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 $27.00
   Date(s) 03 09 2019
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   If no: [ ]
   If yes: LA Phil
   Name of Sponsor:
   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
   [Blank]

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:
   Ceremonial Role [ ] Other [ ]
   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
   Just Us for Youth 14 Per ticket policy 5.3 (i)

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.
   Barbara Garcia
   Ticket Administrator
   4/15/2019
   (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** $53.00
- **Date(s)** 03 10 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
- **Number of Ticket(s)/Pass(es)**
- **Describe the public purpose made pursuant to the agency’s policy**

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

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

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

#### 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**

<table>
<thead>
<tr>
<th>Name of Outside Organization</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>Center for the Arts</td>
<td>14</td>
<td>Per ticket policy 5.3 (i)</td>
</tr>
</tbody>
</table>

### 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**
- **Print Name**
- **Title**
- **Date (Month, Day, Year)** 4/15/2019

**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  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]
If no: LA Phil Name of Source: 
Was ticket distribution made at the behest of agency official? No [X] Yes [ ]
If yes: 
Official's Name (Last, First)

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

A. Name of Agency, Department or Unit  Number of Ticket(s)/Pass(es)  Describe the public purpose made pursuant to the agency's policy

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

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

Pilipino Worker's Center 14  Per ticket policy 5.3 (i)

4. Verification
I have read and understand FPPC Regulations 19224.1 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
Barbara Garcia  Ticket Administrator
4/15/2019  (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 [ ]
   Face Value of Each Ticket/Pass $93.00
   Event Description LA Phil
   Date(s) 03 23 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 [ ]
   Official's Name (Last, First)

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

   A. Name of Agency, Department or Unit
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy

   B. Name of Individual (title, position)
      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
      Neighborhood Music School 14 Per ticket policy 5.3 (i)

4. Verification
   I have read and understand FPPC Regulations 19944.1 and 19242. I have verified that the distribution set forth above is in accordance with the requirements.
   Barbara Garcia
   Ticket Administrator
   4/15/2019
### 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

**Date Stamp**
- California Form 802
- Date of Original Filing: (Month, Day, Year)

**2. Function or Event Information**
- Does the agency have a ticket policy? Yes [x] No [ ]
- Event Description: LA Phil
- Face Value of Each Ticket/Pass: $123.00
- Date(s): 03 24 2019
- Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
- Was ticket distribution made at the behest of agency official? Yes [x] No [ ]
- If yes: [Name of Source]

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

<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>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, F/N)</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>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
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</tbody>
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<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>
<tbody>
<tr>
<td>Thai CDC</td>
<td>14</td>
<td>Per ticket policy 5.3 (i)</td>
</tr>
</tbody>
</table>

**4. Verification**
- I have read and understood FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.
- Signature of Agency Head or Designee: [Signature]
- Print Name: Barbara Garcia
- Title: Ticket Administrator
- Date: 4/15/2019

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 [ ]
- **Event Description** LA Phil
- **Face Value of Each Ticket/Pass $96.00**
- **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 [ ] 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

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#### B. Name of Individual

<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>if checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
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<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)

* Casa Cultural Saybrook
  - **Number of Ticket(s)/ Pass(es):** 14
  - **Per ticket policy 5.3 (i):**

### 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]
- **Print Name:** Barbara Garcia
- **Title:** Ticket Administrator
- **Date (Month, Day, Year):** 4/15/2019

**Comment:**

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

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</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: $40.00
- Date(s): 03 31 2019
- Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
- Was ticket distribution made at the behest of agency official? No [ ] Yes [x]

**3. Recipients**

- Use Section A to identify the agency's department or unit.
- Use Section B to identify an individual.
- Use Section C to identify an outside organization.

**A. Name of Agency, Department or Unit**

- Name of Agency, Department or Unit: [Blank]
- Number of Ticket(s)/Pass(es): [Blank]
- Describe the public purpose made pursuant to the agency's policy: [Blank]

**B. Name of Individual**

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

**C. Name of Outside Organization**

- Name of Outside Organization (include address and description): Miles Elementary School Music Program
- Number of Ticket(s)/Pass(es): 14
- Describe the public purpose made pursuant to the agency's policy: Per ticket policy 5.3 (i)

**4. Verification**

- I have read and understood FPPC Regulations 19944.1 and 19942. I have verified that the distribution set forth above is in accordance with the requirements.

- Signature of Agency Head or Designee: [Signature]
- Print Name: [Blank]
- Title: Ticket Administrator
- Date: 4/15/2019
- (Month, Day, Year)

**Comment:** [Blank]