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

A Public Documer	n	e	m	Ц	CI	0	D	C	li	b	u	P	A
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Agency Name	Date Stamp	California QQ2					
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)							
Barbara Garcia, Ticket Administrator							
Area Code/Phone Number E-mail	Amendment (Must Pri	ovide Explanation in Part 3.)					
213-974-4111 bgarcia@bos.laco	ounty gov		Date of Original Filing: _				
bgarola@bos.lacc	Junty.gov		Date of Original Fining.	(month, day, year)			
Function or Event Information							
Does the agency have a ticket policy? Yes	s∎ No□ F	ace Value of I	Each Ticket/Pass \$	42.00			
Event Description: LA Phil Provide Title/ Exp		Date(s)	, 6 , 2022				
		no:					
Honor(o)/1 abb(ob/ provided by agency:	S	110.	Name of Source				
Was ticket distribution made at the behest Yes			Official's Name (Last, First)				
of agency official?		98-0	Official's Name (Last, First)				
<u> </u>							
Recipients							
 Use Section A to identify the agency's department or unit. 	• Use Section B to i	dentify an individu	al. Use Section C to identify	an outside organization.			
A Name of A	Number						
A. Name of Agency, Department or Unit	of Ticket(s)/ Passes	Describe the	public purpose made pursuant to the agency's policy				
Staff		Per ticket po	ticket policy 5.3 (k)				
	2						
B. Name of Individual (Last, First)	Number of Ticket(s)/		Identify one of the following:				
(Last, I half	Passes						
			onial Role Other on "Other on "Other" descriptions on the control of the control	income Income			
			ing communities of other door	nuo solon.			
			onial Role Other	Income			
		If check	ing "Ceremonial Role" or "Other" desc	ribe below:			
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the	e the public purpose made pursuant to the agency's policy				
	+						
	1						
Verification							
I have read and understand FPPC Regulations 1894	14.1 and 18942.	l have verified t	hat the distribution set for	th above, is in accordance			
with the requirements.							
Barbara Gal	rcia	Admii	Administrative Director 3/18/2				
Signature of Agency Head or Designee		Title	(month, day, year)				
Comment:							

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A Public Document

1.	Agency Name		A CONTRACTOR OF THE CONTRACTOR		Date Stamp	California OOO		
	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 (
		3 837 35						
	Barbara Garcia, Ticket Adm Area Code/Phone Number	E-mail			Amendment (Must)	Provide Explanation in Part 3.)		
	213-974-4111	2000 Noncolle II			Date of Original Filings			
	213-974-4111	bgarcia@bos.laco	unty.gov		Date of Original Filing:	(month, day, year)		
2.	Function or Event Infor	mation						
	Does the agency have a tick	cet noticy?	■ No□ F	ace Value of I	Each Ticket/Pass \$ _	221.00		
		cer policy: 168						
	Event Description: LA Phil		D	ate(s)	<u>, 18 , 2022</u>			
	Ticket(a)/Daca(ca) provided	Provide Title/ Expl						
	Ticket(s)/Pass(es) provided	by agency? Yes	□ No ■ If	no:	Name of Source			
	Was ticket distribution made	at the behest voc		yes:				
	of agency official?	41 110 5011001 162	□ NO ■	,	Official's Name (Last, First)			
	or agoney omolar.							
3.	Recipients					Water		
	 Use Section A to identify the agen 	cy's department or unit.	• Use Section B to id	dentify an individu	ual. Use Section C to identi	fy an outside organization.		
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe th	the public purpose made pursuant to the agency's p			
	Staff	1 43363	Per ticket po	olicy 5.3 (k)				
	Otan		2	l el ticket pe	olicy 5.5 (K)			
	B. Name of Indi (Last, Firs		Number of Ticket(s)/ Passes		Identify one of the	Income		
	-				nonial Role Other Other Cing "Ceremonial Role" or "Other" de			
	C. Name of Outside Or (include address and	Number of Ticket(s)/ Passes	Describe the	e public purpose made pu	rsuant to the agency's policy			
4 .	Verification Leave read and understand FP with the requirements.	PC Regulations 1894			that the distribution set f	orth above, is in accordance 3/18/2022		
	Signature of Agency Head or Design		Title	(month, day, year)				
	,	!!	Print Name		1100	(month, day, year)		
	Comment:							

