1.	Agency Name				Date Stamp	California 802
	County of Los Angeles			101111		
	Division, Department, or Reg	jion (if applicable)		For Official Use Only		
	Board of Supervisor, First D	District				
	Designated Agency Contact	(Name, Title)				
	Barbara Garcia, Ticket Adm	ninistrator	☐ Amondment (Must	Provide Evalenation in Part 2)		
	Area Code/Phone Number	E-mail	Amendment (Must Provide Explanation in Part 3.)			
	213-974-4111	bgarcia@bos.laco	Date of Original Filing	(month, day, year)		
2.	Function or Event Infor	mation				35.00
	Does the agency have a tic	ket policy? Yes	s■ No□ F	ace Value of I	Each Ticket/Pass \$ _	35.00
	Event Description: LA Phil			Date(s)/	09 / 2022	
		Provide Title/ Exp		f		
	Ticket(s)/Pass(es) provided	by agency? Yes	s □ No ■ If	f no:	Name of Source	
	Was ticket distribution made	e at the behest Ve	No III	f yes:		
	of agency official?	10.			Official's Name (Last, First)	
3.	Recipients					
52	Name of Agency, Dep		• Use Section B to in Number of Ticket(s)/ Passes			ify an outside organization.
83			Number of Ticket(s)/		e public purpose made pu	And on the last of the state of
	A. Name of Agency, Dep	artment or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made pu	rsuant to the agency's policy
	A. Name of Agency, Dep Staff B. Name of Ind	artment or Unit	Number of Ticket(s)/ Passes 2 Number of Ticket(s)/	Per ticket po	e public purpose made pu blicy 5.3 (k)	following:
	A. Name of Agency, Dep Staff B. Name of Ind	artment or Unit	Number of Ticket(s)/ Passes 2 Number of Ticket(s)/	Per ticket po	Identify one of the	following: Income
	A. Name of Agency, Dep Staff B. Name of Ind	artment or Unit	Number of Ticket(s)/ Passes 2 Number of Ticket(s)/	Per ticket po	Identify one of the onial Role Other onial Role Other onial Role Other onial Role Other or "Other" of the other oth	following: Income

Iha	ve rea	d and	underst	and FPPC	Regulations	18944.1	and 18942.	I have	verified that to	he distributio	n set forth	above. i	is in accor	rdance
with	the re	quire	ments	1					verified that t			, .		

Barbara Garcia

Administrative Director

7/29/2022

Signature of Agency Head or Designee

Print Name

Title

(month, day, year)

Comment: _

1	eremonial Role Even		But a series	Collifornity		
1.	Agency Name		Date Stamp	California 802		
	County of Los Angeles	den (Kanaliaahla)		For Official Use Only		
	Division, Department, or Reg					
	Board of Supervisor, First D					
	Designated Agency Contact	(Name, Title)		1,000		
	Barbara Garcia, Ticket Adm		Amendment (Must Provide Explanation in Part 3.)			
	Area Code/Phone Number	E-mail				
	213-974-4111	bgarcia@bos.lac	Date of Original Filing:	(month, day, year)		
2.	Function or Event Infor	mation				05.00
	Does the agency have a tic	ket policy? Ye	s■ No□ F	Face Value of B	Each Ticket/Pass \$ _	35.00
	Event Description: LA Phil			Date(s)/	09 , 2022	
	Event Description.	Provide Title/ Ex	olanation	Date(s)		
	Ticket(s)/Pass(es) provided	by agency? Ye	s □ No ■ I	f no:		
			3	•	Name of Source	
	Was ticket distribution made	e at the behest Ye	s 🗌 No 🔳 🏻	f yes:	Official's Name (Last, First)	
	of agency official?					
	Use Section A to identify the agency's department or unit. Name of Agency, Department or Unit Staff		Number of Ticket(s)/ Passes		rsuant to the agency's policy	
	B. Name of Individual (Last, First)					
			Number of Ticket(s)/ Passes		Identify one of the	following:
			of Ticket(s)/		Identify one of the	Income
			of Ticket(s)/	If check	onial Role Other	Income In
		organization	of Ticket(s)/	If check Cerem If check	onial Role Other ing "Ceremonial Role" or "Other" d onial Role Other ing "Ceremonial Role Other ing "Ceremonial Role" or "Other" d	Income In

