

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
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			
		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	

2. Function or Event InformationDoes the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass \$ 55.00

Event Description Hollywood Bowl
Provide Title/Explanation

Date(s) 05 / 04 / 2019

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒If no: Hollywood Bowl
Name of SourceWas 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 <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>

C. Name of Outside Organization <small>(include address and description)</small>	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.

	Barbara Garcia	Ticket Administrator	
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment:

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Board of Supervisor, First District			
Designated Agency Contact (Name, Title)			
Barbara Garcia, Ticket Administrator			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
213-974-4111	bgarcia@bos.lacounty.gov		

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐

Event Description: Hollywood Bowl
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐

Face Value of Each Ticket/Pass \$ 99.50

Date(s) 05 / 17 / 2019

If no: Hollywood Bowl
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:
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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	06/11/2019 (Month, Day, Year)
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Comment:

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2. Function or Event Information

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Event Description: Hollywood Bowl
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐

Face Value of Each Ticket/Pass \$ 99.95

Date(s) 05 / 26 / 2019

If no: Hollywood Bowl
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
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Signature of Agency Head or Designee	Barbara Garcia	Ticket Administrator	06/11/2019
	Print Name	Title	(Month, Day, Year)

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Designated Agency Contact (Name, Title)			
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2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐

Event Description: Hollywood Bowl
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐

Face Value of Each Ticket/Pass \$ 59.50

Date(s) 06/01/2019

If no: Hollywood Bowl
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.

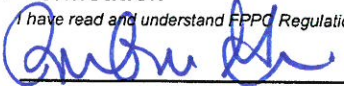
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Face Value of Each Ticket/Pass \$ 105.00

Event Description Hollywood Bowl
Provide Title/Explanation

Date(s) 06 / 03 / 2019

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒If no: Hollywood Bowl
Name of SourceWas ticket distribution made at the behest of agency official? No ☒ Yes ☐If yes: _____
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	Barbara Garcia	Ticket Administrator	06/11/2019
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Comment: