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): 04 05 2019
   Ticket(s)/Pass(es) provided by agency? Yes [X] No
   If no: LA Phil
   Name of Source:
   If yes: ____________________________
   Official's Name (Last, First)

3. Recipients
   * Use Section A to identify the agency’s department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization.
   
   A. Name of Agency, Department or Unit | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy
   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 [X] Other [ ] income [ ]
   Other [ ] income [ ]
   Ceremonial Role [X] Other [ ] income [ ]
   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 18942.2. I have verified that the distribution set forth above is in accordance with the requirements.
   Barbara Garcia [Signature of Agent, Head or Designee]  
   Ticket Administrator 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 [ ]
   Face Value of Each Ticket/Pass $168.00
   Event Description: LA Phil
   Date(s) 04 05 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
   * 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 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:
   Date (Month, Day, Year): 04/15/2019

   Comment:

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: $168.00
   - Date(s): 04 05 2019
   - 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**
   - Number of Ticket(s)/Pass(es)
   - Describe the public purpose made pursuant to the agency's policy

<table>
<thead>
<tr>
<th>Staff</th>
<th>2</th>
<th>Per ticket policy 5.3 (k)</th>
</tr>
</thead>
</table>

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

   **C. Name of Outside Organization**
   - 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 and 19262. 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
   - (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

Date Stamp: California Form 802
For Official Use Only

2. Function or Event Information
   Does the agency have a ticket policy? Yes [x] No [ ]
   Face Value of Each Ticket/Pass: $99.00
   Event Description: LA Phil
   Date(s): 04/06/2019
   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 [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:
      Ceremonial Role [ ] Other [ ] Income [ ]
      If checking "Ceremonial Role" or "Other" describe below:
      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 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
   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**
   - Event Description: LA Phil
   - Ticket(s)/Pass(es) provided by agency? **No**
   - Was ticket distribution made at the behest of agency official? **No**
   - Face Value of Each Ticket/Pass: $99.00
   - Date(s): 04/06/2019

3. **Recipients**
   - Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an outside organization.
   - **A. Name of Agency, Department or Unit**
     - Number of Ticket(s)/Pass(es): 2
     - Describe the public purpose made pursuant to the agency's policy:
       - **Staff**
         - Per ticket policy 5.3 (k)
   - **B. Name of Individual**
     - Number of Ticket(s)/Pass(es): 0
     - Identify one of the following:
       - Ceremonial Role
       - Other
       - Income
     - If checking "Ceremonial Role" or "Other" describe below:
       - Ceremonial Role
       - Other
       - Income
   - **C. Name of Outside Organization**
     - Number of Ticket(s)/Pass(es): 0
     - 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
     - Title: Ticket Administrator
     - Date: 04/15/2019

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 $99.00
Date(s): 04 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.

<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>Ceremonial Role: [ ] Other: [ ] Income: [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role: [ ] Other: [ ] Income: [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</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: Ticket Administrator
Print Name:
Title: 04/15/2019
(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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes [x] No [ ]
   Event Description: LA Phil
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
   If no, Name of Source:
   If yes, Official's Name (Last, First)
   Face Value of Each Ticket/Pass $168.00
   Date(s): 04 07 2019

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 [x] Other [ ]
      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:

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

2. **Function or Event Information**
   - Does the agency have a ticket policy? [X] Yes [ ] No
   - Event Description LA Phil
     - Provide Title/Explanation
     - Ticket(s)/Pass(es) provided by agency? [X] Yes [ ] No
     - Was ticket distribution made at the behest of agency official? [ ] No [X] Yes
   - Face Value of Each Ticket/Pass $168.00
   - Date(s) 04 07 2019

3. **Recipients**
   - *Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an outside organization.*
   - **A. Name of Agency, Department or Unit**
     - [ ] Staff 2 Per ticket policy 5.3 (k)
   - **B. Name of Individual**
     - [ ] 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)
     - Describe the public purpose made pursuant to the agency's policy

4. **Verification**
   - I have read and understood FPPC Regulations 16944.1 and 16942. 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
   - 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 __
   - Event Description: LA Phil
   - Face Value of Each Ticket/Pass: $168.00
   - Date(s): 04/07/2019

**Ticket(s)/Pass(es) provided by agency?**
- Yes __ No [X]

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

3. **Recipients**
   - 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>
</tbody>
</table>

**C. Name of Outside Organization** (include address and description)

<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: ________________________
- Print Name: ________________________
- Title: ________________
- Date: 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
   Event Description LA Phil
   Date(s) 04 09 2019
   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
   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 19244.1 and 19242. 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 (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 $168.00
   Event Description LA Phil
   Date(s) 04 09 2019
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   If no: LA Phil
   Name of Source
   If yes:
   Name of Source (Last, First)
   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 [ ]
      | | 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 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 E-mail
   213-974-4111 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 □ No X
   Face Value of Each Ticket/Pass $168.00
   Date(s) 04 10 2019
   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)
      Ceremonial Role Other X Income □
      If checking "Ceremonial Role" or "Other" describe below:
      Ceremonial Role Other X 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
   Ticket Administrator
   Print Name
   Signature
   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
Event Description LA Phil
Face Value of Each Ticket/Pass $168.00
Date(s) 04 10 2019
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
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 3 Per ticket policy 5.3 (k)

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

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 19244 and 19249. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency/Head or Designee Print Name Title
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: 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
   Event Date(s) 04/12/2019
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   Was ticket distribution made at the behest of agency official? No [x] Yes [ ]
   Name of Source: 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**
   
