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

| Δ | Pu   | h | lic | Do | CII | me | nf      |
|---|------|---|-----|----|-----|----|---------|
|   | ···u | v |     | -  | u   |    | 7 H I U |

| 1. | Agency Name                                      |                                   |                                   |  | Date Stamp   | California 802                  |
|----|--|-----------------------------------|-----------------------------------|--|--|---------------------------------|
|    | County of Los Angeles                            |                                   |                                   |  |  | Form OUZ                        |
|    | Division, Department, or Reg                     | ion (if applicable)               |                                   |  |  | For Official Use Only           |
|    | Board of Supervisor, First D                     | istrict                           |                                   |  |  |                                 |
|    | Designated Agency Contact (                      | Name,Title)                       |                                   |  |  |                                 |
|    | Barbara Garcia, Ticket Adm                       | inistrator                        |                                   |  | Amondment (Most 5  | Provide Explanation in Part 3.) |
|    | Area Code/Phone Number                           | E-mail                            |                                   |  | Amendment (Must P  | rovide Explanation in Part 3.)  |
|    | 213-974-4111                                     | bgarcia@bos.lad                   | county.gov                        |  | Date of Original Filing:   | (month, day, year)              |
| 2. | Function or Event Infor                          | mation                            |                                   | 2 80 1721  |  |                                 |
|    | Does the agency have a tick                      | et policy?                        | es 🔳 No 🔲 🛭 F                     | ace Value of   | Each Ticket/Pass \$  | 214.00                          |
|    | Event Description: LA Phil                       | Provide Title/ E.                 |                                   | Date(s)  | , 03 , 202 <b>1</b>  |                                 |
|    | Ticket(s)/Pass(es) provided                      |                                   |                                   | f no:  |  |                                 |
|    |  |                                   |                                   |  | Name of Source   | to Medicalitic Schools (2012)   |
|    | Was ticket distribution made of agency official? | at the behest Ye                  | es□ No■ <sup>If</sup>             | yes:   | Official's Name (Last, First)  |                                 |
| 3. | Recipients  • Use Section A to identify the agen | cy's department or unit           | . • Use Section B to i            | dentify an individu  | ial. Use Section C to identif  | y an outside organization.      |
|    | A. Name of Agency, Depa                          | Number<br>of Ticket(s)/<br>Passes | Describe th                       | e public purpose made pur  | suant to the agency's policy   |                                 |
|    | Staff  |                                   | 2                                 | Per ticket po  | olicy 5.3 (k)  |                                 |
|    | B. Name of Indi<br>(Last, First                  |                                   | Number<br>of Ticket(s)/<br>Passes | The state of the s | Identify one of the formal Role Other ing "Ceremonial Role" or "Other" de: | Income                          |
|    |  |                                   |                                   |  | ionial Role Other cing "Ceremonial Role" or "Other" de:                    |                                 |
|    | C. Name of Outside Or (include address and       |                                   | Number<br>of Ticket(s)/<br>Passes | Describe the   | e public purpose made pur  | suant to the agency's policy    |
| 4. | Verification I have read and understand FP       | PC Regulations 189                | 044.1 and 18942.                  | I have verified t  | hat the distribution set fo  | orth above, is in accordance    |
|    | with the requirements.                           | Barbara G                         |                                   |  | nistrative Director  | 3/18/2022                       |
|    | Signature of Agency Head or Design               | ee                                | Print Name                        |  | Title  | (month, day, year)              |
|    |  |                                   |                                   |  |  |                                 |
|    | Comment:   |                                   | <del></del>                       |  |  |                                 |

|    | eremonial Role Even Agency Name  | - and noncor  | 455 DIST  |                               |  | Public Documen   |
|----|--|---|---|-------------------------------|--|--|
| •  | County of Los Angeles  |   |   |                               | Date Stamp   | California 802   |
|    | Division, Department, or Reg   | ion (if applicable)   | ** Y  |                               |  | For Official Use Only  |
|    | Board of Supervisor, First D   |   |   |                               |  |  |
|    | Designated Agency Contact  |   |   |                               |  |  |
|    |  | An and a state of the state of |   |                               |  |  |
|    | Barbara Garcia, Ticket Adm<br>Area Code/Phone Number   | E-mail  |   |                               | Amendment (Must P  | rovide Explanation in Part 3.)   |
|    | 213-974-4111   | bgarcia@bos.lacou   | unty.gov  |                               | Date of Original Filing:   | (month, day, year)   |
| 2. | Function or Event Infor  | mation  |   |                               |  |  |
|    | Does the agency have a tick  | ket policy? Yes   | ■ No□ F   | ace Value of                  | Each Ticket/Pass \$  | 115.00   |
|    | The state of the s | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   |   | , 05 , 202 <b>1</b>           | 10 100   |  |
|    | Event Description: LA Phil   | Provide Title/ Expla  | [   | Date(s)                       |  |  |
|    | Ticket(s)/Pass(es) provided  |   |   | f no:                         |  |  |
|    |  |   |   |                               | Name of Source   |  |
|    | Was ticket distribution made   | at the behest Yes   | □ No ■ If   | f yes:                        | Official's Name (Last, First)  |  |
|    | of agency official?  |   |   |                               | Omciai's Name (Last, 1 list)   |  |
| 3. | Recipients  • Use Section A to identify the agen   | cy's department or unit.  | Use Section B to i                                | dentify an individu           | ual. Use Section C to identif  | y an outside organization.   |
|    | A. Name of Agency, Depa  | Number<br>of Ticket(s)/<br>Passes   | Describe th                                       | e public purpose made pur     | suant to the agency's policy   |  |
|    | Staff  |   | 1 43363   |                               |  |  |
|    | Stall  |   | 2   | Per ticket po                 | olicy 5.3 (k)  |  |
|    | B. Name of Indi  |   | 2  Number of Ticket(s)/                           | Per ticket po                 | olicy 5.3 (k)  | ollowing:  |
|    |  |   | 2<br>Number                                       | Cerem                         |  | Income [   |
|    | B. Name of Indi  |   | 2  Number of Ticket(s)/                           | Cerem<br>If check             | Identify one of the fo   | Income In |
|    | B. Name of Indi  | rganization   | 2  Number of Ticket(s)/                           | Cerem If check Cerem If check | Identify one of the formal Role  Other  or "Other" designs "Ceremonial Role" or "Other" designs "Ceremonial Role  Other  or "Other" designs "Ceremonial Role" or "Ceremonia | Income In |
|    | B. Name of Indi (Last, First   | rganization   | Number of Ticket(s)/ Passes  Number of Ticket(s)/ | Cerem If check Cerem If check | Identify one of the formal Role  Other  or "Other" designs "Ceremonial Role" or "Other" designs "Ceremonial Role  Other  or "Other" designs "Ceremonial Role" or "Ceremonia | Income scribe below:  Income scribe below:   |

