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

A Public Document

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 $ 21600

Event Description: LA Phil *Provide Title/ Explanation*

Date(s) 11 / 14 / 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	Barbara Garcia (Print Name)	Administrative Director (Title)	11/30/2021 *(month, day, year)*

Comment: _____

Print Clear

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2. Function or Event Information

Does the agency have a ticket policy? Yes ■ No ☐

Face Value of Each Ticket/Pass $ 113.00

Event Description: LA Phil *Provide Title/ Explanation*

Date(s) 11 / 27 / 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	4	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

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Signature of Agency Head or Designee	Barbara Garcia Print Name	Administrative Director Title	11/30/2021 *(month, day, year)*

Comment: _____

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Designated Agency Contact *(Name, Title)*

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213-974-4111	bgarcia@bos.lacounty.gov

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2. Function or Event Information

Does the agency have a ticket policy? Yes ■ No ☐

Face Value of Each Ticket/Pass $ 191.00

Event Description: LA Phil *Provide Title/ Explanation*

Date(s) 11 / 28 / 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:*

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Signature of Agency Head or Designee	Barbara Garcia	Administrative Director	11/30/2021
	Print Name	Title	*(month, day, year)*

Comment: _____

Print Clear