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
   - 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
   - Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   - Was ticket distribution made at the behest of agency official? No [x] Yes [ ]
   - Date(s): 5/2/2019
   - 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**
     - Name: 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: (Leave blank)
     - Number of Ticket(s)/Pass(es): (Leave blank)
     - 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): (Leave blank)
     - 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: (Leave blank)
   - Date: 5/14/19
   - Comment: (Leave blank)
**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**

<table>
<thead>
<tr>
<th>California</th>
<th>Form 802</th>
</tr>
</thead>
<tbody>
<tr>
<td>For Official Use Only</td>
<td></td>
</tr>
</tbody>
</table>

**2. Function or Event Information**

<table>
<thead>
<tr>
<th>Does the agency have a ticket policy?</th>
<th>Yes [X] No [ ]</th>
</tr>
</thead>
</table>

**Event Description**
LA Phil

**Face Value of Each Ticket/Pass** $99.00

**Date(s)**
5 3 2019

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

**If no:**
LA Phil

**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**

<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>
</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 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**

<table>
<thead>
<tr>
<th>Signature</th>
<th>Title</th>
<th>Print Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Date (Month, Day, Year)**
5/14/19

**Comment:**

FPPC Form 802 (4/13)
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) 5 4 2019
   Was ticket distribution made at the behest of agency official? No [x] Yes [ ]
   If yes:
   Name of Official (Last, First)
   Name of Source

3. Recipients
   Use Section A to identify the agency's department or unit.
   Use Section B to identify an individual.
   Use Section C to identify an outside organization.
   A. Name of Agency, Department or Unit  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 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 (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
- Face Value of Each Ticket/Pass $99.00
- Date(s)
  - 5 5 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
  - 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
- 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
- (Month, Day, Year) 5/14/19

Comment: 

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

#### 1. Agency Name
- County of Los Angeles
- Division, Department, or Region (If Applicable)
- Board of Supervisor, First District
- Designated Agency Contact (Name, Title)
  - Barbara Garcia, Ticket Administrator
- Area Code/Phone Number
  - 213-974-4111
- E-mail
  - bgarcia@bos.lacounty.gov

#### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes [x] No [ ]
- **Event Description** LA Phil
- **Face Value of Each Ticket/Pass** $168.00
- **Date(s)** 5/10/2019
- **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**
- **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 [ ]

**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 19544.1 and 19642. 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** 5/4/19

### Comment:

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

1. Agency Name
   - County of Los Angeles
   - Division, Department, or Region (If Applicable)
   - Board of Supervisor, First District
   - Designated Agency Contact (Name, Title)
   - Barbara Garcia, Ticket Administrator
   - Area Code/Phone Number: 213-974-4111
   - E-mail: bgarcia@bos.lacounty.gov

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): 5/10/2019
   - Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
   - Was ticket distribution made at the behest of agency official? Yes [x] No [ ]

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

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

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

   - 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 19342. I have verified that the distribution set forth above, is in accordance with the requirements.
   - Barbara Garcia [Signature]
   - Ticket Administrator [Title]
   - Date: 5/14/19

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

1. Agency Name
   County of Los Angeles
   Division, Department, or Region (If Applicable)
   Board of Supervisor, First District
   Designated Agency Contact (Name, Title)
   Barbara Garcia, Ticket Administrator
   Area Code/Phone Number  213-974-4111
   E-mail bgarcia@bos.lacounty.gov

2. Function or Event Information
   Does the agency have a ticket policy? Yes[ ] No[X]
   Face Value of Each Ticket/Pass $168.00
   Event Description LA Phil
   Date(s)  5  10  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) | 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 19364.1 and 19642. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Print Name
   Title
   (Month, Day, Year)

Comment:

FPPC Form 802 (4/12)
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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) 5/10/2019
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)
   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 18944.1 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.

Barbara Garcia [Signature of Agency Head or Designee]
Ticket Administrator [Print Name]
5/14/19 [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
   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 No
   Event Description: LA Phil
   Provide Title/Explanation
   Face Value of Each Ticket/Pass: $99.00
   Date(s): 5/10/2019
   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) | 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 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 19942.2. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Lead or Designee: Barbara Garcia
   Print Name: Ticket Administrator
   Title: (Month, Day, Year)
   Comment:

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

1. Agency Name
   County of Los Angeles
   Division, Department, or Region (If Applicable)
   Board of Supervisor, First District
   Designated Agency Contact (Name, Title)
   Barbara Garcia, Ticket Administrator
   Area Code/Phone Number: 213-974-4111
   E-mail: bgarcia@bos.lacounty.gov

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): 5-11-2019
   Ticket(s)/Pass(es) provided by agency? Yes [X] No [ ]
   If no: LA Phil
   Name of Source: [Blank]
   Was ticket distribution made at the behest of agency official? No [X] Yes [ ]
   If yes: [Blank]

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

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

4. Verification
   I have read and understood FPPC Regulations 18544.1 and 18642. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee: [Blank]
   Print Name: [Blank]
   Title: [Blank]
   (Month, Day, Year): 5-14-19

Comment: [Blank]
### 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

**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)**

| 5 | 12 | 2019 |

Provide Title/Explanation

**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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff</td>
<td>2</td>
<td>Per ticket policy 5.3 (k)</td>
</tr>
</tbody>
</table>

#### B. Name of Individual

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

If checking “Ceremonial Role” or “Other” describe below:

#### 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 understood FPPC Regulations 19944.1 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 of Original Filing** (Month, Day, Year)

[Signature]

**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

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
   - Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
   - Date(s): 5/12/2019
   - Was ticket distribution made at the behest of agency official? No [x] Yes [ ]

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

   **A. Name of Agency, Department or Unit**
<table>
<thead>
<tr>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff</td>
<td>2 Per ticket policy 5.3 (k)</td>
</tr>
</tbody>
</table>

   **B. Name of Individual**
   (Last, First)

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

4. **Verification**
   I have read and understand FPPC Regulations 19441 and 19442. I have verified that the distribution set forth above is in accordance with the requirements.

   **Signature of Agency Head or Designee**
   Barbara Garcia

   **Print Name**
   Ticket Administrator

   **Title**
   (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 $168.00
Event Description LA Phil
Provide Title/Explanation
Date(s) 5 12 2019
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)
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 understood 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
Ticket Administrator
Print Name
Title
(Date, Month, Year)

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (855/276-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   County of Los Angeles
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   Board of Supervisor, First District
   Designated Agency Contact (Name, Title)
   Barbara Garcia, Ticket Administrator
   Area Code/Phone Number  F- 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
   Face Value of Each Ticket/Pass $168.00
   Date(s) 5 / 12 / 2019
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
   If no: LA Phil
   Name of Source
   Wasso 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 [ ]
   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 19344.1 and 19342. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature: Barbara Garcia
   Print Name: Ticket Administrator
   Title: (Month, Day, Year)

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agencies 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? [X] Yes  [No] No
   Face Value of Each Ticket/Pass $99.00
   Event Description: LA Phil
   Date(s): 5/12/2019
   Ticket(s)/Pass(es) provided by agency? [X] Yes  [No] No
   If no, Name of Source:
   If yes, Official's Name (Last, First):
   Was ticket distribution made at the behest of agency official? [No]  [Yes] 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
   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 19345.1 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: Ticket Administrator
   Title: 5/19
   (Month, Day, Year)

Comment: