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 $ 42.00

Event Description: LA Phil
Provide Title/Explanation

Date(s) 03 / 6 / 2022

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.

<table>
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<tr>
<th>Name of Agency, Department or Unit</th>
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<th>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
Barbara Garcia

Print Name
Administrative Director
3/16/2022
(month, day, year)

Comment: ____________________
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  
Face Value of Each Ticket/Pass $ 221.00  
Date(s): 03/18/2022  

2. Function or Event Information  
Does the agency have a ticket policy? Yes [ ] No [x]  
Event Description: LA Phil  
Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]  
Was ticket distribution made at the behest of agency official? Yes [x] 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.  

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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  
3/18/2022  
(month, day, year)  

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 $ 123.00
   Event Description: LA Phil
   Date(s) 03 / 19 / 2022
   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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   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
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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
   Barbara Garcia
   Administrative Director
   Print Name
   Title
   3/18/2022
   (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

2. Function or Event Information
Does the agency have a ticket policy? Yes [ ] No [ ]
Face Value of Each Ticket/Pass $______ 41.00
Event Description: LA Phil
Date(s) 03 / 29 / 2022
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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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
4/29/2022 (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 of Original Filing:** 
   **(month, day, year)**

2. **Function or Event Information**
   Does the agency have a ticket policy? Yes ■ No □
   Face Value of Each Ticket/Pass $ 229.00
   Event Description: LA Phil
   Date(s): 03 / 31 / 2022
   Ticket(s)/Pass(es) provided by agency? Yes ■ No □
   If no:
   Name of Source
   Was ticket distribution made at the behest of agency officials? 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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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: ________________________________________________
   4/29/2022
   **(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  E-mail
213-974-4111  bgarcia@bos.lacounty.gov

Date Stamp
California Form 802
For Official Use Only

Amendment (Must Provide Explanation in Part 3)

Date of Original Filing: (month, day, year)

2. Function or Event Information
Does the agency have a ticket policy?  Yes □  No □
Face Value of Each Ticket/Pass $ 10.00

Event Description: LA Phil
Date(s)  03 / 31 / 2023

Ticket(s)/Pass(es) provided by agency?  Yes □  No □
Provide Title/Explanation

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
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Signature of Agency Head or Designee

Barbara Garcia
Administrative Director
Print Name
Title
4/29/2022 (month, day, year)

Comment:
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Area Code/Phone Number  E-mail
213-974-4111 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 $ ___________ 10.00
Event Description: LA Phil  Date(s) 03/31/2022
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes □ No □ If no:
If yes: Name of Source
Was ticket distribution made at the behest of agency official? Yes □ No □ If yes: Official's Name (Last, First)

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