# Agency Report of: Ceremonial Role E

| Seremonial Role Events and Ticket/Pass Distributions | A Public Document |                       |  |  |
|--|-------------------|-----------------------|--|--|
| . Agency Name  | Date Stamp        | California 802        |  |  |
| County of Los Angeles                                |                   |                       |  |  |
| Division, Department, or Region (if applicable)      |                   | For Official Use Only |  |  |
| Board of Supervisor First District                   |                   |                       |  |  |

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Comment: \_

Barbara Garcia

Administrative Director

4/29/2022

Signature of Agency Head or Designee

Print Name

Title

(month, day, year)

**Print** 

Clear

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

| Agency Report of:<br>Ceremonial Role Events and Ticket/Pass Distributions |            | A Public Document     |
|---|------------|-----------------------|
| 1. Agency Name  | Date Stamp | California 802        |
| County of Los Angeles   |            | Form OUZ              |
| Division, Department, or Region (if applicable)                           | ~          | For Official Use Only |

|    | County of Los Angeles   |                                      |                                   | THE MINISTER AND ADDRESS.             |  | For Official Uses Only        |
|----|---|--------------------------------------|-----------------------------------|---------------------------------------|--|-------------------------------|
|    | Division, Department, or Reg                                      | ion (if applicable)                  | *                                 | For Official Use Only                 |  |                               |
|    | Board of Supervisor, First D                                      | istrict                              |                                   |                                       |  | 1                             |
|    | Designated Agency Contact   | Name, Title)                         |                                   |                                       |  |                               |
|    | Barbara Garcia, Ticket Adm  | inistrator                           |                                   |                                       | Amendment (Must Pr                                     | rouide Evalenation in Red 3.) |
|    | Area Code/Phone Number  | E-mail                               |                                   |                                       | Amendment (Must Pi                                     | ovide Explanation in Part 3.) |
|    | 213-974-4111  | bgarcia@bos.laco                     | ounty.gov                         |                                       | Date of Original Filing: -                             | (month, day, year)            |
| 2. | Function or Event Infor   | mation                               | Was in the second                 | V V V V V V V V V V V V V V V V V V V |  | 63.00                         |
|    | Does the agency have a tick                                       | ket policy? Yes                      |                                   |                                       | Each Ticket/Pass \$                                    | 05.00                         |
|    | Event Description: LA Phil  |                                      |                                   | Date(s)/                              | 09 / 2022  |                               |
|    | Ticket(s)/Pass(es) provided                                       | Provide Title/ Exp<br>by agency? Yes |                                   | f no:                                 | Name of Source   |                               |
|    |   |                                      |                                   |                                       |  |                               |
|    | Was ticket distribution made of agency official?                  | e at the behest Yes                  | s 🗆 No 🔳 🧍                        | f yes:                                | Official's Name (Last, First)                          |                               |
| 3. | Recipients  |                                      |                                   |                                       |  |                               |
|    | <ul> <li>Use Section A to identify the agen</li> </ul>            | cy's department or unit.             | • Use Section B to i              | identify an individu                  | al. Use Section C to identify                          | an outside organization.      |
|    | A. Name of Agency, Depa   | artment or Unit                      | Number<br>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)  |                               |
|    | B. Name of Indi   |                                      | Number<br>of Ticket(s)/<br>Passes |                                       | Identify one of the fo                                 | ollowing:                     |
|    |   | 2                                    |                                   |                                       | onial Role Other oing "Ceremonial Role" or "Other" des |                               |
|    |   |                                      |                                   |                                       | onial Role Other ing "Ceremonial Role" or "Other" des  |                               |
|    | C. Name of Outside O (include address and                         |                                      | Number<br>of Ticket(s)/<br>Passes | Describe the                          | e public purpose made purs                             | suant to the agency's policy  |
| 4. | Verification I have read and understand FF with the requirements. | PPC Regulations 1894                 | 44.1 and 18942.                   | I have verified t                     | hat the distribution set fo                            | rth above, is in accordance   |
|    | Barbara Garcia  |                                      |                                   | Δdmi                                  | nistrative Director                                    | 4/29/2022                     |
|    | Manilla   | Barbara Ga                           | icia                              | Admi                                  | monative Director                                      | TIZUIZUZZ                     |
|    | Signature of Agency Head or Design                                |                                      | Print Name                        |                                       | Title  | (month, day, year)            |