Comment: _

П	have read and understand	FPPC Regulations	18944.1 and	18942. I have	verified that the	distribution set f	forth above,	is in accordance
V	vith the requirements. \land	37.00						

Barbara Garcia

Administrative Director

7/29/2022 4

Print Name

Title

(month, day, year)

Print

Clear

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

Agency Name		Date Stamp	California 802						
County of Los Angeles				161111 000					
Division, Department, or Region	(if applicable)		For Official Use Only						
Board of Supervisor, First DIstr	ict								
Designated Agency Contact (Nan	ne,Title)								
Barbara Garcia, Ticket Adminis	trator			☐ Amendment (Must F	Provide Explanation in Part 3.)				
Area Code/Phone Number E-i	mail				,				
213-974-4111 bg	garcia@bos.lacou	nty.gov		Date of Original Filing:	(month, day, year)				
Function or Event Informa	tion								
Does the agency have a ticket	policy? Yes	■ No□ F	ace Value of E	ach Ticket/Pass \$	98.00				
TV 7			Date(s)/_		8 8				
Event Description: LA Phil	Provide Title/ Explar	ation	Date(s)/_						
Ticket(s)/Pass(es) provided by	agency? Yes [] No ■ If	f no:						
				Name of Source	_				
Was ticket distribution made at	the behest Yes [] No ■ If	yes:	Official's Name (Last, First)					
of agency official?				•					
Recipients	Recipients								
• Use Section A to identify the agency's	I. Use Section C to identif	y an outside organization.							
A. Name of Agency, Departme	ent or Unit	Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's po						
		Passes							
Staff	2	Per ticket policy 5.3 (k)							
		_							
		Number							
B. Name of Individu	al	of Ticket(s)/		Identify one of the f	ollowing:				
	ai	THE RESERVE OF THE PARTY OF THE	Coromo						
	ial	of Ticket(s)/		Identify one of the finial Role Other g	Income [
	ial	of Ticket(s)/		nial Role Other	Income				
	al	of Ticket(s)/	If checkir	nial Role Other C g "Ceremonial Role" or "Other" de	Income scribe below:				
	al	of Ticket(s)/	If checkir Ceremo	nial Role Other	Income I				
	al	of Ticket(s)/	If checkir Ceremo	nial Role Other C	Income I				
(Last, First)		of Ticket(s)/ Passes	If checkir Ceremo If checkir	nial Role Other g "Ceremonial Role" or "Other" de	Income scribe below:				
	alzation	of Ticket(s)/ Passes	If checkir Ceremo If checkir	nial Role Other g "Ceremonial Role" or "Other" de	Income I				
(Last, First) Name of Outside Organ	alzation	of Ticket(s)/ Passes Number of Ticket(s)/	If checkir Ceremo If checkir	nial Role Other g "Ceremonial Role" or "Other" de	Income scribe below: Income scribe below:				
(Last, First) Name of Outside Organ	alzation	of Ticket(s)/ Passes Number of Ticket(s)/	If checkir Ceremo If checkir	nial Role Other g "Ceremonial Role" or "Other" de	Income scribe below: Income scribe below:				
(Last, First) Name of Outside Organ	alzation	of Ticket(s)/ Passes Number of Ticket(s)/	If checkir Ceremo If checkir	nial Role Other g "Ceremonial Role" or "Other" de	Income scribe below: Income scribe below:				
(Last, First) Name of Outside Organ	alzation	of Ticket(s)/ Passes Number of Ticket(s)/	If checkir Ceremo If checkir	nial Role Other g "Ceremonial Role" or "Other" de	Income scribe below: Income scribe below:				
(Last, First) Name of Outside Organ	alzation	of Ticket(s)/ Passes Number of Ticket(s)/	If checkir Ceremo If checkir	nial Role Other g "Ceremonial Role" or "Other" de	Income scribe below: Income scribe below:				
C. Name of Outside Organ (include address and des	nization scription)	of Ticket(s)/ Passes Number of Ticket(s)/ Passes	If checkir Ceremo If checkir Describe the	nial Role Other g "Ceremonial Role" or "Other" de nial Role Other g "Ceremonial Role" or "Other" de public purpose made pur	Income scribe below: Income scribe below: Income scribe below:				
C. Name of Outside Organ (include address and des	nization scription)	of Ticket(s)/ Passes Number of Ticket(s)/ Passes	If checkir Ceremo If checkir Describe the	nial Role Other g "Ceremonial Role" or "Other" de nial Role Other g "Ceremonial Role" or "Other" de public purpose made pur	Income scribe below: Income scribe below: Income scribe below: suant to the agency's policy orth above, is in accordance				
C. Name of Outside Organ (include address and des	nization scription)	Number of Ticket(s)/Passes Number of Ticket(s)/Passes	Ceremo If checkin Describe the	nial Role Other g "Ceremonial Role" or "Other" de nial Role Other g "Ceremonial Role" or "Other" de public purpose made pur	Income scribe below: Income scribe below: Income scribe below:				

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

1.	Agency Name		Date Stamp	California 802						
	County of Los Angeles			Torin 000						
	Division, Department, or Reg	ion (if applicable)	1	For Official Use Only						
	Board of Supervisor, First D	Istrict								
	Designated Agency Contact	Name, Title)	1	k						
	Barbara Garcia, Ticket Adm	inistrator	□ Amandmant (t	2 (4.5 4.4)						
	Area Code/Phone Number	E-mail	Amendment (Must Provide Explanation in Part 3.)							
	213-974-4111	bgarcia@bos.laco	unty.gov		Date of Original Filing:	(month, day, year)				
2.	Function or Event Infor	Function or Event Information								
	Does the agency have a tick	ket policy? Yes	ace Value of	Each Ticket/Pass \$ _	175.00					
	Event Description: LA Phil									
	Event Description.	Provide Title/ Expla	anation	Jale(s)	J					
	Ticket(s)/Pass(es) provided			f no:						
					Name of Source					
	Was ticket distribution made	at the behest Yes	□ No ■ 「	f yes:	Official's Name (Last, First)					
	of agency official?									
3.	Paginianta		WELL WITH	The second second						
ა.	Recipients • Use Section A to identify the agen	cy's department or unit	ual Also Soction C to identi	fu an outside organization						
	ose section A to identify the agen	cy's department or unit.	dai. Ose section c to identi	an outside organization.						
	A. Name of Agency, Depa	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency'							
	Staff	2	Per ticket policy 5.3 (k)							
				*						
	B. Name of Indi	vidual	Number of Ticket(s)/		Identify one of the t	following:				
	(Last, Fire	st)	Passes							
				Annual and the	nonial Role Other					
				If check	king "Ceremonial Role" or "Other" de	scribe below:				
	A STATE OF THE STA	SHIP WAS THE STATE OF THE STATE		90 000						
				nonial Role Other Other						
				If check	king "Ceremonial Role" or "Other" de	scribe below:				
	C. Name of Outside O	Number of Ticket(s)/	Describe th	Describe the public purpose made pursuant to the agency's policy						
	(morade dedress and	description	Passes							
				-						
4.	Verification									
	I have read and understand FP	PC Regulations 1894	4.1 and 18942.	I have verified t	that the distribution set f	orth above, is in accordance				
	with the requirements.			•						
	9M/Sillice	Barbara Gar	cia	Admi	inistrative Director	7/29/202 1				
	Signature of Agency Head or Design	ee F		Title	(month, day, year)					
	Comment:									
	Comment.			-dipresses						