2</td>
<td>Per ticket policy 5.3 (k)</td>
</tr>
</tbody>
</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>
</table>

**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
**Print Name**
04/15/2019
(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

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) 03 16 2019
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑ If no: 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
      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 understood FPPC Regulations 18644.1 and 18642. I have verified that the distribution set forth above is in accordance with the requirements.
   Barbara Garcia Ticket Administrator 04/15/2019
   Signature of Agency Head or Designee 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

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): 03/22/2019
   Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
   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
   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
      (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 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: [ ]
   Title: Ticket Administrator
   Date: 04/15/2019
   (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 $168.00
Event Description: LA Phil
Date(s): 03/22/2019
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
- 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

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 19844.1 and 19842. 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: 04/15/2019
(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

2. Function or Event Information
   Does the agency have a ticket policy? Yes [x] No No
   Event Description LA Phil
   Face Value of Each Ticket/Pass $168.00
   Date(s) 03 23 2019
   Provide Title/Explanation
   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 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 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: 04/15/2019
   (Month, Day, Year)

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

<table>
<thead>
<tr>
<th>1. Agency Name</th>
<th>County of Los Angeles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division, Department, or Region (If Applicable)</td>
<td>Board of Supervisor, First District</td>
</tr>
<tr>
<td>Designated Agency Contact (Name, Title)</td>
<td>Barbara Garcia, Ticket Administrator</td>
</tr>
<tr>
<td>Area Code/Phone Number</td>
<td>E-mail</td>
</tr>
<tr>
<td>213-974-4111</td>
<td><a href="mailto:bgarcia@bos.lacounty.gov">bgarcia@bos.lacounty.gov</a></td>
</tr>
</tbody>
</table>

#### 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)**: 03/23/2019

#### 3. Recipients

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

- **B. Name of Individual**
  - **Name of Individual (Last, First)**
  - **Number of Ticket(s)/Pass(es)**
  - **Identify one of the following**:
    - 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 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**: 04/15/2019
- **Comment**:

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

Date Stamp

A Public Document
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 [ ]
Face Value of Each Ticket/Pass $168.00
Event Description: LA Phil
Provide Title/Explanation
Date(s):
03 24 2019
Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
Name of Source
If no: LA Phil
Was ticket distribution made at the behest of agency official? Yes [X] No [ ]
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
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

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
04/15/2019 (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**
- Face Value of Each Ticket/Pass: $168.00
- Event Description: LA Phil
- Date(s): 03/24/2019
- Ticket(s)/Pass(es) provided by agency? **Yes**
- If no: LA Phil
- Name of Source:
- Was ticket distribution made at the behest of agency official? **No**
- 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>A. 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>

<table>
<thead>
<tr>
<th>B. 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><strong>Ceremonial Role</strong></td>
</tr>
<tr>
<td></td>
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<td>Other</td>
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<tr>
<td></td>
<td></td>
<td>Income</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. 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 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
Ticket Administrator
04/15/2019

Print Name
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
   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 [x]
   Event Description [ ] LA Phil
   Face Value of Each Ticket/Pass $168.00
   Date(s)
   03 27 2019
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   If no:
   Name of Source
   If yes:
   Official’s Name (Last, First)

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
      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 [ ]
      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
   Above report 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
   04/15/2019
   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

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
   Date(s) Face Value of Each Ticket/Pass $ 168.00
   [03/27/2019]
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
   If no: LA Phil
   Name of Sponser: [ ]
   Was ticket distribution made at the behest of agency official? Yes [X] No [ ]
   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
      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: [Signature]
   Print Name: [ ]
   Title: [ ]
   Date: 04/15/2019

   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

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
Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
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)
Face Value of Each Ticket/Pass $168.00
Date(s) 03 28 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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
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<tr>
<td>Staff</td>
<td>2</td>
<td>Per ticket policy 5.3 (k)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Name of Individual (Last, First)</td>
<td>Number of Ticket(s)/Pass(es)</td>
<td>Identify one of the following:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
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<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Name of Outside Organization</td>
<td>Number of Ticket(s)/Pass(es)</td>
<td>Describe the public purpose made pursuant to the agency's policy</td>
</tr>
<tr>
<td>(include address and description)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
I have read and understood FPPC Regulations 193441 and 19342. 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: Barbara Garcia
Title: Ticket Administrator
Date: 04/15/2019
(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

   Date Stamp California Form 802
   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 $168.00
   Event Description [ ] LA Phil
   Provide Title/Explanation
   Date(s) 03 29 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
      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 19365.1 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: 04/15/2019 (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 $99.00
   Date(s): 03 30 2019
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   If yes: 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 19944.1 and 19942. 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: (Month, Day, Year)
   04/15/2019
   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 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 $99.00
Date(s) 03 31 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

| Staff | 2 | Per ticket policy 5.3 (k) |

B. Name of Individual (Last, FHM) 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 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 04/15/2019

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

1. Agency Name
   County of Los Angeles
   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): 03 31 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 [ ] Yes [X]
   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 (Name, Title) | 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 understand FPPC Regulations 19441 and 15942. 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: 04/15/2019

Comment: [ ]