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

   **Date of Original Filing**
   - (Month, Day, Year)

   **Amendment** (Must provide explanation in Part 1)

2. **Function or Event Information**
   - **Does the agency have a ticket policy?**
     - Yes ☑ No ☐

   **Event Description**
   - Dodgers

   **Face Value of Each Ticket/Pass $**
   - 45.00

   **Date(s)**
   - 8/1/2019

   **Ticket(s)/Pass(es) provided by agency?**
   - Yes ☐ No ☑

   **Name of Source**
   - Dodgers

   **Was ticket distribution made at the behest of agency official?**
   - No ☑ 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

   **Describe the public purpose made pursuant to the agency's policy**
   - Per ticket policy 5.3 (k)

   **B. Name of Individual**
   - (Last, FNN)

   **Number of Ticket(s)/Pass(es)**

   **Identify one of the following:**
   - 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 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

   **Title**
   - Ticket Administrator

   **Date**
   - 08/16/2019

   **FPPC Form 802 (4/12)**

   **FPPC Toll-Free Helpline: 866/ASK-FPPC (866/276-7772)**

   **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
   Date(s) 8/2/2019
   Event Description: Dodgers
   Ticket(s)/Pass(es) provided by agency? Yes ☑️ No ☐
   If no: Dodgers
   Official 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 ☐
   | 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 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: [Signature]
   Print Name: Barbara Garcia
   Title: Ticket Administrator
   Date (Month, Day, Year): 08/16/2019

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    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 [Dodgers]
   Face Value of Each Ticket/Pass $45.00
   Date(s) 8/13/2019
   Ticket(s)/Pass(es) provided by agency? Yes No
   If no: Dodgers
   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 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
   (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
Provide Title/Explanation
Date(s): 8/4/2019
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? Yes [X] 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.

<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 (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following: |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
</tbody>
</table>

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: [Signature]
print name: [Name]
title: [Title] (Month, Day, Year)

Comment: [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
   Date of Original Filing: (Month, Day, Year)

   Amendment (Must provide explanation in Part 2.)

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): 8/15/2019
   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:

   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/Designee: [Signature]
   Print Name: [Print Name]
   Title: [Title]
   (Month, Day, Year) 08/16/2019

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

1. Agency Name
   County of Los Angeles
   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): 8/6/2019
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   If no: 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>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 [ ] 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 [ ] 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>

<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 understood FPPC Regulations 19844.1 and 19842. 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): 08/16/2019

   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 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 No
Face Value of Each Ticket/Pass $45.00
Event Description Dodgers
Provide Title/Explanation
Date(s) 8 7 2019
Ticket(s)/Pass(es) provided by agency? Yes No
If no: Dodgers 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 Number of Ticket(s)/Pass(es) Identify one of the following:
(Last, First)
Ceremonial Role Other Income
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
(Include address and description)

4. Verification
I have read and understand FPPC Regulations 19544.1 and 19642. I have verified that the distribution set forth above is in accordance with the requirements.

Signature of Agency Head Designee
Barbara Garcia Ticket Administrator
Print Name Title
(FPPC 802 4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (856/275-7772)
### 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**
- Face Value of Each Ticket/Pass: $45.00
- Event Description: Dodgers
- Date(s): 8/9/2019
- Ticket(s)/Pass(es) provided by agency? **No**
- Name of Source: Dodgers
- Was ticket distribution made at the behest of agency official? **No**

**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
- Name of Individual (Last, First)
- Number of Ticket(s)/Pass(es)
- 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 18944.1 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.

Barbara Garcia
Ticket Administrator
08/16/2019

Comment:
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   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
   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 $45.00
   Event Description [Dodgers]
   Provide Title/Explanation
   Date(s) 8 10 2019
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Dodgers
   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:
   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
   (Month, Day, Year)

Comment:

FPPC Form 802 (4/12)
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   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) 8/11/2019
   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 18944 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:
   08/16/2019
   (Month, Day, Year)

   Comment:

   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)