# 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

<table>
<thead>
<tr>
<th>Date Stamp</th>
<th>California Form 802</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>For Official Use Only</td>
</tr>
</tbody>
</table>

2. **Function or Event Information**
   - Does the agency have a ticket policy? [ ] Yes [ ] No
   - Face Value of Each Ticket/Pass $ 20.00
   - Event Description: Pomona Fairplex
   - Date(s): [ ] 05/05/2022 [ ] 05/30/2022
   - 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>
<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></td>
<td></td>
<td></td>
</tr>
</tbody>
</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>If checking “Ceremonial Role” or “Other” describe below:</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>
<td>The Whole Child</td>
<td>10</td>
<td>Per ticket policy 5.3 (i)</td>
</tr>
</tbody>
</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.

Signature of Agency's Head or Designee: Barbara Garcia

Administrative Director

Print Name: Administrative Director

Title

5/23/2022 (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 E-mail
213-974-4111 bgarcia@bos.lacounty.gov

2. Function or Event Information
Does the agency have a ticket policy? Yes [ ] No [X] Face Value of Each Ticket/Pass $ 20.00
Event Description: Pomona Fairplex
Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X] If no:
If yes: Name of Source
Was ticket distribution made at the behest of agency official? Yes [ ] No [X] 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>
<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>
</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>
</tbody>
</table>
|                                      |                             | If checking "Ceremonial Role" or "Other" describe below:
|                                      |                             | Ceremonial Role [ ] Other [ ] Income [ ] |
|                                      |                             | If checking "Ceremonial Role" or "Other" describe below:

<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>
<td>Pilipino Workers Center</td>
<td>10</td>
<td>Per ticket policy 5.3 (i)</td>
</tr>
</tbody>
</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.

Signature of Agency Head or Designee

Barbara Garcia
Print Name
Administrative Director
Title
5/23/2022
(month, day, year)
Comment: __________________________________________________________

FPPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Agency Name: County of Los Angeles
Division, Department, or Region: Board of Supervisor, First District
Designated Agency Contact: 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: Pomona Fairplex
Face Value of Each Ticket/Pass $ □ 20.00
Date(s) 05/05/2022 05/30/2022
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

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
Thai Community Development Center 10 Per ticket policy 5.3 (i)

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: 5/23/2022
(month, day, year)

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

**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.la_county.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 $**
20.00

**Event Description:** Pomona Fairplex

**Date(s) of Event:**
05/05/2022  
05/30/2022

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

**If no:**
Name of Source

**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**

<table>
<thead>
<tr>
<th>Number of Ticket(s)/ Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
</table>

**B. Name of Individual**

<table>
<thead>
<tr>
<th>Number of Ticket(s)/ Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

If checking “Ceremonial Role” or “Other”, describe below:

<table>
<thead>
<tr>
<th>Number of Ticket(s)/ Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
</table>

**C. Name of Outside Organization**

<table>
<thead>
<tr>
<th>Number of Ticket(s)/ Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
</table>

 Armenian National Committee  
 10  
 Per ticket policy

### 4. Verification

I have read and understand FPPC Regulations 19844.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

BSG  
Signature of Agency Head or Designee

Barbara Garcia  
Administrative Director

5/23/2022  
(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 $ ___________ 20.00
   Event Description: Pomona Fairplex
   Ticket(s)/Pass(es) provided by agency? Yes □ No □
   Date(s) 05 / 05 / 2022 05 / 30 / 2022
   If no: Name of Source
   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

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
   Puente Learning Center 10 Per ticket policy 5.3 (i)

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 of Administrative Director
   □ Date

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
   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 [x]  
   Face Value of Each Ticket/Pass $ [ ] 20.00
   Event Description: Pomona Fairplex
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   Date(s) 05 / 05 / 2022 05 / 30 / 2022
   If no: ____________________________
   Name of Source ____________________________
   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>
<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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
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<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>____________________________</td>
</tr>
<tr>
<td></td>
<td></td>
<td>____________________________</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>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>
<td>Ukrainian Culture Center</td>
<td>10</td>
<td>Per ticket policy 5.3 (i)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</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.

   Signature of Agency Head or Designee ____________________________
   Barbara Garcia Print Name ____________________________
   Administrative Director ____________________________
   Title ____________________________
   5/23/2022 (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 $20.00
Event Description: Pomona Fairplex
Ticket(s)/Pass(es) provided by agency? Yes No
Date(s) 05/05/2022 05/30/2022
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>
</tr>
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<tbody>
<tr>
<td></td>
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<td></td>
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</tbody>
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<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>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role Other Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></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>
<td>California Childrens Academy</td>
<td>10</td>
<td>Per ticket policy 5.3 (i)</td>
</tr>
</tbody>
</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.