   **B. Name of Individual**
   
   **C. Name of Outside Organization**
   
4. Verification
   I have read and understand FPPC Regulations 19344.1 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
   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: 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) 04/12/2019
   Event Description: LA Phil
   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 [ ] 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) 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) 2
      Ceremonial Role [X] Other [ ]
      Income [ ]
      I checked 'Ceremonial Role' or 'Other' describe below:
      Ceremonial Role [X] Other [ ]
      Income [ ]

   C. Name of Outside Organization
      Number of Ticket(s)/Pass(es) 2
      Describe the public purpose made pursuant to the agency's policy

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: 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

   Date Stamp
   California Form 802
   For Official Use Only

   Amendment (Must provide explanation in Part 2)

   Date of Original Filing: (Month, Day, Year)

2. Function or Event Information
   Does the agency have a ticket policy? Yes [X] No [ ]
   Face Value of Each Ticket/Pass $168.00
   Event Description: LA Phil
   Date(s): 04/13/2019
   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 [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

      | 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
      (Include Role)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:

      | Name of Individual | Number of Ticket(s)/Pass(es) | Ceremonial Role [ ] Other [ ] Income [ ] |
      |--------------------|------------------------------|----------------------------------------|
      | Ceremonial Role    |                             | Ceremonial Role [ ] Other [ ] Income [ ] |
      | Other              |                             | Ceremonial Role [ ] Other [ ] Income [ ] |

   C. Name of Outside Organization
      (Include address and description)

      | 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 19344.1 and 19342. 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: [ ]
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 [ ] No [X]
Was ticket distribution made at the behest of agency official? No [X] Yes [ ]
Face Value of Each Ticket/Pass $168.00
Date (s) 04 13 2019
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.

<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>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
<td></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 19444.1 and 15942.1. 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)

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
Date(s) 04 14 2019
Event Description: LA Phil
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) Describes the public purpose made pursuant to the agency's policy
Staff 2 Per ticket policy 5.3 (k)

B. Name of Individual
(Include 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 18441 and 18442. 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
(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 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
   Event Description LA Phil
   Date(s) 04 14 2019
   Ticket(s)/Pass(es) provided by agency? Yes X No
   If no: LA Phil
   Name of Source
   If yes:
   Official’s Name (Last, First)

3. Recipients
   * Use Section A to identify the agency’s department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization.

   A. Name of Agency, Department or Unit Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency’s policy
   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 19344.1 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
   Ticket Administrator
   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 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
     Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Date(s) 04 14 2019
   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
   Have read and understand FPPC Regulations 19944.1 and 16642.1. 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
   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

   Date Stamp
   California Form 802
   For Official Use Only
   Amendment (Must provide explanation in Part II)
   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
   Date(s) 04 / 14 / 2019
   Event Description LA Phil
   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 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) 2
      Describe the public purpose made pursuant to the agency’s policy
      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 19242.1 I have verified that the distribution set forth above is in accordance with the requirements.
   Signature of Agency Head or Designee
   Barbara Garcia
   Title
   04/15/2019
   (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

Date Stamp
   California Form 802
   For Official Use Only

Amendment (Must provide explanation in Part 3)
   Date of Original Filing: (Month, Day, Year)

2. Function or Event Information
   Does the agency have a ticket policy? Yes [x] No [ ]
   Face Value of Each Ticket/Pass: $168.00
   Event Description: LA Phil
      Date(s): 04/18/2019
      Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
      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 | 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 19542.1. 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: 04/15/2019
   (Month, Day, Year)

   Comment:
**Agency Report of:**

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

1. **Agency Name**
   - County of Los Angeles

2. **Function or Event Information**
   - **Event Description:** LA Phil
   - **Face Value of Each Ticket/Pass:** $99.00
   - **Date(s):** 04/19/2019

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)

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

Comment: [Blank space]
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
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑ Date(s) 04 19 2019
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 Number of Ticket(s)/Pass(es) Identify one of the following:
(last, first)

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

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
Ticket Administrator
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
   Face Value of Each Ticket/Pass $99.00
   Event Description: LA Phil
   Provide Title/Explanation
   Date(s) 04/20/2019
   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 | 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
   --- | --- | ---
   [Blank]

4. Verification
   I have read and understood FPPC Regulations 18945.1 and 19242. 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: 04/15/2019

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

1. Agency Name
   County of Los Angeles
   Barbara Garcia, Ticket Administrator
   bgarcia@bos.lacounty.gov

2. Function or Event Information
   Event Description: LA Phil
   Ticket(s)/Pass(es) provided by agency? Yes
   Face Value of Each Ticket/Pass $99.00
   Date(s): 04/20/2019
   Was ticket distribution made at the behest of agency official? Yes

3. Recipients
   A. Name of Agency, Department or Unit
      Description: Per ticket policy 5.3 (k)
      Number of Ticket(s)/Pass(es): 2

   B. Name of Individual
      Identify one of the following:
      Ceremonial Role
      Income
   (last, first)
   Number of Ticket(s)/Pass(es)

   C. Name of Outside Organization
      (include address and description)
      Describe the public purpose made pursuant to the agency's policy

4. Verification
   I have read and understand FPPC Regulations 18944.1 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
   Title: Ticket Administrator
   Date: 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**

   - Does the agency have a ticket policy? Yes [X] No [ ]
   - Face Value of Each Ticket/Pass $168.00
   - Date(s): 04/20/2019
   - 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**

   * 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 [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>income [ ]</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 understand FPPC Regulations 19344.1 and 19242. I have verified that the distribution set forth above is in accordance with the requirements.

   **Signature of Agency Head/Designee**

   **Print Name**

   **Title**

   **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 [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 [ ] No [x]
Date(s) 04 20 2019
If no: LA Phil
Name of Source
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.

<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>Ceremonial Role [ ] Other [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>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 [ ]</td>
</tr>
<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 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:
Title: Ticket Administrator
Date: 04/15/2019
(Month, Day, Year)

Comment:

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