

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

A Public Document

<b>1. Agency Name</b> County of Los Angeles <b>Division, Department, or Region</b> (if applicable) Board of Supervisor, First District <b>Designated Agency Contact</b> (Name, Title) Barbara Garcia, Ticket Administrator <b>Area Code/Phone Number</b> <b>E-mail</b> 213-974-4111                      bgarcia@bos.lacounty.gov		Date Stamp	<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>California Form 802</b> </div> <div style="border: 1px solid black; padding: 2px; text-align: center; font-size: small;">         For Official Use Only       </div>
		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)  <b>Date of Original Filing:</b> _____ <div style="text-align: right; font-size: x-small;">(month, day, year)</div>	

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes ☒ No ☐    Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 35.00

Event Description: LA Phil                      Date(s) 07 / 09 / 2022  
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)

**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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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 Print Name	Administrative Director Title	7/29/2022 (month, day, year)
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Comment: \_\_\_\_\_

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Board of Supervisor, First District			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)  Date of Original Filing: _____ (month, day, year)	
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 \$ 35.00

Event Description: LA Phil Date(s) 07 / 09 / 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.

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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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 7/29/2021  
 Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: \_\_\_\_\_

Print

Clear

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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 \$ 98.00

Event Description: LA Phil Date(s) 07 / 22 / 2022

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)

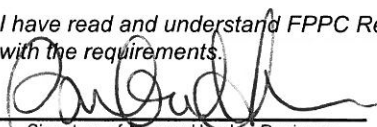
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Print Clear



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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 \$ 175.00

Event Description: LA Phil Date(s) 07 / 22 / 2022

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)

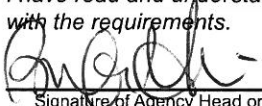
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 Signature of Agency Head or Designee
 Barbara Garcia
 Print Name
 Administrative Director
 Title
 7/29/2021
 (month, day, year)

Comment: \_\_\_\_\_