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 3)
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 $81.00
Event Description Hollywood Bowl
Provide Title/Explanation

Date(s) 06 15 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)
Staff 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 19242.2. 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:

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:** $81.00
- **Event Description:** Hollywood Bowl
- **Date(s):** 06 15 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

- **A. Name of Agency, Department or Unit**
  - **Number of Ticket(s)/Pass(es):**
  - **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 [ ]
    - if checking "Ceremonial Role" or "Other" describe below:
    - Ceremonial Role [ ] Other [ ]
    - if checking "Ceremonial Role" or "Other" describe below:

- **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:** [Signature]

**Print Name:** [Print Name]

**Title:** [Title]

**Date:** 07/31/2019

**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 E-mail
213-974-4111 bgarcia@bos.laconounty.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 $81.00

Event Description Hollywood Bowl
Provide Title/Explanation

Date(s) 06 15 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
• 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>Per ticket policy 5.3 (k)</td>
<td></td>
</tr>
</tbody>
</table>

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 
Ticket Administrator 
07/31/2019 

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 E-mail
   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
   Face Value of Each Ticket/Pass $81.00
   Date(s) 06 15 2019
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Hollywood Bowl
   Was ticket distribution made at the behest of agency official? No ☑ Yes ☐
   If 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 | 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 ☐
   | 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 hereby certify 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: 07/31/2019
   (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: $81.00
   Date(s) of Event: 06 15 2019
   Event Description: Hollywood Bowl
   Ticket(s)/Pass(es) provided by agency? Yes  No
   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
      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
      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 18949.2. 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: 07/31/2019
   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

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $________
Event Description: Hollywood Bowl
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Date(s) 06 18 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: 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 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
[Signature]

Print Name
Barbara Garcia
Ticket Administrator

Title

Date (Month, Day, Year)
07/31/2019

Comment:

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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 | E-mail
   213-974-4111 | 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: $103.50
   Date(s): 06 24 2019
   Ticket(s)/Pass(es) provided by agency? Yes [X] No [ ]
   Name of Source:
   If no: Hollywood Bowl
   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
   Per ticket policy 5.3 (k)

   B. Name of Individual (Last, Fst) | 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 19441 and 19447. 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
   07/31/2019
   (Month, Day, Year)

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

Date Stamp California Form 802
For Official Use Only

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 $99.50
   Date(s) 06/25/2019
   Event Description: Hollywood Bowl
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Hollywood Bowl
   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) Per ticket policy 5.3 (k)
      Staff

   B. Name of Individual (specify)
      Number of Ticket(s)/Pass(es) Income
      Ceremonial Role ☐ Other ☐
      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 19644.1 and 19642.1. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee: [Signature] Print Name: [Print Name]
   Title: [Title] Date: 07/31/2019

Comment: