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 $50.00
   Event Description: Hollywood Bowl
   Date(s): 07 02 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 19944.1 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)

   Comment:

FPSC 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

Date Stamp
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
Event Description Hollywood Bowl
Face Value of Each Ticket/Pass $ 50.00
Date(s) 07 02 2019
Ticket(s)/Pass(es) provided by agency? Yes No X
If no: 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:
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 Print Name Title
Barbara Garcia Ticket Administrator
(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

Date Stamp

**California Form 802**
For Official Use Only

Amendment (Must provide explanation in Part I)
Date of Original Filing:

### 2. Function or Event Information

**Does the agency have a ticket policy?**
Yes [x] No [ ]

**Face Value of Each Ticket/Pass $**
50.00

**Event Description**
Hollywood Bowl

**Provide Title/Explanation**

**Date(s)**
07 02 2019

**Ticket(s)/Pass(es) provided by agency?**
Yes [ ] No [x]

**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

<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>

#### B. Name of Individual

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role</th>
<th>Other</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If checking "Ceremonial Role" or "Other" describe below:

<table>
<thead>
<tr>
<th>Ceremonial Role</th>
<th>Other</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### C. Name of Outside Organization

<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>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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**

**Date (Month, Day, Year)**
3/14/19

**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: 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 $50.00
   - Event Description: Hollywood Bowl
   - Date(s): 07/02/2019
   - 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: [ ]

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: Staff
      - Number of Ticket(s)/Pass(es): 2
      - Describe the public purpose made pursuant to the agency’s policy: Per ticket policy 5.3 (k)

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: Barbara Garcia
   - Title: Ticket Administrator
   - Date: 5/1/19 (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

2. Function or Event Information
   Does the agency have a ticket policy? Yes [X] No [ ]
   Face Value of Each Ticket/Pass $50.00
   Event Description Hollywood Bowl
   Date(s) 07 02 2019
   Event Description Provide Title/Explanation
   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 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:

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 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: $50.00
   Event Description: Hollywood Bowl
   Provide Title/Explanation
   Date(s):
   07 02 2019
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
   If no: Hollywood Bowl
   Name of Source
   If yes: "Hollywood Bowl"
   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
      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:
      Ceremonial Role [ ] Other [ ]
      Income [ ]
      If checking "Ceremonial Role" or "Other" describe below:
      Ceremonial Role [ ] Other [ ]
      Income [ ]

   C. Name of Outside Organization
      Name of Outside Organization
      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 19244. 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:

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 [X] Face Value of Each Ticket/Pass $ 50.00  
   Event Description [ ] Hollywood Bowl  
   Date(s): [ ] 07 [ ] 02 [ ] 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.

   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 19242. 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

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

2. Function or Event Information
   Does the agency have a ticket policy?  Yes [X]  No [ ]
   Face Value of Each Ticket/Pass $ 50.00
   Event Description   Hollywood Bowl
   Date(s)   07-02-2019
   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:
   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   Print Name   Title
   Barbara Garcia   Ticket Administrator
   (Month, Day, Year)

   Comment:

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 [ ]

**Event Description**
Hollywood Bowl

**Face Value of Each Ticket/Pass** $50.00

**Date(s)**
07 \ 02 \ 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?** Yes [ ] No [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**
Staff

**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:

Ceremonial Role [ ] Other [ ] Income [ ]

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**

I have read and understand FPPC Regulations 19244.1 and 19242. I have verified that the distribution set forth above, is in accordance with the requirements.

Barbara Garcia [Signature of Agency Head or Designee] 3/16/19
Ticket Administrator [Print Name] [Title] (Month, Day, Year)

**Comment:**

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 □
Event Description Hollywood Bowl
Face Value of Each Ticket/Pass $50.00
Date(s) 07 02 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 officials? Yes □ No 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:

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 19442. 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
Date (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
   Date of Original Filing: (Month, Day, Year)

2. Function or Event Information
   Does the agency have a ticket policy? Yes X No O
   Face Value of Each Ticket/Pass $ 50.00
   Event Description Hollywood Bowl
   Date(s) 07 02 2019
   Ticket(s)/Pass(es) provided by agency? Yes O No X
   If no: Hollywood Bowl
   If yes: Name of Source
   Was ticket distribution made at the behest of agency official? No X Yes O
   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

   B. Name of Individual
      (Last, First)
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy
      Identify one of the following:
      Ceremonial Role O Other O Income O
      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 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
   Barbara Garcia
   Print Name
   Title Ticket Administrator
   Date 5/14/17
   (Month, Day, Year)
   Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency: County of Los Angeles
Division, Department, or Region: Board of Supervisor, First District
Designated Agency Contact: Barbara Garcia, Ticket Administrator
Area Code/Phone Number: 213-974-4111
E-mail: bgarcia@bos.lacounty.gov

## Function or Event Information
- Does the agency have a ticket policy? Yes [x] No [ ]
- Event Description: Hollywood Bowl
- Face Value of Each Ticket/Pass $: 115.00
- Date(s): 08 05 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 [ ]

## 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>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>

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

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

## 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.

Barbara Garcia [Signature of Agency Head or Designee] 8/14/19
Ticket Administrator [Print Name] Title

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