Comment: \_\_\_

Clear

Print Name

Barbara Garcia

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

3/18/2022

(month, day, year)

Administrative Director

Title

| -  | eremonial Role Even                                     | ts and nekeur  | ass Disti  | IDULIONS             |  | Public Document                        |
|----|---|--|--|----------------------|--|--|
| 1. | Agency Name   |  |  |                      | Date Stamp   | California 802                         |
|    | County of Los Angeles  Division, Department, or Reg     | ion (if applicable)  |  |                      | 4  | For Official Use Only                  |
|    | 10 1 00 00 00 00 00 00 00 00 00 00 00 00                | 100 to the 100 to 100 |  |                      |  | 11000 1100 1100 1100 1100 1100 1100 11 |
| 0  | Board of Supervisor, First D  Designated Agency Contact |  |  |                      | 1  |  |
|    |   |  |  |                      |  |  |
|    | Barbara Garcia, Ticket Adm<br>Area Code/Phone Number    |  |  |                      | Amendment (Must P  | Provide Explanation in Part 3.)        |
|    |   | E-mail   | **   |                      |  |  |
|    | 213-974-4111  | bgarcia@bos.lacou  | inty.gov   |                      | Date of Original Filing:   | (month, day, year)                     |
| 2. | Function or Event Infor                                 | mation   |  |                      |  |  |
|    | Does the agency have a ticl                             | ket policy?  | ■ No 🗆   | Face Value of        | Each Ticket/Pass \$  | 65.00                                  |
|    |   | 100  |  |                      |  |  |
|    | Event Description: LA Phil                              | Provide Title/ Expla   | nation   | Date(s)              | <u>07202<b>1</b></u>   |  |
|    | Ticket(s)/Pass(es) provided                             |  |  | f no:                |  |  |
|    | Holos(o)/ ass(cs) provided by agency: Tes   No   Hito.  |  |  |                      | Name of Source   |  |
|    | Was ticket distribution made                            | at the behest Yes  | □ No ■ 「   | f yes:               | Official's Name (Last, First)  |  |
|    | of agency official?                                     |  |  |                      | Official's Name (Last, First)  |  |
| 3. | Desirients  |  | 20.000   |                      |  |  |
| ა. | Recipients • Use Section A to identify the agen         | cy's department or unit. •   | Use Section B to   | identify an individu | ual. Use Section C to identif  | y an outside organization.             |
|    | A. Name of Agency, Depart                               | ertment or Unit  | Number<br>of Ticket(s)/<br>Passes  | Describe th          | e public purpose made pur  | suant to the agency's policy           |
|    | Staff   |  | 2  | Per ticket p         | olicy 5.3 (k)  |  |
|    | B. Name of Indi   |  | Number<br>of Ticket(s)/<br>Passes  |                      | Identify one of the fo   | ollowing:                              |
|    |   |  | 1 43303  | - P                  | nonial Role Other king "Ceremonial Role" or "Other" des  |  |
|    |   |  |  |                      | nonial Role Other king "Ceremonial Role" or "Other" des  |  |
|    | C. Name of Outside O                                    |  | Number<br>of Ticket(s)/<br>Passes  | Describe th          | e public purpose made pur  | suant to the agency's policy           |
|    |   |  |  |                      |  |  |
| 4. |   |  | Approximate transfer of the second se | * * **               | The state of the s |  |
|    | I have read and understand FP                           | DC Regulations 19044   | 1 and 100/12   | I have verified      | that the distribution and fo   | with about in in-                      |
|    | with the requirements.                                  | . C Nogulations 10944  | . r and 10342.   | Thave vermed t       | anat tire distribution set to  | литавоче, тъ птассогиалсе              |
|    | In Wall   | Barbara Garo   | ia   | Admi                 | nistrative Director  | 3/18/2022                              |

Signature of Agency Flead or Designee

Comment: \_\_\_

Clear

Print Name

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

(month, day, year)

