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

**A Public Document** 

. Agency Name			Date Stamp	California 202
County of Los Angeles				Form OUZ
Division, Department, or Region (if applicable)				For Official Use Only
Board of Supervisor, First District				
Designated Agency Contact (Name, Title)				
Barbara Garcia, Ticket Administrator		ŀ	Amandmant (thirt)	Institute Evaluation in Day 21
Area Code/Phone Number   E-mail			Amendment (Must P	rovide Explanation in Part 3.)
213-974-4111 bgarcia@bos.lac	county.gov		Date of Original Filing:	(month, day, year)
. Function or Event Information				400.00
Does the agency have a ticket policy?			ach Ticket/Pass \$	190.00
Event Description: LA Phil  Provide Title/ Ex	D	ate(s)/.	18 / 2022	
		no:		
nonex(e), r ass(es) provided 2) agency.			Name of Source	
Was ticket distribution made at the behest $\gamma_{\epsilon}$ of agency official?	es□ No∎ <sup>If</sup>	yes:	Official's Name (Last, First)	37-11-0-14-1-14-1-14-1-14-1-14-1-14-1-14-
Recipients  • Use Section A to identify the agency's department or unit	. • Use Section B to ic	dentify an individu	al. Use Section C to identif	y an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Search and Committee		suant to the agency's policy
Staff	2	Per ticket po	olicy 5.3 (k)	
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the f	Income
			onial Role Other Cing "Ceremonial Role" or "Other" de	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the	e public purpose made pur	suant to the agency's policy
J. Verification				
I have read and understand FPPC Regulations 18: with the requirements.	944.1 and 18942.	l have verified t	hat the distribution set f	orth above, is in accordance
Barbara G	arcia	Admi	nistrative Director	12/14/2022
Signature of Asency Head or Designee	Signature of Allency Head or Designee Print Name		Title	(month, day, year)
Comment:	www.			

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

	Agency Name				Date Stamp	Form 802	
	County of Los Angeles  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			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	l mation					
	Does the agency have a tick		■ No□ F	ace Value of	Each Ticket/Pass \$ _	90.00	
	(E)	(or policy). 163					
	Event Description: LA Phil	Provide Title/ Expl	anation	Date(s)	192022		
	Ticket(s)/Pass(es) provided			f no:			
			_		Name of Source		
	Was ticket distribution made	at the behest Yes	□ No ■ I	f yes:	Official's Name (Last, First	)	
	of agency official?						
3.	Recipients						
	<ul> <li>Use Section A to identify the agen</li> </ul>	cy's department or unit.	• Use Section B to i	dentify an individ	ual. Use Section C to iden	tify an outside organization.	
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	Describe th	he public purpose made pursuant to the agency's policy		
	Staff		2	Per ticket p	oolicy 5.3 (k)		
	B. Name of Indi (Last, Fir.		Number of Ticket(s)/ Passes		Identify one of the monial Role ☐ Other   kking "Ceremonial Role" or "Other" or	☐ Income ☐	
				100000000000000000000000000000000000000	monial Role  Other cking "Ceremonial Role" or "Other" o		
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	he public purpose made pu	ursuant to the agency's policy	
1.	Verification						
	I have read andrunderstand FP with the requirements.	PPC Regulations 1894	4.1 and 18942.	I have verified	that the distribution set	forth above, is in accordance	
	MARKL.	Barbara Gar	cia	Adm	inistrative Director	12/14/2022	
	Signature of Agency Flead or Design		Print Name		Title	(month, day, year)	
						ne ces eta to fi	
	Comment:						

Print

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

	remonial Role Events and Ticket/Pass Distributions Agency Name				Date Stamp	Public Document California Form 802	
	of Los Angeles					A DESCRIPTION OF THE RESERVE AS A SECOND OF THE	
Division,	Department, or Re	gion (if applicable)		***************************************		For Official Use Only	
Board o	f Supervisor, First	District					
Designat	ted Agency Contac	t (Name, Title)					
	Barbara Garcia, Ticket Administrator				Amendment (Must Provide Explanation in Part 3.)		
Area Coo	de/Phone Number	E-mail					
213-974	-4111	bgarcia@bos.lace	ounty.gov		Date of Original Filing: _	(month, day, year)	
. Function	on or Event Info	rmation				190.00	
Does the	e agency have a ti	cket policy? Ye			Each Ticket/Pass \$	190.00	
Event D	escription: LA Phi	l		Date(s)11			
		Provide Title/ Exp		fna			
ricket(s	)/Pass(es) provide	d by agency? Ye	s 🗌 No 🔣 l	r no:	Name of Source		
Was tick	et distribution mad	de at the behest Ye	s□ No∎ <sup>I</sup>	f yes:	Official's Name (Last, First)		
of ager	ncy official?				Official's Name (Last, First)		
. Recip	ionte						
		ency's department or unit.	• Use Section B to i	dentify an individ	ual. Use Section C to identify	an outside organization.	
A.	Name of Agency. De	partment or Unit	Number of Ticket(s)/	Describe th	ne public purpose made purs	uant to the agency's policy	
	Name of Agency, Department or Unit		Passes				
Staff ———			2	Per ticket p	olicy 5.3 (k)		
В.	Name of In		Number of Ticket(s)/		Identify one of the fo	llowing:	
4.75	(Last, F	-irst)	Passes	•			
					nonial Role Other Main Other Maing "Ceremonial Role" or "Other" description	Income L	
					nonial Role Other Manager Other Manager Ceremonial Role" or "Other" descriptions	Income Cribe below:	
C.	Name of Outside (include address a		Number of Ticket(s)/ Passes  Describe th		he public purpose made pursuant to the agency's policy		
	ad and understand F	FPPC Regulations 189	44.1 and 18942.	I have verified	that the distribution set fo	rth above, is in accordance	
with the i	requirements.	Barbara Ga	nrcia	Adm	inistrative Director	12/14/2022	
10 h	MY IIV			22/22/22/23/23/23/23/23/23/23/23/23/23/2			