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, TicketAdministrator

   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 Dodgers
   Provide Title/Explanation

   Ticket(s)/Pass(es) provided by agency? Yes[ ] No[X]
   If no: Dodgers
   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
   * 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. I have verified that the distribution set forth above is in accordance with the requirements.

   Signature of Agency Head or Designee Print Name Title
   Barbara Garcia Ticket Administrator 07/16/2019

   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
   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 $45.00
   Date(s) 6/14/2019
   Ticket(s)/Pass(es) provided by agency? [Yes] [No]
   If no: Dodgers
   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.

<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>

<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>
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<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income [ ]</td>
</tr>
</tbody>
</table>

<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 19344.1 and 19242. 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: 07/16/2019
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 $45.00
   Event Description [Dodgers]
   Provide Title/Explanation
   Date(s) 15 2019
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
   If no: [Dodgers]
   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:
      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 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
   Ticket Administrator
   Print Name
   Title
   07/16/2019
   (Month, Day, Year)

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/276-7772)
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[ ]
   Face Value of Each Ticket/Pass $45.00
   Event Description  Dodgers
   Provide Title/Explanation
   Date(s)
   6-16-2019
   Ticket(s)/Pass(es) provided by agency?  Yes[ ] No[ ]
   If no:
   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:

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  07/16/2019
   (Month, Day, Year)
   Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/276-7772)
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 [ ]
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
Was ticket distribution made at the behest of agency official? Yes [ ] No [x]
Face Value of Each Ticket/Pass $45.00
Date(s) 6/17/2019
If no:
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 [ ] 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 19344.1 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: 07/16/2019

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: 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: Dodgers
   Face Value of Each Ticket/Pass $45.00
   Date(s) of Event: 6/18/2019
   Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
   If no: Dodgers
   Name of Source:
   If yes: No [x] 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, FNI)
      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. 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: 07/16/2019
   (Month, Day, Year)
   Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
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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 Dodgers
   Face Value of Each Ticket/Pass $45.00
   Date(s) 6 19 2019
   Ticket(s)/Pass(es) provided by agency? Yes [X] No
   If no: Dodgers
   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 19444.1 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
   Date 07/16/2019 (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
   Date Stamp: A Public Document
   California Form 802
   For Official Use Only
   Amendment (Must provide explanation in Part 1)
   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 $45.00
   Event Description: Dodgers
   Date(s): 6/20/2019
   Ticket(s)/Pass(es) provided by agency? Yes[ ] No[X]
   If no: Dodgers
   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
      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 understood 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: Ticket Administrator
   Title: (Month, Day, Year) 07/16/2019

Comment:

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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 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 $45.00
   Event Description Dodgers
   Date(s) 6 21 2019

   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   If no: Dodgers
   If yes: Name of Source
   Official's Name (Last, First)

   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 (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 [Signature] Print Name [Ticket Administrator] Title [07/16/2019]

   Comment: [Blank]

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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: 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 $45.00  
Event Description: Dodgers  
Date(s): 6/22/2019  
Ticket(s)/Pass(es) provided by agency? [Yes] [No]  
If no: Dodgers  
If yes: [Name of Source]  
Was ticket distribution made at the behest of agency official? [Yes] [No]  
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>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  
<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>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

C. Name of Outside Organization (Include address and description)  
<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>
</table>

4. Verification  
I have read and understand FPPC Regulations 19844.1 and 19849. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee:  
Barbara Garcia  
Signature of Agency Head or Designee:  
Ticket Administrator  
Print Name:  
Title:  
Date: 07/16/2019

Comment:  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
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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 $45.00
   Event Description: Dodgers
   Provide Title/Explanation: Dodgers
   Date(s): 12/23/2019
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   If no: Dodgers
   Name of Source: Barbara Garcia
   Was ticket distribution made at the behest of agency official? Yes [x] No [ ]
   If yes: Dodgers
   Official's Name (Last, First): Barbara Garcia

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 understood FPPC Regulations 18344.1 and 18342.2. 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: Barbara Garcia
   Title: Ticket Administrator
   Date: 07/16/2019
   (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 $45.00
- Event Description: Dodgers
- Date(s): 7/2/2019
- 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, 1st)
- 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 19341.1 and 16342. 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]
07/16/2019 [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 $45.00
   Event Description Dodgers
   Date(s) 7 13 2019
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
   If no: Dodgers
   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 19244 1 and 1942. 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
   07/16/2019

   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 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 $45.00
- Event Description: Dodgers
  
  **Provide Title/Explanation**

- Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
- If no: Dodgers
  
  **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.

<table>
<thead>
<tr>
<th>A. 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>

<table>
<thead>
<tr>
<th>B. 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>Ceremonial Role [ ] Other [ ]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. 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></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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 Ticket Administrator 07/16/2019

Signature of Agency Head or Designee Print Name Title

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: $45.00
   Event Description: Dodgers
   Provide Title/Explanation
   Date(s): 7/15/2019
   Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
   If no: Dodgers
   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 understood 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: [Signature]
   Print Name: Barbara Garcia
   Title: Ticket Administrator
   Date (Month, Day, Year): 07/16/2019

Comment: [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 $45.00  
   Event Description  
   Dodgers  
   Event Date(s)  
   7/6/2019  
   Ticket(s)/Pass(es) provided by agency?  
   Yes [ ] No [ ]  
   If no:  
   Dodgers  
   Name of Source:  
   Official's Name (Last, First)  
   Was ticket distribution made at the behest of agency official?  
   No [ ] 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**  
   (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:  

   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 19244.1 and 19249. 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:  
   Date: 07/16/2019  

   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 $45.00
   - Event Description: Dodgers
   - Date(s): 7/7/2019
   - Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   - If no: Dodgers
   - 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 19345.1 and 19349. I have verified that the distribution set forth above, is in accordance with the requirements.
   - Barbara Garcia [Signature]
   - Ticket Administrator
   - Print Name
   - Title
   - 07/16/2019 (Month, Day, Year)

Comment: [Add any additional comments here]

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)