### 2. Function or Event Information

- **Does the agency have a ticket policy?** Yes [ ] No [X]
- **Event Description:** LA Phil
- **Face Value of Each Ticket/Pass $** 91.00
- **Date(s)** 12 / 03 / 2021
- **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [X]
- **Was ticket distribution made at the behest of agency official?** Yes [ ] No [X]

### 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>2</td>
<td>Per ticket policy 5.3 (k)</td>
</tr>
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</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>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</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>
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</table>

### 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 [Signature of Agency Head or Designee]  
Administrative Director [Print Name] [Title]  
1/11/2022 (month, day, year)
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 $ 91.00
Event Description: LA Phil
Date(s) 12 / 04 / 2021
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
If no: ____________________________
if yes: ____________________________
Was ticket distribution made at the behest of agency official? Yes ☐ No ☐
Official’s Name (Last, First)

3. Recipients

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
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</thead>
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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
Signature of Agency Head or Designee
Print Name
Administrative Director
Title
1/11/2022
(month, day, year)
Comment: ____________________________

Print  Clear
**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 $**  191.00
- **Event Description:** LA Phil
- **Date(s)**
  - 12 / 10 / 2021
- **Ticket(s)/Pass(es) provided by agency?**  □  **Yes**  □  □  **No**
- **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>
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<tbody>
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<td></td>
<td>Ceremonial Role □  Other □  Income □</td>
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<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>
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<tr>
<th>C. Name of Outside Organization (include address and description)</th>
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**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: 1/11/2022 (month, day, year)

---

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

1. Agency Name
   County of Los Angeles
   Board of Supervisor, First District
   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 $ 191.00
   Event Description: LA Phil
   Ticket(s)/Pass(es) provided by agency? Yes □ No □
   Date(s) 12 / 11 / 2021
   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>
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<tbody>
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<td>Staff</td>
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<td>Per ticket policy 5.3 (k)</td>
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<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
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<tbody>
<tr>
<td>Ceremonial Role □ Other □ Income □</td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
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<tr>
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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: Barbara Garcia
   Administrative Director: ____________________________
   Title: ________________________________________
   Date: 1/11/2022

   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

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

2. Function or Event Information
   Does the agency have a ticket policy?  Yes ☐ No ☐
   Face Value of Each Ticket/Pass $ 84.00
   Event Description: LA Phil
   Ticket(s)/Pass(es) provided by agency?  Yes ☐ No ☐
   Date(s) 12 / 14 / 2021
   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>
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<td>Per ticket policy 5.3 (k)</td>
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<tr>
<th>B. Name of Individual (Last, First)</th>
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<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
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<td>If checking “Ceremonial Role” or “Other”, describe below:</td>
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</tr>
<tr>
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<td>If checking “Ceremonial Role” or “Other”, describe below:</td>
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</tbody>
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<thead>
<tr>
<th>C. Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
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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
   1/11/2022

Comment: ____________________________

FPPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 888/ASK-FPPC (888/275-3772)
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 $ ____________  108.00
   Event Description: LA Phil
   Date(s) 12 / 17 / 2021
   Ticket(s)/Pass(es) provided by agency?  Yes ☐  No ☐
   Name of Source
   Was ticket distribution made at the behest of agency official?  Yes ☐  No ☐
   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:

   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
   1/11/2022
   (month, day, year)

   Comment:
## Ceremonial Role Events and Ticket/Pass Distributions

### 1. Agency Name
- County of Los Angeles
- Board of Supervisor, First District
- Barbara Garcia, Ticket Administrator

### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes [ ] No [x]
- **Face Value of Each Ticket/Pass $** 92.00
- **Event Description:** LA Phil
- **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [x]
- **Was ticket distribution made at the behest of agency official?** Yes [ ] No [x]
- **Date(s):** 12 / 18 / 2021
- **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

<table>
<thead>
<tr>
<th>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>
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<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)/Passes</th>
<th>Identify one of the following:</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
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<tr>
<td></td>
<td></td>
<td>If checking ‘Ceremonial Role’ or ‘Other’ describe below:</td>
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<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
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<tr>
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<td>If checking ‘Ceremonial Role’ or ‘Other’ describe below:</td>
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</table>

#### C. Name of Outside Organization

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### 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]

Barbara Garcia

Administrative Director

[Print Name]

Title

1/11/2022 (month, day, year)

Comment: [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

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 $ 92.00
   Event Description: LA Phil
   Date(s) 12 / 18 / 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.

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<th>A. Name of Agency, Department or Unit</th>
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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 ____________________________
   (month, day, year) 1/11/2022

   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 [ ]

   **Event Description:** LA Phil

   **Face Value of Each Ticket/Pass $**
   108.00

   **Date(s) 12 / 22 / 2021**

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

   **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**
   4

   **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)/Passes**

   **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)/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**
   1/11/2022

   **(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
   Date Stamp

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $209.00
   Event Description: LA Phil
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   Date(s) 12/31/2021
   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
   Administrative Director
   1/11/2022
   (month, day, year)
   Comment: