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 $ 115.00
Date(s) 04 / 08 / 2022
Event Description: LA Phil
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
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>
</thead>
<tbody>
<tr>
<td>Staff</td>
<td>2</td>
<td>Per ticket policy 5.3 (k)</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>
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</thead>
</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: 4/29/2022 (month, day, year)
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

2. Function or Event Information
   Does the agency have a ticket policy? Yes □ No □
   Face Value of Each Ticket/Pass $ 63.00
   Event Description: LA Phil
   Date(s) 04 / 09 / 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 □

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
   Staff 2 Per ticket policy 5.3 (k)

   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

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  4/29/2022
   Print Name
   Title

   Comment:

   Print  Clear

   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
   Date Stamp
   California Form 802
   For Official Use Only
   Amendment (Must Provide Explanation in Part 3.)
   Date of Original Filing: ____________

2. Function or Event Information
   Does the agency have a ticket policy? Yes □ No □
   Face Value of Each Ticket/Pass $ ____________
   Event Description: LA Phil
   Date(s) ____________ ____________ ____________
   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.

   A. Name of Agency, Department or Unit
      Number of Ticket(s)/Passes
      Describe the public purpose made pursuant to the agency’s policy
      Staff
      2
      Per ticket policy 5.3 (k)

   B. Name of Individual
      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 □
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   C. Name of 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
   4/29/2022
   Print Name
   Title
   (month, day, year)

Comment: ________________________________

Print Clear

FPPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   County of Los Angeles
   Division, Department, or Region (if applicable)
   Board of Supervisor, First District
   Designated Agency Contact (Name, Title)
   Barbara Garcia, Ticket Administrator

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
   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)
   Date(s) 04 / 15 / 2022

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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   Signature of Agency Head or Designee  Barbara Garcia
   Administrative Director  4/29/2022

   (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 $ 229.00
Event Description: LA Phil
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) ____________________________
Date(s) 04 / 16 / 2022

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.

Barbara Garcia Administrative Director
[Signature of Agency Head or Designee] [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 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 $ 214.00
Event Description: LA Phil
Date(s) 04/22/2022
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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<tr>
<th>A. Name of Agency, Department or Unit</th>
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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: 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
   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 $115.00
   Event Description: LA Phil
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
   Date(s) 04/22/2022
   Name of Source
   Was ticket distribution made at the behest of agency official? Yes ☐ No ☐
   Name of Source

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
   
   Staff 2  Per ticket policy 5.3 (k)

   B. Name of Individual (Last, First)  Number of Ticket(s)/ Passes  Identify one of the following:
   
   Ceremonial Role ☐ Other ☐ Income ☐
   Ceremonial Role ☐ Other ☐ Income ☐

   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
   

4. Verification
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   Signature of Agency Head or Designee
   Barbara Garcia
   Print Name
   Administrative Director
   Title
   Date 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

2. Function or Event Information
   Does the agency have a ticket policy? Yes □ No □
   Face Value of Each Ticket/Pass $120.00
   Event Description: LA Phil
   Date(s) 04 / 22 / 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 □
   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>
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<td>Staff</td>
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<td>Per ticket policy 5.3 (k)</td>
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<tr>
<th>B. Name of Individual (Last, First)</th>
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   Signature of Agency Head or Designee
   Barbara Garcia
   Administrative Director
   4/29/2022
   Print Name
   Title
   (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

2. **Function or Event Information**

   Does the agency have a ticket policy?  Yes [ ]  No [ ]
   Face Value of Each Ticket/Pass $115.00
   Event Description: LA Phil
   Date(s) 04 / 24 / 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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<th>A. Name of Agency, Department or Unit</th>
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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:
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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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $ __________ 109.00
   Event Description: LA Phil
   Date(s) 04/24/2022
   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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   Signature of Agency Head or Designee: ___________________________
   Administrative Director: _________________________________________
   Print Name: _________________________________________
   Title: _________________________________________
   Date: 4/29/2022 (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 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 $63.00
   Event Description: LA Phil
   Date(s) 04/26/2022
   Ticket(s)/Pass(es) provided by agency? Yes [X] No [ ]
   Name of Source
   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.

   A. Name of Agency, Department or Unit | Number of Ticket(s)/Passes | Describe the public purpose made pursuant to the agency's policy
   Staff | 2 | Per ticket policy 5.3 (k)

   B. Name of Individual (Last, First) | Number of Ticket(s)/Passes | Identify one of the following:
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   Signature of Agency Head or Designee: Barbara Garcia
   Administrative Director: 4/29/2022
   Comment:
Agency Name
County of Los Angeles
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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 $ 245.00
Date(s) 05 / 15 / 2022

Does the agency have a ticket policy? Yes [] No [] Event Description: LA Phil
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)

A. Name of Agency, Department or Unit Number of Ticket(s)/Passes Describe the public purpose made pursuant to the agency’s policy
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B. Name of Individual (Last, First) Number of Ticket(s)/Passes Identify one of the following:
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Signature of Agency, Head or Designee
Barbara Garcia
Print Name
Administrative Director
Title

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 $ 171.00
Event Description: LA Phil
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
If no: ____________________________________________
Name of Source ___________________________________
Was ticket distribution made at the behest of agency official? Yes ☐ No ☐
If yes: ____________________________________________
Official’s Name (Last, First) _______________________________
Date(s) 05 / 26 / 2022

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
Staff 2 Per ticket policy 5.3 (k)

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

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 Administrative Director
Signature of Agency Head or Designee Print Name
Date: 5/29/2022 (month, day, year)

Comment: ________________________________________________