**Agency Report of:**

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

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

2. **Function or Event Information**
   - Does the agency have a ticket policy? Yes ☒ No ☐
   - Event Description: Music Center Performance
   - Face Value of Each Ticket/Pass: $349.00
   - Date(s): 05/15/2019
   - Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   - If no: Music Center
   - Name of Source:
   - Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   - If yes:
   - Official’s Name (Last, First):

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

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

4. **Verification**
   - I have read and understand FPPC Regulations 18244.1 and 18242. I have verified that the distribution set forth above is in accordance with the requirements.
   - Signature of Agency Head or Designee: Barbara Garcia
   - Administrative Director: 04/24/2019
   - (Month, Day, Year)

Comment: [Blank]

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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 $349.00
Event Description Music Center Performance
Provide Title/Explanation
Date(s) 05 05 2019
Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
If no:
If yes:
Music Center
Name of Source:
If yes:
Name of Source
Official's Name (Last, First)

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

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

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

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

| 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 (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.

Barbara Garcia Administrative Director 04/24/2019
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 E-mail
213-974-4111 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 ☒ No ❏
Face Value of Each Ticket/Pass $ 349.00
Event Description Music Center Performance
Date(s) 05 5 2019
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Music Center
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 Number of Ticket(s)/Pass(es) Identify one of the following:

Income ☐

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 hereby report and understand FPPC Regulations 19044.1 and 18842. 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:

Barbara Garcia Administrative Director 04/24/2019

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