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 $77.00
   Event Description LA Phil Date(s)
   Ticket(s)/Pass(es) provided by agency? [Yes] [No] If no:
   Was ticket distribution made at the behest of agency official? [No] [Yes]
   Name of Source
   Official’s Name (Last, First)

3. Recipients
   * Use Section A to identify the agency's department or unit.  * Use Section B to identify an individual.  * Use Section C to identify an outside organization.
   A. Name of Agency, Department or Unit Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency's policy
   B. 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 (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 & Designee: Barbara Garcia
   Signature of Designee: Ticket Administrator
   Date: 05/14/2019 (Month, Day, Year)

Comment:

FFPC Form 802 (4/12)
FFPC 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 X
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 ☐ Yes X
Face Value of Each Ticket/Pass $77
Date(s) 04 05 19
If no:
Name of Source
If yes:
Official's Name (Last, First)

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

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
Walnut Park Neighborhood Watch 6 Per ticket policy 5.3 (i)

4. Verification
I have read and understand FPPC Regulations 18924.1 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.

Signature of Agency Head or Designee
Barbara Garcia
Ticket Administrator
05/14/2019
Print Name
Title
(Month, Day, Year)

Comment:

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

1. Agency Name
   County of Los Angeles
   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 $93.00
   Event Description: LA Phil
   Event(s)/Pass(es) provided by agency? Yes [X] No
   Date(s) 04 05 19
   If yes:
   Official(s)'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

4. Verification
   I have read and understand FPPC Regulations 19844.1 and 19842.2. I have verified that the distribution set forth above is in accordance with the requirements.
   Signature of Agency Title or Designee: Barbara Garcia
   Signature of Agency Title or Designee: Ticket Administrator
   Print Name: 05/14/2019
   (Month, Day, Year)

Comment:
## Agency Report of:

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

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

### 2. Function or Event Information
- Does the agency have a ticket policy? Yes [x] No [ ]
- Face Value of Each Ticket/Pass: $77.00
- Event Description: LA Phil
- Date(s): 04 06 19
- 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
<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>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### B. Name of Individual (Last, First)
<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>
<th>Ceremonial Role [ ] Other [ ] Income [ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
<td></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>
<tbody>
<tr>
<td>Equestrian Joint Council</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 18942.1 and have verified that the distribution set forth above is in accordance with the requirements.
- Signature of Agency Head or Designee: [ ]
- Print Name: [ ]
- Title: [ ]
- Date: 05/14/2019 (Month, Day, Year)

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

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

### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes [x] No [ ]
- **Event Description:** LA Phil
- **Face Value of Each Ticket/Pass ($):** 31.00
- **Date(s):** 04 07 19
- **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></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<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>
</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>
<tbody>
<tr>
<td>A3PCON</td>
<td>14</td>
<td>Per ticket policy 5.3 (i)</td>
</tr>
</tbody>
</table>

### 4. Verification
I have read and understood FPPC Regulations 19644.1 and 19642. 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:** 05/14/2019

**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 $32.00
Event Description LA Phil
Provide Title/Explanation
Date(s) 04 09 19
Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
If no: LA Phil
If yes: 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
A. Name of Agency, Department or Unit Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency’s policy

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

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

C. Name of Outside Organization (Include address and description) Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency’s policy
La Puente Library 14 Per ticket policy 5.3 (i)

4. Verification
I have read and understand FPPC Regulations 19944.1 and 19642. I have verified that the distribution set forth above is in accordance with the requirements.

Barbara Garcia [Signature of Agency Officer or Designee]
Ticket Administrator [Print Name]
05/14/2019 (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 ☑ No ☐
   Face Value of Each Ticket/Pass $53.00
   Event Description: LA Phil
   Date(s): 04 10 19
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: LA Phil
   Name of Source: 
   Was ticket distribution made at the behest of agency official? No ☑ Yes ☐
   If yes: 
   Official's Name (Last, First): 

3. Recipients
   A. Name of Agency, Department or Unit
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy
      
      
      
   B. Name of Individual
      (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☑ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      
      Ceremonial Role ☑ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      
      
   C. Name of Outside Organization
      (Include address and description)
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy
      Day One
      14
      Per ticket policy 5.3 (l)

4. Verification
   I have read and understand FPPC Regulations 19644.1 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: 05/14/2019

Comment: 

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FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)