A Public Document

١.	Agency Name				Date Stamp	California 802
	County of Los Angeles					Form 002
	Division, Department, or Regi	on (if applicable)]	For Official Use Only
	Board of Supervisor, First D	strict				
	Designated Agency Contact (Name, Title)	The second secon		1	
	Barbara Garcia, Ticket Admi	nistrator			Amondment (Must	Provide Evalenation in Part 3.)
	Area Code/Phone Number	E-mail			Amendment (Must	Provide Explanation in Part 3.)
	213-974-4111	bgarcia@bos.lacou	unty.gov		Date of Original Filing	(month, day, year)
2.	Function or Event Inform	mation				00.05
	Does the agency have a tick	et policy? Yes	■ No□ F	ace Value of	Each Ticket/Pass \$ _	89.95
	Event Description: Hollywoo	od Bowl	D	ate(s)	27 , 2022	
		Provide Title/ Expla		no:		
	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:		
	of agency official?	100			Official's Name (Last, First))
			Maria de la companya			
3.	Recipients					· · · · · · · · · · · · · · · · · · ·
	Use Section A to identify the agen	cy's department or unit.		dentify an individu	ual. Use Section C to ident	ify an outside organization.
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant to the agency's policy
	Staff		2	Per ticket p	olicy 5.3 (k)	
	00-00 per 00 per					
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the	following:
			7 40000	Cerem	nonial Role Other	Income
					king "Ceremonial Role" or "Other" o	
				Ceren	nonial Role Other	Income
				If check	king "Ceremonial Role" or "Other" o	describe below:
	Name of Outside O	rganization	Number	Describe th	o nublic nurnoso mado n	ursuant to the agency's policy
	C. Name of Outside O		of Ticket(s)/ Passes	Describe til	ie public purpose made po	instant to the agency's policy
	1					
4.	Verification					
	I have read and understand FF	PC Regulations 1894	4.1 and 18942.	I have verified	that the distribution set	forth above, is in accordance
	with the requirements.					
	(hulle oll	Barbara Gar	cia	Adm	inistrative Director	10/28/2022
	Signature of Agency Head or Design	ee I	Print Name		Title	(month, day, year)
	Comment:	- A- VA - VA				

Clear

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California 1. Agency Name Date Stamp Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) 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 Date of Original Filing: . 213-974-4111 bgarcia@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$. Does the agency have a ticket policy? Yes 🔳 No 🗌 Event Description: Hollywood Bowl Date(s) ______10 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes No Name of Source Was ticket distribution made at the behest Yes ☐ No ■ Official's Name (Last, First) of agency official? 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. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Staff Per ticket policy 5.3 (k) 2 Number Name of Individual Identify one of the following:

			If checking "Ceremonial Role" or "Other" describe below:
	D. D		Ceremonial Role Other Income 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
Vorific	ation		
Verific			
I have re	ead and understand FPPC Regulations 18	8944.1 and 18942. I	have verified that the distribution set forth above, is in accordance

Ceremonial Role

Administrative Director

Title

Other

of Ticket(s)/

Passes

Print Name

Barbara Garcia

10/28/2022

(month, day, year)

Income __

(Last, First)

B.

h the requirement.

Comment: _

Signature of Agency Head or Designee

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name **Form** County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) 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 Date of Original Filing: -213-974-4111 bgarcia@bos.lacounty.gov (month, day, year) 2. Function or Event Information 179.50 Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Yes No 🗆 Event Description: Hollywood Bowl Date(s) _________03 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No Was ticket distribution made at the behest Yes ☐ No ■ Official's Name (Last, First) of agency official? 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. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit A. of Ticket(s)/ Passes Staff Per ticket policy 5.3 (k) 2 Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) **Passes** Ceremonial Role Other 🗌 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 of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
erific	ation		

Comment: _

have read and understand FPPC Regulations	18944.1 and 18942.	I have verified that the	distribution set forth abo	ve, is in accordance
with the requirements.				

andred-	Barbara Garcia	Administrative Director	10/28/2022	
Signature of Agency Head or Designee	Print Name	Title	(month, day, yea	

Print

A Public Document

. Agency Name			Date Stamp	California 802
County of Los Angeles			×	Tom O =
Division, Department, or Region (if applicable)				For Official Use Only
Board of Supervisor, First District				
Designated Agency Contact (Name, Title)				
Barbara Garcia, Ticket Administrator				
Area Code/Phone Number E-mail			Amenament (Must F	Provide Explanation in Part 3.)
213-974-4111 bgarcia@bos.lacou	unty.gov		Date of Original Filing:	(month, day, year)
2. Function or Event Information				100.50
Does the agency have a ticket policy? Yes	■ No□ F	ace Value of	Each Ticket/Pass \$ _	129.50
Event Description: Hollywood Bowl	anation D	ate(s)	, 04 , 2022	
		no:		
			Name of Source	
Was ticket distribution made at the behest Yes of agency official?	□ No ■ If	yes:	Official's Name (Last, First)	
3. Recipients	N. C.			
• Use Section A to identify the agency's department or unit.	Use Section B to ic	dentify an individu	ual. Use Section C to identi	fy an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ 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 Individual (Last, First)	Number of Ticket(s)/ Passes	1	Identify one of the	Income
		The state of the s	nonial Role Other C king "Ceremonial Role" or "Other" de	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant to the agency's policy
4. Verification				
I have read and understand FPPC Regulations 1894	4.1 and 18942.	I have verified	that the distribution set t	forth above, is in accordance
with the requirements				
Barbara Gar	cia	Admi	inistrative Director	10/28/2022
Signature of Agency Head or Designee	Print Name		Title	(month, day, year)
Comment:				·

Clear

Agency Report of: Ceremonial Role Eve	nts and Ticket/F	Pass Distri	butions	A	Public Document
. Agency Name				Date Stamp	California 802
County of Los Angeles				1	
Division, Department, or Re	egion (if applicable)				For Official Use Only
Board of Supervisor, First	District				
Designated Agency Contac	t (Name,Title)				
Barbara Garcia, Ticket Ad	ministrator			Amendment (Must i	Provide Explanation in Part 3.)
Area Code/Phone Number	E-mail				
213-974-4111	bgarcia@bos.laco	unty.gov		Date of Original Filing:	(month, day, year)
. Function or Event Info	ormation		w. 1992 - C. Brook V. C. I. I. J. C. P. P. C.	***	99.50
Does the agency have a t	icket policy? Yes			Each Ticket/Pass \$ _	99.50
Event Description: Hollyw	rood Bowl Provide Title/ Expl	anation	Date(s)	, 06 , 202	
Ticket(s)/Pass(es) provide			no:	Name of Source	
() () 1	, , , , , ,			Name of Source	
Was ticket distribution ma of agency official?	de at the behest Yes	□ No ■ ^{If}	yes:	Official's Name (Last, First)	
RecipientsUse Section A to identify the ac	gency's department or unit.	• Use Section B to i	dentify an individu	ual. Use Section C to ident	fy an outside organization.
A. Name of Agency, De	Number of Ticket(s)/ Passes	Describe th	Describe the public purpose made pursuant to the agency's policy		
Staff	Staff		Per ticket policy 5.3 (k)		
B. Name of I				Identify one of the	following:
		Passes		nonial Role Other Ching "Ceremonial Role" or "Other" d	700 and 1000 av
5			(T-0-0)(0-0)	nonial Role Other Cking "Ceremonial Role" or "Other" d	Income Income
	C. Name of Outside Organization (include address and description)		Describe the public purpose made pursuant to the agency		rsuant to the agency's policy
I have read and understand	FPPC Regulations 1894	4.1 and 18942.	I I have verified	that the distribution set	forth above, is in accordance
with the requirements.	0.000				
(dr. Ona dA-	Barbara Gar	cia	Adm	inistrative Director	10/28/2022

Comment: _____

1.	Agency Name				Date Stamp	California 802		
	County of Los Angeles					Form 002		
	Division, Department, or Reg	on (if applicable)				For Official Use Only		
	Board of Supervisor, First D	Istrict						
	Designated Agency Contact (Name, Title)						
	Barbara Garcia, Ticket Adm	inistrator		<u> </u>	7 Amondment (Must	Provide Explanation in Part 3.)		
	Area Code/Phone Number	E-mail		<u> </u>	_ Amendment (Mast	Provide Explanation in Part 3.)		
	213-974-4111	bgarcia@bos.lac	ounty.gov	D	ate of Original Filing	(month, day, year)		
2.	Function or Event Infor	mation				00.50		
	Does the agency have a tick	et policy? Ye	s■ No□ F	ace Value of Ea	ch Ticket/Pass \$ _	99.50		
	Event Description: Hollywoo	od Bowl Provide Title/Ex.	planation D	ate(s)	07 / 2022	/		
	Ticket(s)/Pass(es) provided	St. Market St. Committee of the Committe		no:	Name of Source	-		
	Was ticket distribution made of agency official?	at the behest Ye	s□ No □ If	yes:	Official's Name (Last, First,	_		
3.	Recipients • Use Section A to identify the agen	cy's department or unit.	• Use Section B to ic	dentify an individual.	Use Section C to ident	ify an outside organization.		
	A. Name of Agency, Depa	Number of Ticket(s)/ Passes	Describe the p	Describe the public purpose made pursuant to the agency's policy				
	Staff		2	Per ticket police	r ticket policy 5.3 (k)			
	B. Name of Indi (Last, Fir		Number of Ticket(s)/ Passes	Ceremoni	Identify one of the	_		
				If checking	"Ceremonial Role" or "Other" o	describe below:		
	Name of Outside O		Number		"Ceremonial Role" or "Other" o			
	C. (include address and		of Ticket(s)/ Passes	Describe the p	ublic purpose made pu	ursuant to the agency's policy		
	Verification							
→.	I have read and understand FF with the requirements.	PC Regulations 189	144.1 and 18942.	I have verified tha	t the distribution set	forth above, is in accordance		
	Q. a. M.	Barbara Ga	arcia	Adminis	strative Director	10/28/2022		
	to traver		Print Name		Title			
	Signature of Agency Head or Design	iee	FIIII Name		riue	(month, day, year)		

