. Age	ncy Name				Date Stamp	California 802
	nty of Los Angeles		8			Form OUZ
	sion, Department, or Reg					1 of Official Use Offig
	rd of Supervisor, First I gnated Agency Contact				-	
1000 70	para Garcia, Ticket Adn	61 98 (150 GG)				
	Code/Phone Number	E-mail			Amendment (Mu.	st Provide Explanation in Part 3.)
213-	974-4111	bgarcia@bos.lace	ounty.gov		Date of Original Filin	g:(month, day, year)
. Fun	ction or Event Info	rmation				
Does	s the agency have a tic	ket policy? Ye	s ■ No □ F	ace Value of	Each Ticket/Pass \$	187.00
Ever	nt Description: LA Phil			Date(s)10	, 09 , 2021	
		Provide Title/ Exp	olanation			
TICK	et(s)/Pass(es) provided	by agency? Ye	s∐ No ■ □	r no:	Name of Source	
Was	ticket distribution mad	e at the behest Ye	s 🗆 No 🔳 🏻	f yes:	Official's Name (Last, Fir	efl
of a	agency official?				Olliciai's Name (Last, Fil	51)
. Re	ecipients					
	e Section A to identify the age	ncy's department or unit.	• Use Section B to i	dentify an individ	ual. Use Section C to ide	ntify an outside organization.
150,70			Number of Ticket(s)(Describe th	e public purpose made p	oursuant to the agency's notice
Α.	Name of Agency, Dep	partment or Unit	of Ticket(s)/ Passes	Describe tr	re public purpose made i	pursuant to the agency's policy
A. Sta		artment or Unit			olicy 5.3 (k)	pursuant to the agency's policy
	aff Name of Inc	lividual	Passes			
Sta	aff	lividual	Passes 2	Per ticket p	olicy 5.3 (k)	ne following:
Sta	aff Name of Inc	lividual	Passes 2 Number of Ticket(s)/	Per ticket p	olicy 5.3 (k)	ne following:
Sta	aff Name of Inc	lividual	Passes 2 Number of Ticket(s)/	Per ticket p Ceren If check	olicy 5.3 (k) Identify one of the control of the c	ne following: Income [describe below:
Sta	aff Name of Inc	lividual irst)	Passes 2 Number of Ticket(s)/	Ceren If check	Identify one of the nonial Role Other Ceremonial Role Other Chang "Ceremonial Role" or "Other Chang" "Ceremonial Role" or "Other Chang" "Ceremonial Role" or "Other Change" "Ceremonial Role" "Ceremon	ne following: Income [describe below:
Sta	Name of Ind (Last, Fi	lividual irst)	Passes 2 Number of Ticket(s)/ Passes Number of Ticket(s)/	Ceren If check	Identify one of the nonial Role Other Ceremonial Role Other Chang "Ceremonial Role" or "Other Chang" "Ceremonial Role" or "Other Chang" "Ceremonial Role" or "Other Change" "Ceremonial Role" "Ceremon	ne following: Income [" describe below: Income [" describe below:
B.	Name of Ind (Last, Fi	lividual irst)	Passes 2 Number of Ticket(s)/ Passes Number of Ticket(s)/	Ceren If check	Identify one of the nonial Role Other Ceremonial Role Other Chang "Ceremonial Role" or "Other Chang" "Ceremonial Role" or "Other Chang" "Ceremonial Role" or "Other Change" "Ceremonial Role" "Ceremon	ne following: Income [" describe below: Income [" describe below:
B. C.	Name of Ind (Last, Fi	lividual irst) Drganization d description)	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Ceren If check Describe the	Identify one of the nonial Role Other wing "Ceremonial Role Other honial Role or "Other king "Ceremonial Role" or "Other king "Ceremonial Role" or "Other he public purpose made p	ne following: Income [" describe below: Income [" describe below:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions 1. Agency Name