Title

## Agency Report of:

| 0.70 | eremonial Role Even                                  | ts and Ticket/F            | ass Distr                         | ibutions   | Α   | <b>Public Document</b>         |
|------|--|----------------------------|-----------------------------------|--|---|--------------------------------|
| 1.   | Agency Name  |                            |                                   | 1 1000   | Date Stamp  | California 802                 |
|      | County of Los Angeles                                |                            |                                   |  |   |                                |
|      | Division, Department, or Reg                         | ion (if applicable)        |                                   |  | 1   | For Official Use Only          |
|      | Board of Supervisor, First D                         |                            |                                   |  |   |                                |
|      | Designated Agency Contact                            | (Name,Title)               |                                   |  | 1   |                                |
|      | Barbara Garcia, Ticket Adm                           |                            |                                   |  | Amendment (Must P                                       | rovide Explanation in Part 3.) |
|      | Area Code/Phone Number                               | E-mail                     |                                   |  | ,   |                                |
|      | 213-974-4111   | bgarcia@bos.lacou          | inty.gov                          |  | Date of Original Filing: .                              | (month, day, year)             |
| 2.   | Function or Event Infor                              | mation                     |                                   |  |   |                                |
|      | Does the agency have a tick                          | ket policy? Yes            | Each Ticket/Pass \$               | 91.00  |   |                                |
|      | Event Description: LA Phil                           |                            |                                   | Date(s)02  | <u>11 , 202<b>1</b></u>                                 | 1 1                            |
|      |  | Provide Title/ Expla       |                                   |  |   |                                |
|      | Ticket(s)/Pass(es) provided                          | by agency? Yes             | Name of Source                    |  |   |                                |
|      | Was ticket distribution made                         | e at the behest Yes I      | □ No ■ □                          | f yes:   |   |                                |
|      | of agency official?                                  | 1001                       |                                   |  | Official's Name (Last, First)                           |                                |
| _    | Desiries   |                            |                                   |  |   |                                |
| 3.   | Recipients • Use Section A to identify the agen      | ocy's department or unit • | Use Section R to                  | identify an individu   | ual Mise Section C to identif                           | y an outside organization      |
|      | ose section with items the agen                      | icy 3 department of diffe. | Number                            | The introduction of the interval of the interv | dal. Ose section C to identify                          | y an outside organization.     |
|      | A. Name of Agency, Depa                              | artment or Unit            | of Ticket(s)/<br>Passes           | Describe th  | e public purpose made pur                               | suant to the agency's policy   |
|      | Staff  |                            | 2                                 | Per ticket pe  | olicy 5.3 (k)   |                                |
|      | B. Name of Indi                                      | ividual                    | Number<br>of Ticket(s)/           |  | Identify one of the fo                                  | ollowina:                      |
|      | (Last, Fir   | st)                        | Passes                            |  |   |                                |
|      |  |                            |                                   |  | nonial Role Other des                                   |                                |
|      |  |                            |                                   |  | nonial Role Other Cing "Ceremonial Role" or "Other" des |                                |
|      | C. Name of Outside O                                 |                            | Number<br>of Ticket(s)/<br>Passes | Describe th  | e public purpose made purs                              | suant to the agency's policy   |
|      |  |                            |                                   |  |   |                                |
|      | Verification   | DDC Bogulotic as 400.44    | 1 and 10010                       |  | should be a districted as a second                      | db about to the                |
|      | I have read and understand FP with the requirements. | rc Regulations 18944       | . i ana 18942.                    | i riave verified t   | nat the distribution set fo                             | rtn above, is in accordance    |
|      | 1/2 / VAX &  | Barbara Garo               | ia                                | Admi   | nistrative Director                                     | 3/18/2022                      |
|      | Signature of Agency Head or Design                   | nee Pi                     | rint Name                         |  | Title   | (month, day, year)             |

Comment: \_

## Agency Report of

|    | gency Report of:<br>eremonial Role Even              | ts and Ticket/P               | ass Distri              | ibutions                                | A  | Public Document                         |
|----|--|-------------------------------|-------------------------|---|--|---|
| -  | Agency Name  |                               |                         |   | Date Stamp   | 7 0 00 1                                |
|    | County of Los Angeles                                |                               |                         |   |  | Form 802                                |
|    | Division, Department, or Reg                         | ion (if applicable)           |                         |   |  | For Official Use Only                   |
|    | Board of Supervisor, First D                         | District                      |                         |   |  |   |
|    | Designated Agency Contact                            | (Name, Title)                 |                         |   |  |   |
|    | Barbara Garcia, Ticket Adm                           | inistrator                    |                         |   | ☐ Amendment (Must Pro  | ovide Explanation in Part 3.)           |
|    | Area Code/Phone Number                               | E-mail                        |                         |   | •  | , |
|    | 213-974-4111   | bgarcia@bos.lacou             | inty.gov                |   | Date of Original Filing: _                                   | (month, day, year)                      |
| 2. | Function or Event Infor                              | mation                        |                         |   |  | 190.00                                  |
|    | Does the agency have a ticl                          | ket policy? Yes               | Each Ticket/Pass \$     | 189.00                                  |  |   |
|    | Event Description: LA Phil                           |                               |                         | Date(s)                                 | , 12 , 202 <b>1</b>  |   |
|    |  | Provide Title/ Expla          | f no:                   |   |  |   |
|    | Ticket(s)/Pass(es) provided                          | by agency? Yes                | Name of Source          | <del>a same</del>                       |  |   |
|    | Was ticket distribution made                         | at the behest Yes             | □ No ■ If               | yes:                                    | Official's Name (Last, First)                                |   |
|    | of agency official?                                  | , <del>, ,</del>              |                         |   | Official's Name (Last, First)                                |   |
| 3. | Recipients   |                               |                         | 1                                       |  |   |
| J. | • Use Section A to identify the agen                 | ncy's department or unit. •   | Use Section B to i      | dentify an individu                     | ial. Use Section C to identify                               | an outside organization.                |
|    |  |                               | Number                  | 128 FE AS (623)                         |  |   |
|    | A. Name of Agency, Depa                              | artment or Unit               | of Ticket(s)/<br>Passes | Describe the                            | e public purpose made purs                                   | uant to the agency's policy             |
|    | Staff  |                               | 2                       | Per ticket po                           | olicy 5.3 (k)  | 1.33.333                                |
|    |  |                               |                         |   |  |   |
|    |  |                               |                         |   |  |   |
|    | 5 N  |                               | Number                  |   |  |   |
|    | B. Name of Indi<br>(Last, Fir                        |                               | of Ticket(s)/<br>Passes |   | Identify one of the fo                                       | llowing:                                |
|    |  |                               |                         | Cerem                                   | onial Role Other   | Income                                  |
|    |  |                               |                         | If check                                | ing "Ceremonial Role" or "Other" desc                        | cribe below;                            |
|    |  |                               |                         |   |  |   |
|    |  |                               |                         | 200000000000000000000000000000000000000 | ionial Role  Other  Other  Other  Other  Other  Other  Other | Income L                                |
|    |  |                               |                         |   |  |   |
|    | Name of Outside O                                    | rganization                   | Number                  | Describe the                            | e public purpose made purs                                   |   |
|    | C. Name of Outside O                                 | description)                  | of Ticket(s)/<br>Passes | Describe the                            | e public purpose made purs                                   | uant to the agency's policy             |
|    |  | 30000 4 6000 5 11 3 1 1 12000 |                         |   | 310 3013000  |   |
|    |  |                               | ļ                       |   |  |   |
|    |  |                               |                         |   |  |   |
| _  |  |                               |                         | 2)-109/1-109                            |  |   |
| 4. | Verification   |                               |                         |   |  | OTTO IC ANN PART OF                     |
|    | I have read and understand FP with the requirements. | PC Regulations 18944          | .1 and 18942.           | I have verified t                       | hat the distribution set for                                 | rth above, is in accordance             |
|    | (D) (B)  | Barbara Gard                  | ia                      | Admi                                    | nistrative Director  | 3/18/2022                               |
|    | Signature of Agency Head or Design                   |                               | rint Name               |   | Title  | (month, day, year)                      |
|    |  |                               |                         |   |  |   |

Clear

Comment: \_

| Ceremonial Role Even                                 | its and Ticket/P  | ass Distri  | butions  | A  | Public Document               |
|--|---|---|--|--|-------------------------------|
| . Agency Name  |   |   |  | Date Stamp                                 | California 802                |
| County of Los Angeles                                | 1 m - m - m   |   |  |  | For Official Use Only         |
| Division, Department, or Reg                         |   |   |  |  |                               |
| Board of Supervisor, First D                         |   |   |  |  |                               |
| Designated Agency Contact                            |   |   |  |  |                               |
| Barbara Garcia, Ticket Adm                           |   |   |  | Amendment (Must Pro                        | ovide Explanation in Part 3.) |
| Area Code/Phone Number 213-974-4111                  | E-mail bgarcia@bos.lacou  | nty.gov   |  | Date of Original Filing: _                 | (month, day, year)            |
| 2. Function or Event Infor                           | mation  |   |  |  |                               |
| Does the agency have a tic                           | ket policy? Yes   | ■ No 🗆 F  | ace Value of   | Each Ticket/Pass \$                        | 27.00                         |
| Event Description: LA Phil                           |   | CONTROL WAS DO TO THE PARTY OF | Vete (a) 02  | <u>, 19 , 2021</u>                         |                               |
| Event Description:                                   | Provide Title/ Explai   | nation  | rate(s)  | / <del></del> /                            |                               |
| Ticket(s)/Pass(es) provided                          | by agency? Yes [  | ] No ■ If   | no:  |  |                               |
|  |   |   |  | Name of Source                             |                               |
| Was ticket distribution made of agency official?     | e at the behest Yes [   | □ No ■ <sup>II</sup>  | yes:   | Official's Name (Last, First)              |                               |
| B. Recipients  • Use Section A to identify the agei  | ncy's department or unit. •                                       | Use Section B to i  | dentify an individu  | ual. Use Section C to identify             | an outside organization.      |
| A. Name of Agency, Dep                               | Number<br>of Ticket(s)/<br>Passes                                 | Describe th   | e public purpose made purs   | uant to the agency's policy                |                               |
| Staff  |   | 2   | Per ticket p   | olicy 5.3 (k)                              |                               |
| B. Name of Ind                                       |   | Number<br>of Ticket(s)/   |  | Identify one of the fo                     | llowing:                      |
| (Last, Fil   | si)   | Passes  |  | nonial Role  Other  Other  or "Other" desc | Income C                      |
|  | 3 - 10 - 10   |   |  | nonial Role  Other  or "Other" desc        | Income C                      |
|  | C. Name of Outside Organization (include address and description) |   | Describe th  | e public purpose made purs                 | uant to the agency's policy   |
|  |   |   |  |  |                               |
| l. Verification                                      |   |   | •  |  |                               |
| I have read and understand FF with the requirements. | PPC Regulations 18944   | .1 and 18942.   | l have verified i  | that the distribution set fo               | rth above, is in accordance   |
| In In It   | Barbara Garc  | ia  | Admi   | nistrative Director                        | 3/18/2022                     |
| Signature of Agency Head or Design                   | nee Pr  | int Name  | and the same of th | Title                                      | (month, day, year)            |

Comment: \_

Clear

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 **A Public Document** 

| 1. | County of Los Angeles                               |                                   |                                   |  | Date Stamp  | Form 802                        |
|----|---|-----------------------------------|-----------------------------------|--|---|---------------------------------|
|    | Division, Department, or Reg                        | ion (if applicable)               | <del></del>                       |  |   | For Official Use Only           |
|    | Board of Supervisor, First D                        | istrict                           |                                   |  |   |                                 |
|    | Designated Agency Contact (                         | (Name, Title)                     |                                   |  |   |                                 |
|    | Barbara Garcia, Ticket Adm                          | inistrator                        |                                   |  | Amendment (Must I   | Provide Explanation in Part 3.) |
|    | Area Code/Phone Number                              | E-mail                            |                                   |  |   |                                 |
|    | 213-974-4111  | bgarcia@bos.lacou                 | nty.gov                           |  | Date of Original Filing:                                  | (month, day, year)              |
| 2. | Function or Event Infor                             | mation                            |                                   |  |   | 125.00                          |
|    | Does the agency have a tick                         | ket policy? Yes ▮                 |                                   |  | Each Ticket/Pass \$ _                                     | 123.00                          |
|    | Event Description: LA Phil                          |                                   |                                   | Date(s)  | <u>/ 13 / 2022</u>  |                                 |
|    |   | Provide Title/ Explai             | nation                            |  |   |                                 |
|    | Ticket(s)/Pass(es) provided                         | by agency? Yes [                  | □ No ■ If                         | no:  | Name of Source  |                                 |
|    | Was ticket distribution made                        | at the behest Yes r               |                                   | yes:   | Official's Name (Last, First)                             |                                 |
|    | of agency official?                                 | 103                               |                                   |  | Official's Name (Last, First)                             |                                 |
| 3. | Recipients  |                                   |                                   |  |   |                                 |
|    | • Use Section A to identify the agen                | cy's department or unit. •        | Use Section B to i                | dentify an individu  | ual. Use Section C to identi                              | fy an outside organization.     |
|    | A. Name of Agency, Depa                             | Number<br>of Ticket(s)/<br>Passes | Describe th                       | Describe the public purpose made pursuant to the agency's poli |   |                                 |
|    | Staff   |                                   | 2                                 | Per ticket p   | olicy 5.3 (k)   |                                 |
|    | B. Name of Indi<br>(Last, Fir.                      |                                   | Number<br>of Ticket(s)/<br>Passes |  | Identify one of the                                       | Income                          |
|    |   |                                   |                                   |  | nonial Role  Other  Cking "Ceremonial Role" or "Other" de |                                 |
|    | C. Name of Outside O (include address and           |                                   | Number<br>of Ticket(s)/<br>Passes | Describe th  | ne public purpose made pu                                 | rsuant to the agency's policy   |
|    | Verification  |                                   |                                   |  |   |                                 |
| ₹. | I have read and understand FP with the requirements | PC Regulations 18944              | .1 and 18942.                     | I have verified  | that the distribution set f                               | forth above, is in accordance   |
|    | 1 h Del   | Barbara Garc                      | ia                                | Admi   | inistrative Director                                      | 3/18/2022                       |
|    | Signature of Agency Head or Design                  | nee Pi                            | rint Name                         |  | Title   | (month, day, year)              |
|    | Comment:  |                                   |                                   |  |   |                                 |
|    |   |                                   |                                   |  |   |                                 |

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

| P | uh | lic | D | oci | ım | er | 1   |
|---|----|-----|---|-----|----|----|-----|
|   | _  |     |   | 00  |    |    | 4 L |

| ī.         | Agency Name   |                                 |                                 | Community, 431 Cold Charles and Charles of Charles and Charles of | Date Stamp   | California 202                          |
|------------|---|---------------------------------|---------------------------------|---|--|---|
|            | County of Los Angeles   |                                 |                                 |   |  | Form OUZ                                |
|            | Division, Department, or Reg                                      | ion (if applicable              | )                               |   |  | For Official Use Only                   |
|            | Board of Supervisor, First D                                      | istrict                         |                                 |   |  |   |
|            | Designated Agency Contact   | (Name, Title)                   | 121 101012 1 1010               |   |  |   |
|            | Barbara Garcia, Ticket Adm  | inistrator                      |                                 |   | Amandment (Must I  | Provide Explanation in Part 3.)         |
|            | Area Code/Phone Number  | E-mail                          |                                 |   | Amendment (Musi )  | -Tovide Explanation in Fait 3.)         |
|            | 213-974-4111  | bgarcia@bos                     | s.lacounty.gov                  |   | Date of Original Filing:   | (month, day, year)                      |
| 2.         | Function or Event Infor   | mation                          |                                 |   |  | 07.00                                   |
|            | Does the agency have a tick                                       | ket policy?                     | Yes ■ No □                      | Face Value of   | f Each Ticket/Pass \$ _  | 87.00                                   |
|            | Event Description: LA Phil  | Provide Ti                      | tle/ Explanation                | Date(s) 02  | 132022   |   |
|            | Ticket(s)/Pass(es) provided                                       |                                 | Yes No                          | If no:  |  |   |
|            | Tionot(o)/T doo(oo) provided                                      | by agonoy.                      | Tes II No                       |   | Name of Source   |   |
|            | Was ticket distribution made of agency official?                  | at the behest                   | Yes No No                       | If yes:   | Official's Name (Last, First)  |   |
| 3.         | Recipients  • Use Section A to identify the agen                  | icy's department o              | r unit. • Use Section B         | to identify an individ  | dual. Use Section C to identi  | ify an outside organization.            |
|            | A. Name of Agency, Depa   | Number<br>of Ticket(s<br>Passes |                                 | the public purpose made pu  | rsuant to the agency's policy  |   |
|            | Staff   |                                 | 2                               | Per ticket  | policy 5.3 (k)   |   |
|            | B. Name of Indi<br>(Last, Fir.                                    |                                 | Number<br>of Ticket(s<br>Passes | Cere  | Identify one of the emonial Role Other Eacking "Ceremonial Role" or "Other" de | Income                                  |
|            |   |                                 |                                 | 1   | emonial Role Other C   |   |
|            | C. Name of Outside O (include address and                         |                                 | Number<br>of Ticket(s<br>Passes |   | the public purpose made pu   | rsuant to the agency's policy           |
|            | 3   |                                 |                                 |   |  |   |
| ι.         | Verification  |                                 |                                 |   |  |   |
| <b>I</b> . | Verification I have read and understand FF with the requirements. |                                 |                                 |   |  |   |
| ļ.         | I have read and understand FP                                     | Barbar                          | s 18944.1 and 1894<br>a Garcia  |   | I that the distribution set to<br>ninistrative Director                        | forth above, is in accordance 3/18/2022 |

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

**A Public Document** 

| 1. Agency Name  |                                   |                     | Date Stamp   | California OOO                         |
|---|-----------------------------------|---------------------|--|--|
| County of Los Angeles   |                                   |                     | Date stamp   | Form 802                               |
| Division, Department, or Region (if applicable)                               |                                   |                     |  | For Official Use Only                  |
|   |                                   |                     |  | 70                                     |
| Board of Supervisor, First District   |                                   |                     |  |  |
| Designated Agency Contact (Name, Title)                                       |                                   |                     |  |  |
| Barbara Garcia, Ticket Administrator  |                                   |                     | Amendment (Must F  | Provide Explanation in Part 3.)        |
| Area Code/Phone Number E-mail   |                                   |                     |  |  |
| 213-974-4111 bgarcia@bos.laco   | unty.gov                          |                     | Date of Original Filing:   | (month, day, year)                     |
| 2. Function or Event Information  |                                   |                     |  | 404.00                                 |
| Does the agency have a ticket policy? Yes                                     | ■ No□ F                           | ace Value of        | Each Ticket/Pass \$ _  | 191.00                                 |
| Event Description: LA Phil  | D                                 | ate(s)02            | 20202 <b>1_</b> _  |  |
| Provide Title/ Expla  | anation                           |                     |  |  |
| Ticket(s)/Pass(es) provided by agency? Yes                                    | ☐ No ■ If                         | no:                 | Name of Source   |  |
|   |                                   |                     |  |  |
| Was ticket distribution made at the behest Yes                                | □ No ■ "                          | 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 in             | lentify an individu | ual Use Section C to identi  | fy an outside organization             |
| ose section A to identify the agency's department of diffe.                   | Number                            | I                   | dai. Ose section e to identi   | ry arroutside organization.            |
| A. Name of Agency, Department or Unit   | of Ticket(s)/<br>Passes           | Describe th         | e public purpose made pur  | rsuant to the agency's policy          |
| Staff   | 2                                 | Per ticket po       | olicy 5.3 (k)  |  |
|   |                                   |                     |  |  |
| B. Name of Individual (Last, First)   | Number<br>of Ticket(s)/<br>Passes |                     | Identify one of the f  | following:                             |
|   |                                   |                     | nonial Role Other C<br>king "Ceremonial Role" or "Other" de  |  |
|   |                                   |                     | nonial Role Other C  | 50                                     |
| C. Name of Outside Organization (include address and description)             | Number<br>of Ticket(s)/<br>Passes | Describe th         | e public purpose made pur  | rsuant to the agency's policy          |
|   |                                   |                     |  |  |
| 1. Verification   |                                   |                     | 75A4867 - 20 - 05 - 8268 - 2263 - 2263 - 2263 - 2263 - 2263 - 2263 - 2263 - 2263 - 2263 - 2263 - 2263 - 2263 - | ************************************** |
| I have read and understand FPPC Regulations 1894<br>পুরীঃ the requirements. া | 4.1 and 18942.                    | l have verified t   | that the distribution set f  | orth above, is in accordance           |
| Barbara Gar   | cia                               | Admi                | inistrative Director   | 3/18/2022                              |
|   | Print Name                        |                     | Title  | (month, day, year)                     |
| Comments  |                                   |                     |  | ************************************** |
| Comment:  |                                   |                     |  |  |

