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 $55.00
Event Description Hollywood Bowl
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
Date(s) 05 04 2019
If no: Hollywood Bowl
If yes: Hollywood Bowl
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 ☐ 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: 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 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 $99.50
   Event Description Hollywood Bowl
   Date(s) 05 17 2019
   Ticket(s)/Pass(es) provided by agency? Yes [□] No [x]
   If no: Hollywood Bowl
   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) 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 [□]
      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.
   Signature of Agency Head or Designee
   Barbara Garcia
   Title
   06/11/2019
   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
   Fax: 213-974-4112
   E-mail: bgarcia@bos.lacounty.gov

2. Function or Event Information
   Does the agency have a ticket policy? Yes  No
   Event Description: Hollywood Bowl
   Face Value of Each Ticket/Pass: $99.95
   Date(s): 05 26 2019
   Ticket(s)/Pass(es) provided by agency? Yes  No
   If no: Hollywood Bowl
   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) | 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 19944.1 and 19942.2. 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): 06/11/2019
   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

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes [x] No [ ]
   - **Event Description** Hollywood Bowl
   - **Face Value of Each Ticket/Pass** $59.50
   - **Date(s)** 01 2019
   - **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [x]
   - If no: Hollywood Bowl
   - **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**
     - **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**
   - **Signature of Agency Head or Designee**
   - **Print Name**
   - **Title**
   - **Date (Month, Day, Year)** 06/11/2019

**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 [ ]
   Event Description: Hollywood Bowl
   Face Value of Each Ticket/Pass $ 105.00
   Date(s): 06 03 2019
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   If no: Hollywood Bowl
   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 understand FPPC Regulations 19944 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: 06/11/2019
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)