Α	P	u	h	li	C	D	0	C	u	m	6	n	1
•		w	~		·		•	•	w		•		, ,

. Agency Name	Date Stamp California On 2
County of Los Angeles	Form OUZ
Division, Department, or Region (if applicable)	For Official Use Only
Board of Supervisor, First DIstrict	
Designated Agency Contact (Name, Title)	1
Barbara Garcia, Ticket Administrator	Amendment (Must Provide Explanation in Part 3.)
Area Code/Phone Number E-mail	Amendment (wast rowide Explanation in rait 3.)
213-974-4111 bgarcia@bos.lacounty.gov	Date of Original Filing:(month, day, year)
2. Function or Event Information	407.00
Does the agency have a ticket policy? Yes ■ No □ Face Value of	Each Ticket/Pass \$187.00
Event Description: LA Phil Date(s)	<u>, 09 , 202</u>
Provide Title/ Explanation	
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ If no:	Name of Source
Was ticket distribution made at the behest Yes ☐ No ☐ If yes:	Official's Name (Last, First)
of agency official?	
3. Recipients	
• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual	ual. Use Section C to identify an outside organization.
A. Name of Agency, Department or Unit Number of Ticket(s)/ Passes	ne public purpose made pursuant to the agency's policy
	policy 5.3 (k)
2	(1)
· ·	
B. Name of Individual Number of Ticket(s)/ (Last, First) Passes	Identify one of the following:
	monial Role Other Income Income kiking "Ceremonial Role" or "Other" describe below:
Cerer	monial Role Other Income
	cking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization of Ticket(s)/ Passes Describe the	ne public purpose made pursuant to the agency's policy
1. Verification	
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified with the requirements.	that the distribution set forth above, is in accordance
/ / / /) 11	injetretive Director 40/00/0004
Standium of Agency Head Screening Head Head Screening Head Screening Head Screeni	inistrative Director 10/29/2021 Title (month. day, year)
√ vignature of Averticy nead ow-Designee Print Name	Title (month, day, year)
Comment:	

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions		A Public Docu	ıment
1. Agency Name	Date Stamp	California Form	202
County of Los Angeles		Form	
Division, Department, or Region (if applicable)	1	For Official Use	Only
Board of Supervisor, First DIstrict			

	County of Los Angeles					Form OUZ
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Board of Supervisor, First D]	
	Designated Agency Contact	(Name, Title)				
	Barbara Garcia, Ticket Adm			with the same of t	Amendment (Must Pri	ovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			Data of Original Fillians	
-	213-974-4111	bgarcia@bos.lacc	ounty.gov		Date of Original Filing: _	(month, day, year)
2.	Function or Event Infor	mation		20 July 20 - 20 C C C C C C C C C C C C C C C C C C		
	Does the agency have a tick	ket policy? Yes	No □	Face Value of	Each Ticket/Pass \$	227.00
	Event Description: LA Phil				<u>, 14 , 2021</u>	1 1
	Event Beschption.	Provide Title/ Exp	lanation	<i>Dato</i> (0)		
	Ticket(s)/Pass(es) provided	by agency? Yes	No 🔳	If no:	Name of Source	
	Was ticket distribution made	a at the behest .v		If yes:		
	of agency official?	e at the beliest Yes	S∐ NO ■	you	Official's Name (Last, First)	
_	or agonoy omolar.					
3.	Recipients					
	Use Section A to identify the ager	ncy's department or unit.	• Use Section B to	o identify an individ	ual. Use Section C to identify	an outside organization.
	A. Name of Agency, Department	artment or Unit	Number of Ticket(s) Passes	Describe th	ne public purpose made purs	uant to the agency's policy
	Staff		2	Per ticket p	olicy 5.3 (k)	
			Number			
	B. Name of Ind (Last, Fir		of Ticket(s). Passes		Identify one of the fo	llowing:
					monial Role Other Charlesing "Ceremonial Role" or "Other" desi	Income In
				10000000000000000000000000000000000000	nonial Role Other Sking "Ceremonial Role" or "Other" desc	Income Income
	C. Name of Outside C		Number of Ticket(s). Passes	Describe th	ne public purpose made purs	uant to the agency's policy
4.	Verification I have read and understand FF	PPC Regulations 1802	14 1 and 1804	2 I have verified	that the distribution set fo	rth above is in accordance
	with the requirements	. Ortogulations 1004			are distribution out to	abovo, io in accordance
	Much	Barbara Ga	rcia	Adm	inistrative Director	10/29/2021
	Signature of Asancy Head of Design	nee	Print Name		Title	(month, day, year)