	Agency Name				Date Stamp	California 802		
	County of Los Angeles			101111 000				
	Division, Department, or Region	n (if applicable)				For Official Use Only		
	Board of Supervisor, First DIs	strict						
	Designated Agency Contact (A	lame,Title)	***					
	Barbara Garcia, Ticket Admir	nistrator			Amandment (Must (Provide Explanation in Part 3.)		
		E-mail	- Common		Amendment (wast r	rovide Explanation in Fart 5.)		
	213-974-4111	bgarcia@bos.lacc	ounty.gov		Date of Original Filing:	(month, day, year)		
2.	Function or Event Inform	nation				100.50		
	Does the agency have a ticke	et policy? Yes	No □ F	ace Value of	Each Ticket/Pass \$ _	129.50		
	Event Description: Hollywood		D	ate(s)	, 09 , 202 <u>2</u>			
	Ticket(s)/Pass(es) provided b			no:				
	Tionot(o)// doo(oo) provided a	y againey . Tec			Name of Source			
	Was ticket distribution made of agency official?	at the behest Yes	s□ No ■ If	yes:	Official's Name (Last, First)			
3.	Recipients • Use Section A to identify the agence	y's department or unit.	Use Section B to ic Number	dentify an individu	ual. Use Section C to identi	fy an outside organization.		
	A. Name of Agency, Depar	tment or Unit	of Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant to the agency's policy		
	Staff		2	Per ticket p	oolicy 5.3 (k)			
	B. Name of Indiv (Last, First		Number of Ticket(s)/ Passes	Ceren	Identify one of the			
					king "Ceremonial Role" or "Other" de			
					nonial Role Other C king "Ceremonial Role" or "Other" do			
	C. Name of Outside Ord (include address and		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant to the agency's policy		
					Married Control			
4.	Verification							
•••	I have read and understand FPF with the requirements.	PC Regulations 189	44.1 and 18942.	I have verified	that the distribution set i	forth above, is in accordance		
	a M.	Barbara Ga	rcia	Adm	inistrative Director	10/28/2022		
	Signature of Agency Head or Designe		Print Name		Title	(month, day, year)		
	g 200 gnc		Annual State of the State of th					
	Comment:		A					

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California 1. Agency Name Date Stamp County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) 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 Date of Original Filing: _ 213-974-4111 bgarcia@bos.lacounty.gov (month, day, year) 2. Function or Event Information 69.75 Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Yes No 🗆 Event Description: Hollywood Bowl Date(s) 10 / 13 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No No Was ticket distribution made at the behest Yes ☐ No ■ Official's Name (Last, First) of agency official? 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. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ **Passes** Staff Per ticket policy 5.3 (k) 2 Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Other 🔲 Ceremonial Role 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
			· ·
/erific	ation		

Ceremonial Role

Other

If checking "Ceremonial Role" or "Other" describe below:

Income

Comment:

1	have read and	understand F	PPC Regulations	18944.1 and 1894	12. I have ve	erified that the o	distribution set fo	orth above, i	s in accordance
u	with the requirem	nents							

no de de la companya della companya	Barbara Garcia	Administrative Director	10/28/2022
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)