|         | gency Report of:<br>eremonial Role Even  | ts and Ticket/P        | ass Distri                        | butions   | A   | Public Document                         |
|---------|--|------------------------|-----------------------------------|---|---|---|
| -       | Agency Name  |                        |                                   |   | Date Stamp  | California 802                          |
|         | County of Los Angeles  |                        |                                   |   |   |   |
|         | Division, Department, or Reg   | ion (if applicable)    |                                   |   |   | For Official Use Only                   |
|         | Board of Supervisor, First D   |                        |                                   |   |   |   |
|         | Designated Agency Contact  | (Name, Title)          |                                   |   |   |   |
|         | Barbara Garcia, Ticket Adm   | inistrator             |                                   |   | Amendment (Must Pr                                      | 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                 |                                   |   |   | 42.00                                   |
|         | Does the agency have a tick  | ket policy? Yes        |                                   |   | Each Ticket/Pass \$                                     | 42.00                                   |
|         | Event Description: LA Phil   |                        | [                                 | Date(s)04   | , 09 , 2022   |   |
|         | Ticket(s)/Pass(es) provided  | Provide Title/ Explain |                                   | no:   |   |   |
|         | Ticket(3)/1 ass(es) provided   | by agency: rest        | NO "                              | 110.  | Name of Source  |   |
|         | Was ticket distribution made   | e at the behest Yes    | □ No ■ If                         | yes:  | Official's Name (Last, First)                           |   |
|         | of agency official?  |                        |                                   |   | Onicial's Name (Last, 1 list)                           |   |
| 3.      | • Use Section A to identify the ager  A. Name of Agency, Department  |                        | Number<br>of Ticket(s)/           |   | ual. Use Section C to identify                          |   |
|         | Staff  |                        | Passes 2                          | Per ticket policy 5.3 (k)                                   |   |   |
|         |  |                        | Number                            |   |   |   |
|         | B. Name of Ind<br>(Last, Fir   |                        | of Ticket(s)/<br>Passes           |   | Identify one of the fo                                  |   |
|         |  |                        |                                   |   | nonial Role Other Cing "Ceremonial Role" or "Other" des | 100000000000000000000000000000000000000 |
|         |  |                        |                                   |   | nonial Role Other other des                             | Income Cribe below:                     |
|         | C. Name of Outside Organization (include address and description)  |                        | Number<br>of Ticket(s)/<br>Passes | Describe the public purpose made pursuant to the agency's p |   | uant to the agency's policy             |
|         | No. of Contract Contr |                        |                                   |   |   |   |
| 100 E// | Verification  I have read and understand FF with the requirements.   | PPC Regulations 18944  | 1.1 and 18942.                    | I have verified   | that the distribution set fo                            | rth above, is in accordance             |
|         | MINON  | Barbara Gard           | cia                               | Admi  | nistrative Director                                     | 4/29/2022                               |
|         | Signature of Agency Head or Design   | nee P                  | rint Name                         | s r   | Title   | (month, day, year)                      |

Comment: \_\_\_\_

### Agency Report of:

| Cerem     | nonial Role Even                   | ts and Ticket/P            | ass Distri                               | ibutions            | Α  | <b>Public Document</b>         |  |
|-----------|------------------------------------|----------------------------|--|---------------------|--|--------------------------------|--|
|           | ncy Name                           |                            | 40 40 40 40 40 40 40 40 40 40 40 40 40 4 |                     | Date Stamp   | California 802                 |  |
| Coun      | ity of Los Angeles                 |                            |  |                     |  | - Call                         |  |
| Divisi    | on, Department, or Reg             | on (if applicable)         |  |                     |  | For Official Use Only          |  |
| Boar      | d of Supervisor, First D           | istrict                    |  |                     |  |                                |  |
| Desig     | nated Agency Contact (             | Name, Title)               |  |                     |  |                                |  |
| Barba     | ara Garcia, Ticket Adm             | inistrator                 |  | Amendment (Must Pr  | ovide Explanation in Part 3.)                                |                                |  |
| Area (    | Area Code/Phone Number   E-mail    |                            |  |                     |  | ovide Explanation in valid o.y |  |
| 213-9     | 974-4111                           | bgarcia@bos.lacou          | inty.gov                                 |                     | Date of Original Filing: _                                   | (month, day, year)             |  |
| . Fund    | ction or Event Infor               | mation                     |  |                     |  | 220.00                         |  |
| Does      | the agency have a tick             | ket policy? Yes            |  |                     | Each Ticket/Pass \$  | 229.00                         |  |
| Even      | t Description: LA Phil             | Provide Title/ Expla       | nation [                                 | Date(s)             | 15 / 2022  |                                |  |
| Ticke     | t(s)/Pass(es) provided             |                            |  | f no:               |  |                                |  |
|           |                                    | -, -9, 1001                | -  |                     | Name of Source   |                                |  |
|           | ticket distribution made           | at the behest Yes [        | □ No ■ <sup>If</sup>                     | f yes:              | Official's Name (Last, First)                                |                                |  |
| of a      | gency official?                    |                            |  |                     | cinciano mante (2004) may                                    |                                |  |
| B. Rec    | cipients                           | ***                        |  |                     |  |                                |  |
| en energe | Section A to identify the agen     | cy's department or unit. • | Use Section B to i                       | dentify an individu | al. Use Section C to identify                                | an outside organization.       |  |
|           |                                    |                            | Number                                   |                     |  |                                |  |
| Α.        | Name of Agency, Department or Unit |                            | of Ticket(s)/ Describe the Passes        |                     | he public purpose made pursuant to the agency's policy       |                                |  |
| Sta       | Staff                              |                            | 2  | Per ticket po       | policy 5.3 (k)   |                                |  |
| 8)        |                                    |                            |  | 到                   |  |                                |  |
| В.        | Name of Indi                       | vidual                     | Number<br>of Ticket(s)/                  |                     | Identify one of the fo                                       | ollowing:                      |  |
|           | (Last, Firs                        | st)                        | Passes                                   |                     |  |                                |  |
|           |                                    |                            |  |                     | onial Role Other Other on "Other" des                        |                                |  |
| -         |                                    | wa e                       |  | 1 Same 10           | onial Role Other Other oing "Ceremonial Role" or "Other" des | Income Cribe below:            |  |
| 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   |  |
|           |                                    |                            |  |                     |  |                                |  |
| l. Verif  | ication                            |                            |  |                     |  |                                |  |
| I have    | read and understand FP             | PC Regulations 18944       | .1 and 18942.                            | I have verified t   | hat the distribution set fo                                  | rth above, is in accordance    |  |
| 1         | he requirements.                   | Barbara Garc               |  | Admi                | nistrative Director  | 4/29/2022                      |  |
| ♣ "Sign   | nature of Agency Head or Design    | ee P                       | rint Name                                |                     | Title  | (month, day, year)             |  |
| Com       | ment:                              |                            |  |                     |  |                                |  |

