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 [ ] No [ ]
   Face Value of Each Ticket/Pass $ __________ 187.00
   Event Description: LA Phil
   Date(s) 10 / 09 / 2021
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [ ]
   If no: ____________________
   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
   Number of Ticket(s)/Passes
   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)/Passes
   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)/Passes
   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 ____________________
   Administrative Director ____________________
   Title ____________________
   Date 10/29/2021
   (month, day, year)

Comment: ____________________

FPPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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   County of Los Angeles
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   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 ☐
   Event Description: LA Phil
   Provide Title/Explanation
   Face Value of Each Ticket/Pass $ 187.00
   Date(s) 10/09/2021
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   If no: ____________________________
   If yes: ____________________________
   Name of Source
   Official’s Name (Last, First)
   Was ticket distribution made at the behest of agency official? Yes ☐ 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 Number of Ticket(s)/ Passes 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)/ Passes Identify one of the following:
   Ceremonial Role ☐ Other ☐ Income ☐
   Income ☐
   If checking “Ceremonial Role” or “Other” describe below:

   C. Name of Outside Organization (Include address and description) Number of Ticket(s)/ Passes 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
   Administrative Director
   Print Name
   Title
   Date 10/29/2021
   (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 [ ]  No [X]
   Face Value of Each Ticket/Pass $227.00
   Event Description: LA Phil
   Ticket(s)/Pass(es) provided by agency?  Yes [X]  No [ ]
   Date(s) 10/14/2021
   Was ticket distribution made at the behest of agency official?  Yes [X]  No [ ]
   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)/Passes | 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)/Passes | 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)/Passes | 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.
   Barbara Garcia  Administrative Director  10/29/2021
   Signature of Agency Head or Designee  Print Name  Title
   (month, day, year)

Comment:
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 ☐
Event Description: LA Phil
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
Was ticket distribution made at the behest of agency official? Yes ☐ No ☐
Face Value of Each Ticket/Pass: $227.00
Date(s): 10/16/2021

3. Recipients
A. Name of Agency, Department or Unit | Number of Ticket(s)/Passes | 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)/Passes | 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:

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: Administrative Director: Title: 10/29/2021
(month, day, year)

Comment:
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   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 $ __________ 132.00
   Event Description: LA Phil
   Date(s) 10/17/2021
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   If no: __________________________
   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
      Number of Ticket(s)/Passes
      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)/Passes
      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)/Passes
      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 __________________________
   Administrative Director __________________________
   Title __________________________
   Date 10/29/2021 (month, day, year)
   Comment: __________________________

FPPC Form 802 (2/2016)
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   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 $ 63.00
   Event Description:  
   LA Phil
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency?  
   Yes □ No □  
   Date(s)  
   10/17/2023
   If no:  
   Name of Source
   If yes:  
   Official's Name (Last, First)
   Was ticket distribution made at the behest of agency official?  
   Yes □ 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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff</td>
<td>4</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)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
</tbody>
</table>

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

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<tr>
<th>C. Name of Outside Organization (include address and description)</th>
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4. Verification  
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Signature of Agency Head or Designee  
Barbara Garcia

Print Name  
Administrative Director

Title  
10/29/2021
(month, day, year)

Comment:  

Print □ Clear □
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   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 $ 227.00
   Event Description: LA Phil
   Date(s) 10 / 22 / 2021
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [ ]
   If no: 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 | Number of Ticket(s)/Passes | 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)/Passes | Identify one of the following:
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   Barbara Garcia | Administrative Director 10/29/2021
   Signature of Agency Head or Designee | Print Name | Title (month, day, year)

Comment:
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   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 $ 132.00
   Event Description: LA Phil
   Date(s) 10 / 23 / 2021
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   If no: Name of Source
   Was ticket distribution made at the behest of agency official? Yes ☐ No ☐
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</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
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   Signature of Agency Head/Designee  Barbara Garcia  Administrative Director
   Print Name  Title
   10/29/2021 (month, day, year)

Comment: ____________________________