A Public Document

Board of Supervisor, First District					
Board of Supervisor, First District					Form 802
· · · · · · · · · · · · · · · · · · ·	Division, Department, or Region (if applicable) Board of Supervisor, First DIstrict Designated Agency Contact (Name, Title)				
Designated Agency Contact (Name, Titi					
Barbara Garcia, Ticket Administrato	Amendment (Must Provide Explanation in Part 3.)				
Area Code/Phone Number E-mail 213-974-4111 bgarcia	a@bos.laco	unty.gov	*	Date of Original Filing:	(month, day, year)
Function or Event Information					
Does the agency have a ticket polic	y? Yes	■ No□ F	ace Value of	Each Ticket/Pass \$	90.00
Event Description: Hollwood Bowl	rovide Title/ Expla		Date(s)		
Ficket(s)/Pass(es) provided by ager			no:	Name of Source	
Was ticket distribution made at the I	ehest voo		yes:		
of agency official?	7011001 168	☐ NO ■	,	Official's Name (Last, First)	
Destricts					
Recipients • Use Section A to identify the agency's depar	tment or unit.	• Use Section B to i	dentify an individu	ual. Use Section C to identify a	n outside organization.
A. Name of Agency, Department or	Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pursu	ant to the agency's policy
Staff		2	Per ticket po	olicy 5.3 (k)	
B. Name of Individual (Last, First)		Number of Ticket(s)/		Identify one of the foll	owing:
(Edd., Firely		Passes		nonial Role Other king "Ceremonial Role" or "Other" descri	Income [
				nonial Role Other Other Ming "Geremonial Role" or "Other" descri	Income [
C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	e public purpose made pursu	ant to the agency's policy
Verification have read and understand FPPC Regulation to the requirements.	ılations 1894	4.1 and 18942.	I have verified t	that the distribution set fort	h above, is in accordanc
1 Order	Barbara Gar	cia	Admi	nistrative Director	7/29/202 2 ^G

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

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Does the agency have a ticket policy? Event Description: Hollwood Bowl Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes \ No \ If no: \ Name of Source Was ticket distribution made at the behest Yes \ No \ If yes: \ Officiar'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 a Staff Recipients * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. Use Section C to identify a Passes Staff Per ticket policy 5.3 (k) B. Name of Individual (Last, First) Number of Ticket(s)/ Passes Describe the public purpose made pursus of Ticket(s)/ Passes Ceremonial Role Other If checking "Ceremonial Role				
Division, Department, or Region (if applicable) Board of Supervisor, First District	I. Agency Name		Date Stamp	California 802
Board of Supervisor, First District Designated Agency Contact (Name, Title) Barbara Garcia, Ticket Administrator Area Code/Phone Number				Form OUZ
Barbara Garcia, Ticket Administrator	Division, Department, or Region (if applicable)		*	For Official Use Only
Barbara Garcia, Ticket Administrator Area Code/Phone Number E-mail bgarcia@bos.lacounty.gov Date of Original Filing:				
Area Code/Phone Number 213-974-4111 Date of Original Filing:	Designated Agency Contact (Name, Title)			
Area Code/Phone Number 213-974-4111 bgarcia@bos.lacounty.gov Date of Original Filing:	Barbara Garcia, Ticket Administrator		Amendment (Must Pr	ovide Explanation in Part 3.)
2. Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ Event Description: Hollwood Bowl Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No If no: Was ticket distribution made at the behest Yes No If no: Was ticket distribution made at the behest Yes No If yes: Official's Name (Last, First) A. Name of Agency, Department or Unit Staff Per ticket policy 5.3 (k) B. Name of Individual (Last, First) Number of Ticket(s)/ Passes Staff Ceremonial Role Other If theeking "Ceremonial Role" or "Other described in the public purpose made pursual Role" or "Other described in theeking "Ceremonial Role" or "Other described in theeking" Ceremonial Role or "Other described in the theeking" Ceremonial Role or "Other described in the theeking" Ceremonial Role or "Other described in the theeking" Ceremonial Role or "Other des	Area Code/Phone Number E-mail			
Does the agency have a ticket policy? Event Description: Hollwood Bowl Provide Titlel Explanation Ticket(s)/Pass(es) provided by agency? Yes \ \text{No} \ \text{If no:} \ \text{Name of Source} \ Was ticket distribution made at the behest Yes \ \text{No} \ \text{If yes:} \ \text{Official's Name (Last, First)} \ 8. 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 Staff 2. Per ticket policy 5.3 (k) B. Name of Individual (Last, First) Number of Ticket(s)/Passes	213-974-4111 bgarcia@bos.l	Date of Original Filing: _	(month, day, year)	
Event Description: Hollwood Bowl Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No from If no: Name of Source Was ticket distribution made at the behest Yes No from If yes: Official's Name (Last, First) Official's Name (Last, First) 3. Recipients Use Section B to identify an individual. Use Section C to identify an Number of Ticket(s)/ Passes Staff Q Per ticket policy 5.3 (k) B. Name of Individual (Last, First) Number of Ticket(s)/ Passes Ceremonial Role Other If thecking "Ceremonial Role" or "Other" descrited in the Ceremonial Role or "Other" descrite	 Σ. Function or Event Information			
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Ticket(s)/Pass(es) provided by agency? Yes \ \ \ No \ \ \ \ If no: \frac{Name of Source}{Name of Source} agency of the provided the behest of agency of the provided in the provi				
Ticket(s)/Pass(es) provided by agency? Yes No If no: Name of Source	Event Description: Provide Title	D	ate(s)	
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Name of Agency, Department or Unit Number of Ticket(s)/ Passes Staff Per ticket policy 5.3 (k) Number of Ticket(s)/ Passes	of agency official?		Official's Name (Last, 1 list)	
Name of Agency, Department or Unit Number of Ticket(s)/ Passes Staff Per ticket policy 5.3 (k) Number of Ticket(s)/ Passes	Desire legate			
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C. Name of Outside Organization (Include address and description) Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes				500 500 WORLD
C. (include address and description) of Ticket(s)/ Passes Describe the public purpose made pursua			A	
Verification		of Ticket(s)/	Describe the public purpose made purs	uant to the agency's policy
	. Verification	/		
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth with the requirements.	I have read and understand FPPC Regulations 1	8944.1 and 18942. I	have verified that the distribution set fo	rth above, is in accordance
		Caraia	Administrative Director	7/20/2024 🙉
Barbara Garcia Administrative Director				7/29/2021
Signature of Agency Head or Designee Print Name Title	Signature or Agency read or Designee	Print Name	Title	(month, day, year)