|    | gency κεροπ οτ:<br>eremonial Role Even   | ts and Ticket/P                               | ass Distri                        | butions  | A  | Public Document                |  |
|----|--|---|-----------------------------------|--|--|--------------------------------|--|
| 1. | Agency Name County of Los Angeles Division, Department, or Reg   | ion (if applicable)                           | Date Stamp                        | California 802 Form Sorm Sor Official Use Only                   |  |                                |  |
|    | Board of Supervisor, First D   |   |                                   |  | -  |                                |  |
|    | Designated Agency Contact  |   |                                   |  |  |                                |  |
|    | Barbara Garcia, Ticket Adm   | inistrator                                    |                                   |  | Amendment (Must Pi                                       | rovide Explanation in Part 3.) |  |
|    | Area Code/Phone Number   | E-mail  | ν,                                |  |  |                                |  |
|    | 213-974-4111   | bgarcia@bos.lacou                             | nty.gov                           |  | Date of Original Filing: .                               | (month, day, year)             |  |
| 2. | Function or Event Infor  | mation  |                                   |  |  | 229.00                         |  |
|    | Does the agency have a tick  | ket policy? Yes                               |                                   |  | Each Ticket/Pass \$                                      | 223.00                         |  |
|    | Event Description: LA Phil   |   | D                                 | ate(s)   | <u>, 16 , 2022</u>                                       |                                |  |
|    | Ticket(s)/Pass(es) provided  | Provide Title/ Explai                         | nation                            | no:  |  |                                |  |
|    | ricket(s)/Fass(es) provided  | by agency: Yes L                              | NO "                              | 110.   | Name of Source   |                                |  |
|    | Was ticket distribution made of agency official?   | e at the behest Yes [                         | □ No ■ If                         | yes:   | Official's Name (Last, First)                            | <del></del>                    |  |
| 3. | Recipients  • Use Section A to identify the ager   | ncy's department or unit. •                   |                                   | dentify an individu  | ual. Use Section C to identif                            | y an outside organization.     |  |
|    | A. Name of Agency, Depart  | Number<br>of Ticket(s)/<br>Passes             | Describe th                       | Describe the public purpose made pursuant to the agency's policy |  |                                |  |
|    | Staff  |   | 2                                 | Per ticket p   | olicy 5.3 (k)  |                                |  |
|    | B. Name of Ind<br>(Last, Fir   |   | Number<br>of Ticket(s)/<br>Passes |  | Identify one of the fo                                   | ollowing:                      |  |
|    |  |   |                                   |  | nonial Role Other king "Ceremonial Role" or "Other" des  |                                |  |
|    |  |   |                                   |  | nonial Role Other Ching "Ceremonial Role" or "Other" des |                                |  |
|    | C. Name of Outside Organization (include address and description)  |   | Number<br>of Ticket(s)/<br>Passes | Describe th  | ne public purpose made pur                               | suant to the agency's policy   |  |
|    | Manager Commission Com | <u>, , , , , , , , , , , , , , , , , , , </u> |                                   |  |  | -                              |  |
| 4. | Verification I have read and understand FF with the requirements   | PPC Regulations 18944                         | .1 and 18942.                     | I have verified  | that the distribution set fo                             | orth above, is in accordance   |  |
|    | Misch  | Barbara Garc                                  |                                   | Adm  | inistrative Director                                     | 4/29/2022                      |  |
|    | Signature of Agency Head or Design   | D. D.   | rint Name                         |  | Title  | (month day year)               |  |

Comment: \_\_\_

### **Agency Report of:**

| Ceremonial Role Events and Ticket/Pass Distributions | A Public Document |                       |  |  |
|--|-------------------|-----------------------|--|--|
| 1. Agency Name                                       | Date Stamp        | California 802        |  |  |
| County of Los Angeles                                |                   |                       |  |  |
| Division, Department, or Region (if applicable)      |                   | For Official Use Only |  |  |

| County of Los Angeles   |                                    |   |                       |  | Form OUZ                              |
|---|------------------------------------|---|-----------------------|--|---------------------------------------|
| Division, Department, or Re   | gion (if applicable)               |   | For Official Use Only |  |                                       |
| Board of Supervisor, First  | District                           |   |                       |  |                                       |
| <b>Designated Agency Contac</b>                                     | t (Name, Title)                    | 1   | -                     |  |                                       |
| Barbara Garcia, Ticket Ad   | ministrator                        |   |                       | Amendment (Must Pro                                    | ovide Explanation in Part 3.)         |
| Area Code/Phone Number  | E-mail                             | - Mar |                       |  | , vide displacement are exp           |
| 213-974-4111  | bgarcia@bos.laco                   | unty.gov  |                       | Date of Original Filing: _                             | (month, day, year)                    |
| 2. Function or Event Info   | rmation                            | *   |                       | v.   | 244.00                                |
| Does the agency have a ti   | cket policy? Yes                   |   |                       | Each Ticket/Pass \$                                    | 214.00                                |
| Event Description: LA Phi   | Provide Title/ Expl                | anation   | Date(s)               |  |                                       |
| Ticket(s)/Pass(es) provide  | 10                                 |   | f no:                 | Name of Source   |                                       |
| Was ticket distribution mad   | de at the behest Yes               | □ No ■ If   | f yes:                |  |                                       |
| of agency official?   | 163                                |   |                       | Official's Name (Last, First)                          |                                       |
| 3. Recipients   |                                    |   | w                     |  |                                       |
| • Use Section A to identify the ag                                  | ency's department or unit.         | • Use Section B to i  | dentify an individe   | ual. Use Section C to identify                         | an outside organization.              |
| A Name of Agency, De  | nortment or Unit                   | Number  | Decaribe th           | ne public purpose made purs                            | uent to the agency's policy           |
| A. Name of Agency, De   | partinent or Onit                  | of Ticket(s)/<br>Passes   | Describe ti           | ie public purpose made purs                            | uant to the agency's policy           |
| Staff   |                                    | 2   | Per ticket p          | olicy 5.3 (k)  |                                       |
| B. Name of In   |                                    | Number<br>of Ticket(s)/<br>Passes   | Cerer                 | Identify one of the fo                                 | llowing:                              |
|   |                                    |   | Cerer                 | king "Ceremonial Role" or "Other" descr<br>nonial Role | Income 🔲                              |
| C. Name of Outside (include address a                               |                                    | Number<br>of Ticket(s)/<br>Passes   | Describe th           | ne public purpose made purs                            | uant to the agency's policy           |
| 4. Verification  I have read and understand F with the requirements | FPPC Regulations 1894  Barbara Gar |   |                       | that the distribution set for                          | rth above, is in accordance 4/29/2022 |
| Signature of Agency Head or Desi                                    |                                    | Print Name  |                       | Title  | (month, day, year)                    |
|   |                                    |   |                       |  |                                       |
| Comment:  |                                    |   |                       |  |                                       |

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

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| ١.  | Agency Name   |                         |   |                 | Date Stamp  | California 802                |  |  |
|---|---|-------------------------|---|-----------------|---|-------------------------------|--|--|
|   | County of Los Angeles                                 |                         |   |                 |   | ronn                          |  |  |
|   | Division, Department, or Regi                         | on (if applicable)      |   |                 |   | For Official Use Only         |  |  |
|   | Board of Supervisor, First Di                         | istrict                 |   |                 |   |                               |  |  |
|   | Designated Agency Contact (                           | Name, Title)            |   |                 | 1   |                               |  |  |
|   | Barbara Garcia, Ticket Admi                           | nistrator               |   |                 | ☐ Amendment (Must Pr  | ovide Explanation in Part 3.) |  |  |
|   | Area Code/Phone Number                                | E-mail                  |   |                 | Amendment (Musir)   | ovide Explanation in Vale 5.) |  |  |
|   | 213-974-4111  | bgarcia@bos.laco        | unty.gov  |                 | Date of Original Filing: _                                      | (month, day, year)            |  |  |
| 2.  | Function or Event Inform                              | mation                  |   |                 |   | 445.00                        |  |  |
|   | Does the agency have a tick                           | et policy? Yes          | No □ F  | ace Value of    | Each Ticket/Pass \$   | 115.00                        |  |  |
|   | Event Description: LA Phil                            | Provide Title/ Exp      | D   | ate(s)          |   |                               |  |  |
|   | Ticket(s)/Pass(es) provided                           |                         |   | no:             | Name of Source  |                               |  |  |
|   | Was ticket distribution made                          | at the behest Yes       | □ No ■ If   | yes:            |   |                               |  |  |
|   | of agency official?                                   | 100                     |   |                 | Official's Name (Last, First)                                   |                               |  |  |
| 3.  | Recipients  • Use Section A to identify the agence    |                         | • Use Section B to ic                                     |                 |   |                               |  |  |
|   | A. Name of Agency, Depa                               | of Ticket(s)/<br>Passes | Describe the public purpose made pursuant to the agency's |                 |   |                               |  |  |
|   | Staff   |                         | 2   | Per ticket pe   | Per ticket policy 5.3 (k)                                       |                               |  |  |
|   | B. Name of Indiv<br>(Last, Firs                       |                         | Number<br>of Ticket(s)/<br>Passes                         | 100             | Identify one of the fo  | Income                        |  |  |
|   |   |                         |   | 11/20/20/20/20  | nonial Role  Other  Other king "Ceremonial Role" or "Other" des |                               |  |  |
| C. Name of Outside Organization (include address and description) |   |                         | Number<br>of Ticket(s)/<br>Passes                         | Describe th     | e public purpose made purs                                      | uant to the agency's policy   |  |  |
|   | Verification  |                         |   |                 |   |                               |  |  |
| ٠.  | I have read and understand FPI with the requirements. | PC Regulations 1894     | 14.1 and 18942. I   | I have verified | that the distribution set fo                                    | rth above, is in accordance   |  |  |
|   | Medel   | Barbara Ga              | rcia  | Admi            | inistrative Director  | 4/29/2022                     |  |  |
|   | Signature of Agency Head or Designation               | ee                      | Print Name  |                 | Title   | (month, day, year)            |  |  |
|   | Comment:  |                         |   |                 |   |                               |  |  |
|   |   |                         |   |                 |   |                               |  |  |

Clear

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

| Ceremonial Role Events and Ticket/Pass Distributions | A Public Document |                    |          |  |  |
|--|-------------------|--------------------|----------|--|--|
| I. Agency Name County of Los Angeles                 | Date Stamp        | California<br>Form | 802      |  |  |
| Division, Department, or Region (if applicable)      | 1                 | For Official U     | Jse Only |  |  |

| .lacounty.gov  Yes ■ No □  e/ Explanation  Yes □ No ■  unit. • Use Section  Number of Ticket Passe  | Date(s) If no: If yes:  B to identify aret(s)/ is Des     | Form For Official Use Only  Amendment (Must Provide Explanation in Part 3.)  Date of Original Filing:                   |
|---|---|---|
| Yes No Del No Per Explanation Yes No No Per | Date(s) If no: If yes:  B to identify aret(s)/ is Des     | Amendment (Must Provide Explanation in Part 3.)  Date of Original Filing:   |
| Yes No Del No Per Explanation Yes No No Per | Date(s) If no: If yes:  B to identify aret(s)/ is Des     | Date of Original Filing:  |
| Yes No Del No Per Explanation Yes No No Per | Date(s) If no: If yes:  B to identify aret(s)/ is Des     | Date of Original Filing:  |
| Yes No Del No Per Explanation Yes No No Per | Date(s) If no: If yes:  B to identify aret(s)/ is Des     | Date of Original Filing:  |
| Yes No Del No Per Explanation Yes No No Per | Date(s) If no: If yes:  B to identify aret(s)/ is Des     | Date of Original Filing:  |
| Yes No Del No Per Explanation Yes No No Per | Date(s) If no: If yes:  B to identify aret(s)/ is Des     | Name of Source Official's Name (Last, First)  Official's Name (Last, First)  Official's Name (Last, First)              |
| e/ Explanation  Yes  No  Yes No  unit. • Use Section  Numbor Ticket   | Date(s) If no: If yes:  B to identify aret(s)/ is Des     | Name of Source  Official's Name (Last, First)  in individual. Use Section C to identify an outside organization.        |
| e/ Explanation  Yes  No  Yes No  unit. • Use Section  Numbor Ticket   | Date(s) If no: If yes:  B to identify aret(s)/ is Des     | Name of Source  Official's Name (Last, First)  in individual. Use Section C to identify an outside organization.        |
| e/ Explanation  Yes  No  Yes No  unit. • Use Section  Numbor Ticket   | _ Date(s)  If no:  If yes: _  B to identify are t(s)/ Des | Name of Source  Official's Name (Last, First)  n individual. Use Section C to identify an outside organization.         |
| Yes No  Yes No  unit. • Use Section  Numbor of Ticket   | If no:  If yes:  B to identify are t(s)/ Des              | Name of Source  Official's Name (Last, First)  n individual. Use Section C to identify an outside organization.         |
| Yes No  Yes No  unit. • Use Section  Numbor of Ticket   | If yes: B to identify ar er t(s)/ Des                     | Official's Name (Last, First)  n individual. Use Section C to identify an outside organization.                         |
| unit. • Use Section  Numbor Ticket  | If yes: B to identify ar er t(s)/ Des                     | Official's Name (Last, First)  n individual. Use Section C to identify an outside organization.                         |
| unit. • Use Section  Numbor Ticket  | B to identify are<br>er<br>t(s)/ Des                      | Official's Name (Last, First)  n individual. Use Section C to identify an outside organization.                         |
| Number of Ticket  | er<br>t(s)/ Des   |   |
| Number of Ticket  | er<br>t(s)/ Des   |   |
| of Ticket   | t(s)/ Des   | scribe the public purpose made pursuant to the agency's policy  |
|   | s   | scribe the public purpose made pursuant to the agency's policy  |
|   | Dont  |   |
| 2   | Pert  | icket policy 5.3 (k)  |
| Numbo<br>of Tickel<br>Passe   | t(s)/   | 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:                                   |
| Number of Ticket Passe  | t(s)/ Des   | scribe the public purpose made pursuant to the agency's policy  |
|   |   |   |
|   |   |   |
|   |   |   |
| 18944.1 and 18  | 942. I have v   | verified that the distribution set forth above, is in accordan  |
|   |   | Administrative Director 4/29/2022   |
| ı Garcia  |   | Title (month, day, year,  |
| Print Name  |   |   |
|   | a Garcia  | a Garcia  |

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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

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|---|----|------|-----|---|------------|---------|-----|---|
|   | FL | ועונ | 116 | ш | <b>'UL</b> | 4 I I 8 | CII | ı |

| 1. Agency Name  | Date Stamp California 802  |
|---|--|
| County of Los Angeles   | 15/111   |
| Division, Department, or Region (if applicable)                                   | For Official Use Only  |
| 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 E-mail   | Amendment (Must Provide Explanation in Part 5.)  |
| 213-974-4111 bgarcia@bos.lacounty.gov   | Date of Original Filing:   |
| 2. Function or Event Information  | 145.00   |
| Does the agency have a ticket policy? Yes ■ No [                                  | Face Value of Each Ticket/Pass \$115.00  |
| Event Description: LA Phil  Provide Title/ Explanation                            | Date(s) 04 / 24 / 2022   |
| Ticket(s)/Pass(es) provided by agency? Yes ☐ No ■                                 | If no:   |
| Tioneston, accept provided by agency:   | If no:   |
| Was ticket distribution made at the behest Yes ☐ No ■                             | If yes:Official's Name (Last, First)   |
| of agency official?   | Ollicial'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 Numl of Ticker Pass                         | (s)/ Describe the public purpose made pursuant to the agency's policy                        |
| Staff 2   | Per ticket policy 5.3 (k)  |
| B. Name of Individual of Tick<br>(Last, First) Pass                               | (s)/ Identify one of the following:  |
|   | Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: |
| C. Name of Outside Organization of Ticke (include address and description)        | (s)/ Describe the public purpose made pursuant to the agency's policy                        |
| 4. Verification   |  |
| I have read and understand FPPC Regulations 18944.1 and 18 with the requirements. | 942. I have verified that the distribution set forth above, is in accordance                 |
| Barbara Garcia  | Administrative Director 4/29/2022  |
| Signature of Agency Head or Designee Print Name                                   | Title (month, day, year)   |
| Comment:  |  |

## Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions **A Public Document**

| ١. | Agency Name  |                            |                                   |                      | Date Stamp  | California 802                  |
|----|--|----------------------------|-----------------------------------|----------------------|---|---------------------------------|
|    | County of Los Angeles                                |                            |                                   |                      |   | Tomi CC                         |
|    | Division, Department, or Regi                        | on (if applicable)         |                                   |                      |   | For Official Use Only           |
|    | Board of Supervisor, First D                         | istrict                    |                                   |                      |   |                                 |
|    | Designated Agency Contact (                          | Name, Title)               |                                   |                      | 1   |                                 |
|    | Barbara Garcia, Ticket Adm                           | inistrator                 |                                   |                      | Amendment (Must l   | Provide Explanation in Part 3.) |
|    | Area Code/Phone Number                               | E-mail                     |                                   |                      | Amendment (Musici   | -rovide Explanation in Fait 3.) |
|    | 213-974-4111   | bgarcia@bos.lacou          | ınty.gov                          |                      | Date of Original Filing:                                    | (month, day, year)              |
| 2. | Function or Event Inform                             | nation                     |                                   |                      |   | 100.00                          |
|    | Does the agency have a tick                          | et policy? Yes             | ■ No 🗆 「                          | ace Value of         | Each Ticket/Pass \$ _                                       | 109.00                          |
|    | Event Description: LA Phil                           |                            |                                   | Date(s)04            | 242022  |                                 |
|    |  | Provide Title/ Expla       | nation                            |                      |   |                                 |
|    | Ticket(s)/Pass(es) provided                          | by agency? Yes             | □ No ■ I                          | f no:                | Name of Source  |                                 |
|    | Was ticket distribution made                         | at the behest Ves          |                                   | f yes:               |   |                                 |
|    | 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                  | identify an individu | ual. Use Section C to identi                                | fy an outside organization.     |
|    | A. Name of Agency, Depa                              | rtment or Unit             | Number<br>of Ticket(s)/<br>Passes | Describe th          | e public purpose made pu                                    | rsuant to the agency's policy   |
|    | Staff  |                            | 2                                 | Per ticket p         | olicy 5.3 (k)   |                                 |
|    | B. Name of Indi<br>(Last, Fire                       |                            | Number<br>of Ticket(s)/<br>Passes |                      | Identify one of the   |                                 |
|    |  |                            |                                   |                      | nonial Role Other C<br>king "Ceremonial Role" or "Other" de |                                 |
|    |  |                            | 0                                 |                      | nonial Role Other Cking "Ceremonial Role" or "Other" de     |                                 |
|    | C. Name of Outside Or (include address and           |                            | Number<br>of Ticket(s)/<br>Passes | Describe th          | e public purpose made pu                                    | rsuant to the agency's policy   |
|    |  |                            |                                   |                      |   |                                 |
| ł. | Verification   |                            |                                   |                      |   |                                 |
|    | I have read and understand FP with the requirements. | PC Regulations 18944       | 1.1 and 18942.                    | I have verified      | that the distribution set f                                 | orth above, is in accordance    |
|    | In a KI-   | Barbara Gard               | cia                               | Admi                 | inistrative Director  | 4/29/2022                       |
|    | Signature of Agency Head or Design                   |                            | rint Name                         | <del></del>          | Title   | (month, day, year)              |
|    |  |                            |                                   |                      |   |                                 |
|    | Comment:   |                            |                                   |                      |   |                                 |

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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 |            | A Public Doo       | ument |
|--|------------|--------------------|-------|
| 1. Agency Name                                       | Date Stamp | California<br>Form | 202   |
| Ossents of Landaudia                                 |            | Form               | 004   |

| 1. | Agency Name  |                        |                                       |                     | Date Stamp   | California 802   |
|----|--|------------------------|---------------------------------------|---------------------|--|--|
|    | County of Los Angeles                                |                        |                                       |                     |  | Tomi O   |
|    | Division, Department, or Reg                         | ion (if applicable)    |                                       |                     | 1  | For Official Use Only  |
|    | Board of Supervisor, First D                         | istrict                |                                       |                     |  |  |
|    | Designated Agency Contact                            | (Name, Title)          |                                       |                     |  |  |
|    | Barbara Garcia, Ticket Adm                           | inistrator             |                                       |                     |  | 2 : ( 5 ( ) : 5 ( )  |
|    | Area Code/Phone Number                               | E-mail                 |                                       |                     | Amendment (Must  | Provide Explanation in Part 3.)  |
|    | 213-974-4111   | bgarcia@bos.la         | acounty.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 \$ _                                  | 63.00  |
|    | Event Description: LA Phil                           |                        |                                       | oate(s)             | <u>/ 26                                   </u>         |  |
|    | Ticket(s)/Pass(es) provided                          |                        |                                       | no:                 |  |  |
|    |  |                        | N. 1818 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |                     | Name of Source   | 3  |
|    | Was ticket distribution made of agency official?     | at the behest          | Yes□ No ■ <sup>If</sup>               | yes:                | Official's Name (Last, First)                          |  |
| 3. | Recipients   |                        |                                       | 1                   |  |  |
|    | Use Section A to identify the agen                   | icy's department or ui | Number                                | dentify an individu | ual. Use Section C to ident                            | ify an outside organization.   |
|    | A. Name of Agency, Depa                              | artment or Unit        | of Ticket(s)/<br>Passes               | Describe th         | e public purpose made pu                               | rsuant to the agency's policy  |
|    | Staff  |                        | 2                                     | Per ticket p        | olicy 5.3 (k)  |  |
|    | B. Name of Indi<br>(Last, Fir.                       |                        | Number<br>of Ticket(s)/<br>Passes     | Cerem               | Identify one of the                                    |  |
|    |  |                        |                                       | If check            | king "Ceremonial Role" or "Other" d                    | escribe below:   |
|    |  |                        |                                       |                     | nonial Role Other Cking "Ceremonial Role" or "Other" d |  |
|    | C. Name of Outside O (include address and            |                        | Number<br>of Ticket(s)/<br>Passes     | Describe th         | e public purpose made pu                               | rsuant to the agency's policy  |
|    |  |                        |                                       |                     |  |  |
| 1. | Verification   | NDO Domitaliana d      | 00444 40040                           |                     | 46-446-45-45-45-45-45-45-45-45-45-45-45-45-45-         | for the set of the set |
|    | I have read and understand FP with the requirements. | PO Regulations 1       | 8944.1 and 18942.                     | i nave verified t   | ınaı ine aistribution set i                            | ortn above, is in accordance   |
|    | MYX  | Barbara                |                                       | Admi                | inistrative Director                                   | 4/29/2022  |
|    | Signature of Agency Head or Design                   | ee                     | Print Name                            |                     | Title  | (month, day, year)   |
|    | Comment:   |                        |                                       |                     |  |  |
|    |  |                        |                                       |                     |  |  |