1. Agency N	ame				Date Stamp	California 802			
County of L	os Angeles					Tomin OO			
Division, De	partment, or Regi	on (if applicable)				For Official Use Only			
Board of St	upervisor, First Di	strict							
Designated	Agency Contact (Vame, Title)			1				
Barbara Ga	arcia, Ticket Admi	nistrator			Amendment (Must F	Provide Explanation in Part 3.)			
Area Code/F	ode/Phone Number E-mail					, , , , , , , , , , , , , , , , , , ,			
213-974-41	213-974-4111 bgarcia@bos.lacounty.gov					Date of Original Filing:(month, day, year)			
2. Function	or Event Inforr	nation	An Algarithm			00.50			
Does the a	gency have a tick	et policy? Yes	■ No□ F	ace Value of	Each Ticket/Pass \$ _	80.50			
Event Desc	cription: Hollywoo	d Bowl		ate(s)	14 , 2022				
		Provide Title/ Expla	anation						
Ticket(s)/Pa	ass(es) provided	oy agency? Yes	□ No ■ If	no:	Name of Source				
Was ticket	distribution made	at the behest Yes		yes:					
of agency		at the periodic 162			Official's Name (Last, First)				
or agency	omoiar.			4 1					
3. Recipier	nts								
Use Section	A to identify the agen	cy's department or unit.	• Use Section B to i	dentify an individu	ual. Use Section C to identi	fy an outside organization.			
A. N	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	Describe th	rsuant to the agency's policy				
Staff				Per ticket p	olicy 5.3 (k)				
Otan			2	Or Honor P	ooy				
В.	Name of Indi (Last, Firs		Number of Ticket(s)/ Passes		Identify one of the formal Role Other Charles (Role Of the Charles)	Income			
				The State of Control o	nonial Role Other C	The special section of the section o			
C.	Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant to the agency's policy			
4. Verification	on	VALUE OF BUILDING STATE OF BUILDING							
I have read	and understand FP	PC Regulations 1894	4.1 and 18942.	I have verified	that the distribution set f	orth above, is in accordance			
with the requ	uirements.								
Oh Uh	~ Khi	Barbara Gar	cia	Adm	inistrative Director	10/28/2022			
Signature of	Agency Head or Design	ee I	Print Name		Title	(month, day, year)			
						х -			
Comment:	-					- 0 - 0000			

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document Date Stamp California 1. Agency Name **Form** County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) 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 Date of Original Filing: . 213-974-4111 bgarcia@bos.lacounty.gov (month, day, year) 2. Function or Event Information 129.00 Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Yes No 🗆 Event Description: Hollywood Bowl Date(s) 10 / 22 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No No Name of Source Was ticket distribution made at the behest Yes ☐ No ■ Official's Name (Last, First) of agency official? 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. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Staff Per ticket policy 5.3 (k) 2 Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) Passes Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes

4.	`\/	_	200	 -	-	• 1	-	n
-	·v	-		 ı.	•		.,	

Comment:

I have read and understand FPPC Regulation	s 18944.1 and 1894	I have verified that the	e distribution set forth	า above, is in accordance
with the requirements				

Barbara Garcia

Administrative Director

10/28/2022

icv Head or Designee

Print

Print Name

(month, day, year)

Clear

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

				D 000 D
. Agency Name			Date Stamp	California 802
County of Los Angeles	10 - 3 5 0 25 4 190 0 10 1			roilli 555
Division, Department, or Regio	n (if applicable)			For Official Use Only
Board of Supervisor, First DIs	strict		_	
Designated Agency Contact (N				
Barbara Garcia, Ticket Admir				
	E-mail		Amendment (Mus	t Provide Explanation in Part 3.)
		-	Date of Original Filing	
213-974-4111	bgarcia@bos.lac	ounty.gov	Date of Original Filing	(month, day, year)
. Function or Event Inform	ation			
			ace Value of Each Ticket/Pass \$.	99.50
Does the agency have a ticke				
Event Description: Hollywood	d Bowl	D	Pate(s) 10 / 28 / 2022	
	Provide Title/ Ex	planation		
Ticket(s)/Pass(es) provided b	y agency? Ye	s 🗌 No 🔳 If	Name of Source	
		1.6		
Was ticket distribution made a	at the behest Ye	s 🗌 No 🔳 🛚	yes:Official's Name (Last, Firs	it)
of agency official?				
Recipients Use Section A to identify the agency	y's department or unit.	• Use Section B to id	dentify an individual. Use Section C to ider	ntify an outside organization.
A. Name of Agency, Depart	tment or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made p	ursuant to the agency's policy
Staff		2	Per ticket policy 5.3 (k)	
B. Name of Indivi		Number of Ticket(s)/ Passes	Identify one of th Ceremonial Role Other If checking "Ceremonial Role" or "Other"	☐ Income ☐
			Ceremonial Role Other If checking "Ceremonial Role" or "Other"	☐ Income ☐
C. Name of Outside Org		Number of Ticket(s)/ Passes	Describe the public purpose made p	oursuant to the agency's policy
	PC Regulations 189	44.1 and 18942.	I have verified that the distribution se	t forth above, is in accordance
with the requirements.	200	io	Administrative Director	10/28/2022
() () () (M).	D		Administrative Lirector	10/28/2022
Signature of Agency Head or Designe	Barbara Ga	Print Name	Title	(month, day, year)