Signature of Agency Head or Designee Barbara Garcia Administrative Director
Print Name Title
5/23/2022 (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

## Function or Event Information

### Does the agency have a ticket policy?
Yes [ ] No [x]

### Face Value of Each Ticket/Pass
$20.00

### Event Description
Pomona Fairplex

### Date(s)
05/05/2022
05/30/2022

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

### Name of Source
If no:

### Was ticket distribution made at the behest of agency official?
Yes [x] No [ ]

### Official’s Name (Last, First)
If yes:

## 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.

<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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### B.

<table>
<thead>
<tr>
<th>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 [ ]</td>
</tr>
</tbody>
</table>

If checking “Ceremonial Role” or “Other”, describe below:

<table>
<thead>
<tr>
<th>Ceremonial Role</th>
<th>Other</th>
<th>Income</th>
</tr>
</thead>
</table>

#### C.

<table>
<thead>
<tr>
<th>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>
<td>Little Tokyo Service Center</td>
<td>10</td>
<td>Per ticket policy 5.3 (i)</td>
</tr>
</tbody>
</table>

## 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

5/23/2022

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
   Board of Supervisor, First District
   Barbara Garcia, Ticket Administrator

2. Function or Event Information
   Does the agency have a ticket policy? Yes [ ] No [ ]
   Face Value of Each Ticket/Pass $ 20.00
   Event Description: Pomona Fairplex
   Date(s): 05/05/2022, 05/30/2022
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [ ]
   If no: Name of Source
   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

   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
      Alma Family Services 10 Per ticket policy 5.3 (i)

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]
   5/23/2022 (month, day, year)

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

### Area Code/Phone Number
- E-mail: bgarcia@bos.lacounty.gov
- Area Code/Phone Number: 213-974-4111

### Date of Original Filing
- Date of Original Filing: __________ (month, day, year)

### Function or Event Information
- **Does the agency have a ticket policy?** Yes □ No □
- **Face Value of Each Ticket/Pass $** 20.00
- **Event Description:** Pomona Fairplex
- **Date(s)**: 05 / 05 / 2022 05 / 30 / 2022
- **Ticket(s)/Pass(es) provided by agency?** Yes □ No □
- **If no:** Name of Source
- **If 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**
- **Describe the public purpose made pursuant to the agency's policy**

#### B. Name of Individual
- **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
- **Name of Outside Organization** (include address and description)
- **Number of Ticket(s)/Passes**
- **Describe the public purpose made pursuant to the agency's policy**

- The Garage Boardshop
  - 10 Per ticket policy 5.3 (i)

### 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: ______________________  Date: 5/23/2022

- **Comment:** ______________________

---

FPPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
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: $20.00  
Event Description: Pomona Fairplex  
Date(s): 05/05/2022 05/30/2022  
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>
<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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<th>B. Name of Individual (Last, First)</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
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<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot;, describe below:</td>
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<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>
<td>Maravilla Service Center 10</td>
<td></td>
<td>Per ticket policy 5.3 (i)</td>
</tr>
</tbody>
</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.  
Signature of Agency Head or Designee: Barbara Garcia  
Administrative Director:  
Print Name:  
Title:  
Date: 5/23/2022  
(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 $ 20.00
   Event Description: Pomona Fairplex
   Date(s) 05/05/2022 05/30/2022
   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.

<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></td>
<td></td>
<td></td>
</tr>
</tbody>
</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>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
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<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>
<td>East LA Service Center</td>
<td>10</td>
<td>Per ticket policy 5.3 (i)</td>
</tr>
</tbody>
</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.

   Signature of Agency Head or Designee: Barbara Garcia
   Administrative Director: 5/23/2022

   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 □
Face Value of Each Ticket/Pass $ 20.00
Event Description: Pomona Fairplex
Date(s) 05 / 05 / 2022
Ticket(s)/Pass(es) provided by agency? Yes □ No □
If no: ____________________________
Name of Source ____________________________
Was ticket distribution made at the behest of an 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>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Wellness Center @ General Hospital</td>
<td>10</td>
<td>Per ticket policy 5.3 (i)</td>
</tr>
</tbody>
</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.

Signature of Agency Head or Designee: ____________________________
Barbara Garcia
Print Name: ____________________________
Administrative Director
Title: ____________________________
5/23/2022 (month, day, year)

Comment: ____________________________

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