| Agency Report of:<br>Ceremonial Role Events ar                   | nd Ticket/Pa           | ass Distri                        | butions                                  | A  | Public Document               |
|--|------------------------|-----------------------------------|--|--|-------------------------------|
| 1. Agency Name   |                        |                                   |  | Date Stamp   | California 802                |
| County of Los Angeles  |                        |                                   |  |  | Term 500                      |
| Division, Department, or Region (if a                            | applicable)            |                                   |  | 1  | For Official Use Only         |
| Board of Supervisor, First District                              |                        |                                   |  | 6  |                               |
| Designated Agency Contact (Name,                                 | Title)                 |                                   |  |  | ·                             |
| Barbara Garcia, Ticket Administra                                | tor                    |                                   |  | Amendment (Must Pro  | ovide Explanation in Part 3.) |
| Area Code/Phone Number E-ma                                      | il                     |                                   |  |  | erio Explanation in valid e.y |
| 213-974-4111 bgan  | cia@bos.lacour         | nty.gov                           |  | Date of Original Filing: _   | (month, day, year)            |
| 2. Function or Event Information                                 | n                      |                                   |  | M 414  | 0.45.00                       |
| Does the agency have a ticket pol                                | icy? Yes∎              |                                   |  | Each Ticket/Pass \$  | 245.00                        |
| Event Description: LA Phil                                       |                        |                                   | oate(s)                                  | <u>, 15 , 2022</u>   |                               |
|  | Provide Title/ Explana | ation                             |  |  |                               |
| Ticket(s)/Pass(es) provided by ag                                | ency? Yes L            | No 🔣 If                           | no:                                      | Name of Source   |                               |
| Was ticket distribution made at the                              | e behest Ves F         |                                   | yes:                                     |  |                               |
| of agency official?  | 7 20.1001 163 [        | J NO                              | •  | Official's Name (Last, First)  |                               |
| Recipients     Use Section A to identify the agency's department |                        | Number                            |  |  |                               |
| A. Name of Agency, Department                                    | or Unit                | of Ticket(s)/<br>Passes           | Describe tr                              | e public purpose made purs   | uant to the agency's policy   |
| Staff  | 30.15074               | 2                                 | Per ticket p                             | olicy 5.3 (k)  |                               |
| B. Name of Individual (Last, First)                              |                        | Number<br>of Ticket(s)/<br>Passes |  | Identify one of the fo   | llowing:                      |
|  |                        |                                   | 000000000000000000000000000000000000000  | nonial Role Other Characteristics (Control of the Control of the C | Income C                      |
|  |                        |                                   | 0- | nonial Role Other Other Ming "Ceremonial Role" or "Other" desc   | Income Income                 |
| C. Name of Outside Organiza (include address and descri          |                        | Number<br>of Ticket(s)/<br>Passes | Describe th                              | e public purpose made purs   | uant to the agency's policy   |
| ·  |                        |                                   | a  |  |                               |
| 4. Verification  |                        |                                   | <u> </u>                                 | -  |                               |
| I have read and understand FPPC Re<br>with/the requirements.     | gulations 18944.       | 1 and 18942.                      | I have verified                          | that the distribution set for  | rth above, is in accordance   |
| The responding to  | Barbara Garci          | a                                 | Admi                                     | inistrative Director   | <b>4</b> /29/2022             |
| Signature of Agency Head or Designee                             |                        | nt Name                           |  | Title  | (month, day, year)            |

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Comment: \_\_

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

|    | gency Report of:<br>eremonial Role Even          | ts and Ticket/P   | ass Distr                         | ibutions              | AI                             | Public Document   |
|----|--|---|-----------------------------------|-----------------------|--------------------------------|---|
| 1. | Agency Name                                      |   |                                   |                       | Date Stamp                     | California 802  |
|    | County of Los Angeles                            |   |                                   | For Official Use Only |                                |   |
|    | Division, Department, or Reg                     |   |                                   |                       |                                | To omoral occorny   |
|    | Board of Supervisor, First D                     |   |                                   |                       |                                | 9   |
|    | Designated Agency Contact (                      | Name, Title)  |                                   |                       |                                |   |
|    | Barbara Garcia, Ticket Adm                       | inistrator  |                                   |                       | Amendment (Must Pro            | ovide Explanation in Part 3.)   |
|    | Area Code/Phone Number                           | E-mail  |                                   |                       |                                | enderdende sette som i der ette stocke som en |
|    | 213-974-4111                                     | bgarcia@bos.lacour  | nty.gov                           |                       | Date of Original Filing: _     | (month, day, year)  |
| 2. | Function or Event Infor                          | mation  |                                   |                       |                                | 171.00  |
|    | Does the agency have a tick                      | ket policy? Yes ■   | ■ No 🗆 📑                          | Face Value of         | Each Ticket/Pass \$            | 171.00  |
|    | Event Description: LA Phil                       |   |                                   | Date(s)05             | 262022                         |   |
|    |  | Provide Title/ Explan   | nation                            |                       |                                |   |
|    | Ticket(s)/Pass(es) provided                      | by agency? Yes  | □ No ■ □                          | f no:                 | Name of Source                 | <del></del>   |
|    | Was ticket distribution made of agency official? | at the behest Yes   | □ No ■ <sup>I</sup>               | f yes:                | Official's Name (Last, First)  |   |
| 3. | Recipients • Use Section A to identify the agen  | cy's department or unit. • l  | Use Section B to                  | identify an individu  | ual. Use Section C to identify | an outside organization.  |
|    | A. Name of Agency, Depa                          | rtment or Unit  | 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)                  |   |
|    | · · · · · · · · · · · · · · · · · · ·            | DE STATE OF |                                   |                       |                                | -   |

| В. | Name of Individual<br>(Last, First)                            | Number<br>of Ticket(s)/<br>Passes | Identify one of the following:   |
|----|--|-----------------------------------|--|
|    |  |                                   | Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: |
|    |  |                                   | Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: |
| C. | Name of Outside Organization (include address and description) | Number<br>of Ticket(s)/<br>Passes | Describe the public purpose made pursuant to the agency's policy                             |
|    |  |                                   |  |

|   |    |      |     | -   |
|---|----|------|-----|-----|
| 4 | V۵ | rifi | 201 | ion |

| whiteh the authorise manufactor | I have read and understa | and FPPC Regulations | 18944.1 and 1894 | <ol><li>I have verified that</li></ol> | t the distribution se | et forth above, is | in accordance |
|---------------------------------|--------------------------|----------------------|------------------|--|-----------------------|--------------------|---------------|
|                                 | with the requirements.   | 3                    |                  |  |                       | ,                  |               |

| N U) PV                              | Barbara Garcia | Administrative Director |
|--------------------------------------|----------------|-------------------------|
| Signature of Agency Head or Designee | Print Name     | Title                   |

**\$/29/2022** (month, day, year)

Comment: \_