|          | onial Role Even   | ts and Ticket/F          | ass Distri                        | butions             | A  | Public Document                         |
|----------|---|--------------------------|-----------------------------------|---------------------|--|---|
| _        | ncy Name  |                          |                                   |                     | Date Stamp   | California 802                          |
|          | ty of Los Angeles   |                          |                                   |                     |  | Form OUZ                                |
| Division | on, Department, or Reg  | ion (if applicable)      |                                   |                     |  | 1 of Official Ose Offig                 |
|          | d of Supervisor, First D  |                          |                                   |                     |  |   |
| Desig    | nated Agency Contact  | (Name, Title)            |                                   |                     |  |   |
| Barba    | ara Garcia, Ticket Adm  | inistrator               |                                   |                     | Amendment (Must F  | Provide Explanation in Part 3.)         |
| Area C   | Code/Phone Number   | E-mail                   |                                   |                     |  | , |
| 213-9    | 974-4111  | bgarcia@bos.lacou        | ınty.gov                          |                     | Date of Original Filing:                                     | (month, day, year)                      |
| . Fund   | ction or Event Infor  | mation                   |                                   |                     |  |   |
| Does     | the agency have a ticl  | ket policy? Yes          | ■ No□ F                           | ace Value of        | Each Ticket/Pass \$ _  | 89.00                                   |
|          | LA Phil   |                          | (CD) 68-1707                      | ate(s)02            | , 25 , 202 <b>1</b>  |   |
| Event    | t Description: LA Phil  | Provide Title/ Expla     | mation                            | ate(s)              |  |   |
| Ticket   | t(s)/Pass(es) provided  | 55 855E 77               |                                   | no:                 |  |   |
| Hono     | (o)/1 doo(oo) providod  | by agency. 105           |                                   |                     | Name of Source   |   |
| Was t    | ticket distribution made  | at the behest Yes        | □ No ■ If                         | yes:                | Official's Name (Last, First)                                |   |
| of ag    | gency official?   | SCA00000                 |                                   |                     | Oπiciai's Name (Last, First)                                 |   |
|          |   |                          |                                   |                     |  |   |
| . Rec    | cipients  |                          |                                   |                     |  |   |
| • Use    | Section A to identify the ager                                    | cy's department or unit. | Use Section B to id               | dentify an individu | ual. Use Section C to identi                                 | fy an outside organization.             |
| Α.       | A. Name of Agency, Department or Unit                             |                          |                                   | Describe th         | e public purpose made pui                                    | suant to the agency's policy            |
| Sta      | ff  |                          | 2                                 | Per ticket p        | olicy 5.3 (k)  |   |
|          |   |                          | Number                            |                     |  |   |
| В.       | Name of Indi<br>(Last, Fir  |                          | of Ticket(s)/<br>Passes           |                     | Identify one of the  | following:                              |
|          |   |                          |                                   | 21.000.000.000      | nonial Role  Other C<br>king "Ceremonial Role" or "Other" de |   |
|          |   |                          |                                   |                     | nonial Role Other Cking "Ceremonial Role" or "Other" de      | Income [                                |
| C.       | C. Name of Outside Organization (include address and description) |                          | Number<br>of Ticket(s)/<br>Passes | Describe th         | e public purpose made pui                                    | rsuant to the agency's policy           |
| -        |   |                          |                                   |                     |  |   |
| . Verif  | ication   |                          | L                                 |                     |  |   |
|          | read and understand FF  | PC Regulations 18944     | 1.1 and 18942.                    | have verified       | that the distribution set f                                  | orth above, is in accordanc             |
|          | WIL   | Barbara Gard             | cia                               | Admi                | inistrative Director   | 3/18/2022                               |
| Sign     | nature of Agency Head or Design                                   | 100 D                    | rint Name                         |                     | Title  | (month, day, year)                      |

Comment: \_

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

| Ceremonial Role Events and Tick  | et/Pass Distri                     | butions A                                   | Public Document                 |  |
|--|------------------------------------|---|---------------------------------|--|
| 1. Agency Name   |                                    | Date Stamp                                  | California 802                  |  |
| County of Los Angeles  |                                    |   | Form OUZ For Official Use Only  |  |
| Division, Department, or Region (if applicable)  |                                    |   | To official use only            |  |
| Board of Supervisor, First District  |                                    |   |                                 |  |
| Designated Agency Contact (Name, Title)  |                                    |   |                                 |  |
| Barbara Garcia, Ticket Administrator   |                                    | Amendment (Must F                           | Provide Explanation in Part 3.) |  |
| Area Code/Phone Number E-mail  |                                    |   |                                 |  |
| 213-974-4111   bgarcia@bos.I   | acounty.gov                        | Date of Original Filing:                    | (month, day, year)              |  |
| 2. Function or Event Information   |                                    | •   |                                 |  |
| Does the agency have a ticket policy?  | ace Value of Each Ticket/Pass \$ _ | 69.00                                       |                                 |  |
| Event Description: LA Phil   | Yes■ No□ F                         | pate(s) 02 , 25 , 202 <b>1.</b>             |                                 |  |
| Event Description:   | Explanation                        | vate(s)/                                    |                                 |  |
|  |                                    | no:   |                                 |  |
|  |                                    | Name of Source                              |                                 |  |
| Was ticket distribution made at the behest of agency official?   | Yes□ No■ <sup>If</sup>             | yes:Official's Name (Last, First)           |                                 |  |
| 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  Number of Ticket(s)/ Passes  |                                    | Describe the public purpose made pur        | rsuant to the agency's policy   |  |
| Staff  | 2                                  | Per ticket policy 5.3 (k)                   |                                 |  |
| B. Name of Individual  | Number<br>of Ticket(s)/            | Identify one of the                         | following:                      |  |
| (Last, First)  | Passes                             | Ceremonial Role Other                       | Income                          |  |
|  |                                    | If checking "Ceremonial Role" or "Other" de | escribe below:                  |  |
|  |                                    | Ceremonial Role Other C                     |                                 |  |
| C. Name of Outside Organization (include address and description)  | Number<br>of Ticket(s)/<br>Passes  | Describe the public purpose made pur        | rsuant to the agency's policy   |  |
|  |                                    |   |                                 |  |
| 4. Verification  | 00444                              |   |                                 |  |
| I have read and understand FPPC Regulations 1 with the requirements.   |                                    |   |                                 |  |
| Barbara Barbara  | Garcia                             | Administrative Director                     | 3/18/2022                       |  |
| Signature of Agency Head or Designee   | Print Name                         | Title                                       | (month, day, year)              |  |

Comment: \_\_

Clear

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

|    | gency Report of:<br>eremonial Role Even   | its and Ticket/P                        | ass Distri                        | butions             | AF  | Public Document              |  |
|----|---|---|-----------------------------------|---------------------|---|------------------------------|--|
| 1. | Agency Name County of Los Angeles Division, Department, or Region (if applicable) |   |                                   | Date Stamp          | California 802 Form Conficial Use Only  |                              |  |
|    | Board of Supervisor, First District   |   |                                   |                     |   |                              |  |
|    | <b>Designated Agency Contact</b>  |   |                                   |                     |   | ·                            |  |
|    | Barbara Garcia, Ticket Adm  |   |                                   |                     | Amendment (Must Prov  | vide Explanation in Part 3.) |  |
|    | Area Code/Phone Number<br>213-974-4111  | E-mail<br>bgarcia@bos.lacou             | nty.gov                           |                     | Date of Original Filing:  | (month, day, year)           |  |
| 2. | Function or Event Infor   | mation                                  |                                   |                     |   |                              |  |
|    |   |   |                                   | Each Ticket/Pass \$ | 142.00  |                              |  |
|    | Event Description: LA Phil  | Davids Tills (Fords                     | [                                 | oate(s)             | <u>27 2021.</u>   |                              |  |
|    | Ticket(s)/Pass(es) provided   | Provide Title/ Explain by agency? Yes [ |                                   | no:                 | Name of Source  |                              |  |
|    | Was ticket distribution made of agency official?                                  | e at the behest Yes[                    | □ No ■ If                         | yes:                | Official's Name (Last, First)   |                              |  |
| 3. | Recipients  • Use Section A to identify the age                                   | ncy's department or unit. •             | Use Section B to i                | dentify an individu | ual. Use Section C to identify a  | an outside organization.     |  |
|    | A. Name of Agency, Department or Unit   |   | Number<br>of Ticket(s)/<br>Passes | Describe th         | he public purpose made pursuant to the agency's policy                                |                              |  |
|    | Staff   |   | 2                                 | Per ticket p        | r ticket policy 5.3 (k)   |                              |  |
|    | B. Name of Ind<br>(Last, Fi   |   | Number<br>of Ticket(s)/<br>Passes |                     | Identify one of the foll  | owing:                       |  |
|    |   |   |                                   |                     | Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: |                              |  |
|    |   | 70.00                                   |                                   |                     | nonial Role Other Other king "Ceremonial Role" or "Other" descri                      | Income Income                |  |
|    | C. Name of Outside C  |   | Number<br>of Ticket(s)/<br>Passes | Describe th         | e public purpose made pursu   | ant to the agency's policy   |  |
|    | Verification  |   |                                   |                     |   |                              |  |
| ₹. | I have read and understand FF with the requirements.                              |   |                                   |                     |   |                              |  |
|    | 1 M Kn St   | Barbara Gard                            | ia                                | Admi                | nistrative Director   | 3/18/2022                    |  |

Comment: \_

Clear

Print Name

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

(month, day, year)

## gency Report of:

| Ceremonial Role Events and Ticket/Pass Distributions |            |
|--|------------|
| 1. Agency Name                                       | Date Stamp |

|               | eremonial Role Even  | ts and Ticket/P            | ass Distr                              | ibutions   | А   | Public Document              |
|---------------|--|----------------------------|--|--|---|------------------------------|
|               | Agency Name  |                            |  |  | Date Stamp  | California 802               |
|               | County of Los Angeles  |                            |  |  |   | 101111                       |
|               | Division, Department, or Reg                                       | ion (if applicable)        | I New York                             |  | ]   | For Official Use Only        |
|               | Board of Supervisor, First D                                       |                            |  |  |   |                              |
|               | Designated Agency Contact (  | Name, Title)               |  |  |   |                              |
|               | Barbara Garcia, Ticket Administrator                               |                            |  | Amendment (Must F  | Provide Explanation in Part 3.)   |                              |
|               | Area Code/Phone Number   | E-mail                     |  |  | _   |                              |
| 8             | 213-974-4111   | bgarcia@bos.lacou          | inty.gov                               |  | Date of Original Filing:  | (month, day, year)           |
| 2.            | Function or Event Inform   | mation                     |  |  |   | 100.00                       |
|               | Does the agency have a tick  | ket policy? Yes            | ■ No 🗆 F                               | ace Value of   | Each Ticket/Pass \$ _   | 100.00                       |
|               | Event Description: LA Phil   |                            |  | Date(s) 02   | <u>27</u> <u>202<b>1.</b></u>   | 1 1                          |
|               |  | Provide Title/ Explain     | nation                                 | (-,  |   | d. Same and an arrange of    |
|               | Ticket(s)/Pass(es) provided  | by agency? Yes [           | □ No ■ I                               | f no:  | Name of Source  |                              |
|               | Was ticket distribution made                                       | at the behest Voc.         |  | f yes:   |   |                              |
|               | of agency official?  | Test                       | _ NO                                   |  | Official's Name (Last, First)   |                              |
|               |  |                            | ************************************** | Control of the Contro |   | Market Market Control        |
|               | Recipients   |                            |  |  | THE METERS SHEET THROUGH METERS AND ADDRESS.  |                              |
|               | Use Section A to identify the agen                                 | cy's department or unit. • | ,                                      | dentify an individu  | ual. Use Section C to identif   | fy 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)  |   |                              |
|               |  |                            | Number                                 |  |   |                              |
|               | B. Name of Indiv<br>(Last, Firs                                    |                            | of Ticket(s)/<br>Passes                | Line State   | Identify one of the f   | ollowing:                    |
|               |  |                            |  |  | nonial Role Other Carloing "Ceremonial Role" or "Other" de  |                              |
|               |  |                            |  |  | nonial Role Other claim of the Charles on "Other" de  |                              |
|               | C. Name of Outside Or (include address and                         |                            | Number<br>of Ticket(s)/<br>Passes      | Describe the   | e public purpose made pur   | suant to the agency's policy |
|               |  |                            |  |  |   |                              |
|               | Verification   |                            |  |  |   |                              |
|               | I have read and understand FPI<br>with the reguirements.           | PC Regulations 18944       | .1 and 18942.                          | l have verified t  | that the distribution set fo  | orth above, is in accordance |
| Barbara Garci |  |                            | ia                                     | Admi   | nistrative Director   | 3/18/2022                    |
| -             | Signature of Agency Head or Designation                            |                            | int Name                               |  | Title   | (month, day, year)           |
| The raile     |  |                            |  |  | 75 FEB. 10 FEB. |                              |

Print

Comment: \_

Clear

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