Comment: _

Print

Clear

FPPC Form 802 (2/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

	Agency Name		100			Date Stamp	California 802
	County of Los Angeles					**	Form OUZ
į	Division, Department, or Regi	on (if applicable)					For Official Use Only
	Board of Supervisor, First DI	strict					
Ī	Designated Agency Contact (/	Vame, Title)					
	Barbara Garcia, Ticket Admi	nistrator				Amondment (M	ust Provide Explanation in Part 3.)
7	Area Code/Phone Number	E-mail				Amendment (Mt	ust Flovide Explanation in Falt 5.)
	213-974-4111	bgarcia@bos.la	acounty.	gov		Date of Original Fili	ng:(month, day, year)
	Function or Event Inform	nation					
	Does the agency have a tick	et policy?	res 🔳 1	№П Б	ace Value of	Each Ticket/Pass \$	227.00
	50 8	·			10	, 16 , 202	
	Event Description: LA Phil	Provide Title/	Explanation	L	Date(s)		
	Ticket(s)/Pass(es) provided I		res □ I		no:		
	2 2 3		20			Name of Source	
	Was ticket distribution made	at the behest	∕es 🔲 🛚	No 🔳 🏻 If	yes:	Official's Name (Last, Fi	irst)
	of agency official?					,,	
	Recipients • Use Section A to identify the agence	cy's department or ur	nit. •Use S	ection B to i	dentify an individu	nal. Use Section C to ide	entify an outside organization.
	A. Name of Agency, Depar	rtment or Unit		Number f Ticket(s)/	Describe th	e public purpose made	nursuant to the agency's policy
				Passes			paradam to the agency 3 policy
	Staff			Passes 2	Per ticket p		parsualities the agency 3 policy
	B. Name of Indiv						
				2 Number	Per ticket p	olicy 5.3 (k)	the following:
	B. Name of Indiv			2 Number	Per ticket p	olicy 5.3 (k)	the following:
	B. Name of Indiv			2 Number	Per ticket p	Identify one of to	the following: Income [or" describe below:
	B. Name of Indiv	ganization	ol	2 Number	Cerem If check	Identify one of to	the following: Income [or" describe below:
	B. Name of Indiv (Last, Firs	ganization description)	of	Number f Ticket(s)/ Passes Number f Ticket(s)/ Passes	Cerem If check Describe th	Identify one of to sonial Role Other or "Other onial Role Other or "Other or "Other or "Ceremonial Role" or "Other or "Ceremonial Role" or "Other	the following: Income [Incom

	eremonial Role Event	s and lickevi	ass Distri	butions		A Public Document
1.	Agency Name				Date Stamp	California 802
	County of Los Angeles	am (if any Kaatala)				For Official Use Only
	Division, Department, or Regi					,
	Board of Supervisor, First DI					
	Designated Agency Contact (
	Barbara Garcia, Ticket Admi		V. W. Source		Amendment (Mus	t Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			Data of Octobral Filling	
	213-974-4111	bgarcia@bos.laco	unty.gov		Date of Original Filing	(month, day, year)
2.	Function or Event Inforr	nation				132.00
	Does the agency have a tick	et policy? Yes	■ No □ F	ace Value of	Each Ticket/Pass \$.	132.00
	Event Description: LA Phil			Date(s)	17 , 202	
		Provide Title/ Expl	anation			
	Ticket(s)/Pass(es) provided	by agency? Yes	☐ No ☐ If	f no:	Name of Source	
	Was ticket distribution made	at the beheet va-		f yes:	Official's Name (Last, Firs	
	of agency official?	at the beliest Yes	□ NO ■	,	Official's Name (Last, Firs	t)
_	***************************************		****			
3.	Recipients • Use Section A to identify the agence	su's department or unit	alles Costion P to i	dontify an individu	ual Also Sostion C to iden	stifu an outside organization
	- Ose Section A to identify the agenc	cy's department or unit.	Number	T Individu	iai. Use section C to iden	ntily an outside organization.
	A. Name of Agency, Depa	rtment or Unit	of Ticket(s)/	Describe th	e public purpose made p	ursuant to the agency's policy
	Staff		2	Per ticket po	olicy 5.3 (k)	
			Number			
	B. Name of Indiv (Last, Firs		of Ticket(s)/ Passes		Identify one of the	e following:
					nonial Role Other king "Ceremonial Role" or "Other"	
					nonial Role Other king "Ceremonial Role" or "Other"	Income describe below:
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made p	ursuant to the agency's policy
	Verification					

Print

Comment: ___

Clear

Print Name

Barbara Garcia

FPPC Form 802 (2/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

10/29/2021

(month, day, year)

Administrative Director

Title

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions 1. Agency Name

. Agency Name	Date Stamp California 802
County of Los Angeles	Form UUZ
Division, Department, or Region (if applicable)	For Official Use Only
Board of Supervisor, First District	
Designated Agency Contact (Name, Title)	
Barbara Garcia, Ticket Administrator	Amendment (Must Provide Explanation in Part 3.)
Area Code/Phone Number E-mail	Amonamont (mast) rovide Explanation in ratio.)
213-974-4111 bgarcia@bos.lacounty.gov	Date of Original Filing:(month, day, year)
. Function or Event Information	
Does the agency have a ticket policy? Yes ■ No □ Face Va	lue of Each Ticket/Pass \$63.00
	10 , 17 , 2021
Provide Title/ Explanation	
	Name of Source
Was ticket distribution made at the behest Yes ☐ No ☐ If yes: _	Official's Name (Last, First)
of agency official?	Cincia o Name (200), i noy
. 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.
Number	scribe the public purpose made pursuant to the agency's policy
	cket policy 5.3 (k)
B. Name of Individual 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 Income If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization Outside Organization Of Ticket(s)/Passes	scribe the public purpose made pursuant to the agency's policy
. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have ve	erified that the distribution set forth above, is in accordance
Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have very the requirements.	erified that the distribution set forth above, is in accordance
I have read and understand FPPC Regulations 18944.1 and 18942. I have visually the requirements. Barbara Garcia	Administrative Director 10/29/2021
I have read and understand FPPC Regulations 18944.1 and 18942. I have with the requirements.	

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distrib	utions
A Aganay Nama	Data

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4	Agency Name				Date Stamp	California OOO
٠.					Date Stamp	Form 802
	County of Los Angeles Division, Department, or Reg	on (if annliaghla)	· · · · · · · · · · · · · · · · · · ·			For Official Use Only
	183 To 1870 To					0. 100 400000000000000000000000000000000
	Board of Supervisor, First D					
	Designated Agency Contact	(Name, Title)				
	Barbara Garcia, Ticket Adm	inistrator	, # 1		Amendment (Must	Provide Explanation in Part 3.)
-	Area Code/Phone Number	E-mail			-	
	213-974-4111	bgarcia@bos.	lacounty.gov		Date of Original Filing:	(month, day, year)
_		1				
۷.	Function or Event Infor					227.00
	Does the agency have a tick	ket policy?			Each Ticket/Pass \$ _	
	Event Description: LA Phil			Date(s) 10	, 22 , 2021	j j
		Provide Title	/ Explanation	(0)		
	Ticket(s)/Pass(es) provided	by agency?	Yes 🗌 No 🔳	If no:	Name of Source	
		and State 1987 1997 19			Name of Source	
	Was ticket distribution made	at the behest	Yes 🗌 No 🔳	If yes:	Official's Name (Last, First)	
	of agency official?				, , , ,	
_	Desisione					
3.	Recipients		is	ideals. La individe	l	(E
	Use Section A to identify the agen	ecy's department or t		identify an individu	Jai. Use Section C to ident	ily an outside organization.
	A. Name of Agency, Depart	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy
	Staff		_	Per ticket pe	olicy 5.3 (k)	
			2			
					355 P	
			Number			
	B. Name of Indi		of Ticket(s)/ Passes		Identify one of the	following:
	(2003)		Fasses			
					nonial Role Other Other Other Other Other Other Other Other Other	- 12
					nonial Role DOther C	
				II Check	king "Ceremonial Role" or "Other" d	escribe below.
	C. Name of Outside O		Number of Ticket(s)/	Describe th	e public purpose made pu	rsuant to the agency's policy
	(include address and	l description)	Passes			
Л	Verification 0			<u> </u>		·
Τ.	I have read and understand F	DDC Populations	19044 1 and 19042	I have verified	that the distribution set	forth above is in accordance
	with the requirements.	PC Regulations	10944.1 anu 10942	. I nave venneu i	inal ine distribution set	iorin above, is in accordance
	1/X TA. 1//L	Barbara	Garcia	۸dmi	inistrative Director	10/29/2021
				Aumi	10 10 M	The second secon
	Signature of Agency Head or Design	iee	Print Name		Title	(month, day, year)
	Comment:					
	Commont.			- 1		