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

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A	nu	C	Do	CI	ım	e	nı	

1	Agency Name		- I - A CONTRACTOR		Date Stamp	California OOO
••	County of Los Angeles				Form 802	
	Division, Department, or Regi	on (if applicable)		-	For Official Use Only	
	Board of Supervisor, First Di		1			
	Barbara Garcia, Ticket Admi		Amendment (Must	Provide Explanation in Part 3.)		
		E-mail			The second secon	
	213-974-4111	bgarcia@bos.laco	ounty.gov		Date of Original Filing:	(month, day, year)
2	Function or Event Inform	notion				
۷.						123.00
	Does the agency have a tick	et policy? Yes			Each Ticket/Pass \$ _	
	Event Description: LA Phil		D	oate(s)	192022	
		Provide Title/ Exp	lanation			
	Ticket(s)/Pass(es) provided I	by agency? Yes	s 🗌 No 🔳 If	no:	Name of Source	
	NATA A CALABA A CALAB	- C (C - 1 - 1 - 1				
	Was ticket distribution made	at the benest Yes	s□ No■ "	yes:	Official's Name (Last, First)	
	of agency official?					
3.	Recipients					
٥.	Use Section A to identify the agence	v's denartment or unit	• Use Section B to in	dentify an individu	ual Vise Section C to ident	fy an outside organization
	ose section in to identify the agent	y sucparament or arms.	Number	I	Jai. Use section e to ident	ny an outside organization.
	A. Name of Agency, Depar	rtment or Unit	of Ticket(s)/	Describe th	rsuant to the agency's policy	
	Chaff	Passes	D	-1150 (1-)		
	Staff	2	Per ticket pe	olicy 5.3 (K)		
	3					
	B. Name of Indiv	ridual	Number of Ticket(s)/		Identify one of the	following:
	(Last, Firs	t)	Passes			
				Cerem	nonial Role Other	Income
			1	If check	king "Ceremonial Role" or "Other" de	escribe below:
	A second to the second			Cerem	nonial Role Other	Income
					king "Ceremonial Role" or "Other" de	
				i.		
			Number			24-102-128-128-17-18-12-13-1
	C. Name of Outside Or (include address and		of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy
			rasses			
			 		RANGE COMMISSION	
		V 7,000 Kottavana				
4.	Verification					
	Inave read and understand FPI	PC Regulations 1894	14.1 and 18942. I	l have verified t	that the distribution set f	orth above, is in accordance
	with the requirements.					
ı	1 Mayer	Barbara Ga	rcia	Admi	nistrative Director	3/18/2022
	Signature of Agency Head or Designe	ee	Print Name		Title	(month, day, year)
	Comment:		0.60.50.60.50			

Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) 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 Date of Original Filing: . bgarcia@bos.lacounty.gov 213-974-4111 (month, day, year) 2. Function or Event Information 41.00 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes No 🗆 Date(s) 03 Event Description: LA Phil Provide Title/ Explanation If no: __ Ticket(s)/Pass(es) provided by agency? Yes 🔲 No 🔳 Name of Source Was ticket distribution made at the behest Yes ☐ No ■ If yes: _ Official's Name (Last, First) of agency official? 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 Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Per ticket policy 5.3 (k) Staff 2 Number Identify one of the following: Name of Individual of Ticket(s)/ B. (Last, First) Passes Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below Income Ceremonial Role Other 🔲 If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes C. (include address and description) 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. 4/29/2022 Administrative Director Barbara Garcia (month, day, year) Title Print Name of Agency Head or Designee Comment:

Agency Report of:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name **Form** County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) 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 Date of Original Filing: . bgarcia@bos.lacounty.gov 213-974-4111 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ -Does the agency have a ticket policy? Yes No 🗆 Date(s) 03 / 31 Event Description: LA Phil Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: _ Yes No Name of Source If yes: _ Was ticket distribution made at the behest Yes ☐ No ■ Official's Name (Last, First) of agency official? 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 Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Per ticket policy 5.3 (k) Staff 2 Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes Income Ceremonial Role Other 🔲 If checking "Ceremonial Role" or "Other" describe below. Other \square Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes 4. Verification I have read and universtand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

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

Administrative Director

4/29/2022

(month, day, year)

with the requirements.

Comment:

Barbara Garcia

Ceremonial Role Events and Ticket/Pass Distributions A Public Document California 1. Agency Name Date Stamp **Form** County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) 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 Date of Original Filing: -213-974-4111 bgarcia@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Yes No 🗆 Date(s) ____/ Event Description: LA Phil 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 ■ Official's Name (Last, First) of agency official? 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 Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ A. **Passes** Staff Per ticket policy 5.3 (k) 2 Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income ___ If checking "Ceremonial Role" or "Other" describe below. Other \square Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes 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 the requirements. Administrative Director 4/29/2022 Barbara Garcia Title (month, day, year) nature of gency Head or Designee Comment: _

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

FPPC Form 802 (2/2016)

Agency Report of:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) 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 Date of Original Filing: . 213-974-4111 bgarcia@bos.lacounty.gov (month, day, year) 2. Function or Event Information 10.00 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes No 🗆 Date(s) 03 Event Description: LA Phil Provide Title/ Explanation If no: _ Ticket(s)/Pass(es) provided by agency? Yes No No Name of Source If yes: _ Was ticket distribution made at the behest Yes No Official's Name (Last, First) of agency official? 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 Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. **Passes** Per ticket policy 5.3 (k) Staff 2 Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) **Passes** Other 🔲 Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below. Income Other 🔲 Ceremonial Role If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes 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 requirement

Signature Agency and or Designee Print Name Title (month, day, year)

Comment:

4/29/2022

Administrative Director

Barbara Garcia