	Agency Name				Date Stamp	California 802
	County of Los Angeles					TOTAL OC
į	Division, Department, or Reg	jion (if applicable)			1	For Official Use Only
	Board of Supervisor, First D					
	Designated Agency Contact	(Name, Title)				
	Barbara Garcia, Ticket Adm	ninistrator			Amendment (Must l	Provide Explanation in Part 3.)
7	Area Code/Phone Number	E-mail				rovido Explandion III i dico.)
	213-974-4111	bgarcia@bos.la	acounty.gov		Date of Original Filing:	(month, day, year)
	Function or Event Infor	mation				
	Does the agency have a tic	ket policy?	Yes ■ No □ I	Face Value of	Each Ticket/Pass \$ _	132.00
	Event Description: LA Phil	1000 0.50	DE POPULO COME DE MANAGEMENT ANTONIO	Deta(s) 10	23 , 2021	
	Event Description.	Provide Title/	Explanation	Date(s)	//_	
	Ticket(s)/Pass(es) provided	by agency?	Yes □ No ■ I	If no:		
36	M C-L-1 P-13 -0		<u></u>	lf voo:	Name of Source	
	Was ticket distribution made	e at the behest	Yes 🗌 No 🔳 🤚	If yes:	Official's Name (Last, First)	
	of agency official?					
	Recipients					
	• Use Section A to identify the ager	ncy's department or ur	nit. • Use Section B to	identify an individu	ual. Use Section C to identi	ify an outside organization.
	A. Name of Agency, Dep	artment or Unit	Number of Ticket(s)/	Describe th	e nublic nurnose made nu	rsuant to the agency's policy
	A. Maine of Agency, Dep		Passes	Describe th	e public purpose made pu	radant to the agency a poncy
	Staff			Per ticket p		isdant to the agency a pointy
	Staff		Passes 2		olicy 5.3 (k)	
	Staff	ividual	Passes 2			
	Staff B. Name of Ind	ividual	Passes 2 Number of Ticket(s)/	Per ticket p	olicy 5.3 (k)	following:
	Staff B. Name of Ind	ividual	Passes 2 Number of Ticket(s)/	Per ticket p Ceren If check	Identify one of the	following: Income escribe below:
	Staff B. Name of Ind	ividual rst)	Passes 2 Number of Ticket(s)/	Ceren If check	Identify one of the monial Role Other ching "Ceremonial Role Other ching "Ceremonial Role" or "Other" de king "Ceremonial Role" or "Other" de king "Ceremonial Role" or "Other" de	following: Income escribe below:
	B. Name of Ind (Last, Fit	ividual (rst) (rst) (rganization d description)	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Ceren If check Describe the	Identify one of the monial Role Other Ching "Ceremonial Role" or "Other" de honial Role or "Other" de king "Ceremonial Role" or "Other" de king "Ceremonial Role" or "Other" de he public purpose made put	following: Income escribe below: Income escribe below:
	B. Name of Ind (Last, Fit	ividual (rst) (rst) (rganization d description)	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Ceren If check Describe the	Identify one of the monial Role Other Ching "Ceremonial Role" or "Other" de honial Role or "Other" de king "Ceremonial Role" or "Other" de king "Ceremonial Role" or "Other" de he public purpose made put	following: Income escribe below: Income escribe below: