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 94.00 Face Value of Each Ticket/Pass \$ \_ Does the agency have a ticket policy? Yes No 🗆 Date(s) \_\_\_\_\_\_/ Event Description: LA Phil 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 B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other 🔲 Income If checking "Ceremonial Role" or "Other" describe below. Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below.

4. Verification

Number

of Ticket(s)/

Passes

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

Print Name

Administrative Director

1/17/20223

Title

(month, day, year)

Comment:

Print

Name of Outside Organization

(include address and description)

C.

Clear

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

Describe the public purpose made pursuant to the agency's policy

	Agency Name				Date Stamp	California 802
	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 Adm	Barbara Garcia, Ticket Administrator				rovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			Amendment (Musi Pi	rovide Explanation in Falt 5.)
	213-974-4111	bgarcia@bos.lacour	nty.gov		Date of Original Filing: .	(month, day, year)
2.	Function or Event Information				232.00	
	, , , , , , , , , , , , , , , , , , ,			Each Ticket/Pass \$	232.00	
	Event Description: LA Phil			Date(s)	, 09 , 2022	
		Provide Title/ Explan		fno		
	Ticket(s)/Pass(es) provided	by agency? Yes L	No 🔣 li	i no:	Name of Source	· · · · · · · · · · · · · · · · · · ·
	Was ticket distribution made	at the behest Yes F	] No ■ I	f yes:	Official's Name (Last, First)	
	of agency official?	100 2			Official's Name (Last, First)	
	CALLED THE STATE OF THE STATE O					
3.	Recipients					
	Use Section A to identify the agen	cy's department or unit. • l		dentify an individu	ual. Use Section C to identif	y an outside organization.
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes			suant to the agency's policy
	Staff		2	Per ticket po	olicy 5.3 (k)	
	B. Name of Indi	vidual	Number of Ticket(s)/		Identify one of the f	ollowing:
	(Last, Fir	st)				
			Passes			
			Passes		nonial Role Other C	
			Passes	If check		scribe below:
	C. Name of Outside O	rganization	Number of Ticket(s)/ Passes	If check Cerem If check	king "Ceremonial Role" or "Other" de  nonial Role	scribe below:

with the refuncements.	- · · · <b>3</b> · · · · · · · · · · · · · · · · · · ·		2
with the requirements.	Dh Oi-	Administrative Diseases	4/47/2022

1		
	Signature of Ager cy	lead or Designee

Barbara Garcia

Administrative Director

1/17/20223

Print Name

(month, day, year)

Comment: \_

Geremonial Role Ev	ents and Ticket/	Pass Distri	butions	A	Public Document
Agency Name				Date Stamp	California 802
County of Los Angeles					
Division, Department, or	Region (if applicable)				For Official Use Only
Board of Supervisor, Fin					
Designated Agency Cont	tact (Name, Title)				
Barbara Garcia, Ticket				Amendment (Must Pro	ovide Explanation in Part 3.)
Area Code/Phone Number				#30 #30 #30 #30 #30 #30 #30 #30 #30 #30	
213-974-4111	bgarcia@bos.lace	ounty.gov		Date of Original Filing: _	(month, day, year)
. Function or Event In	formation				240.00
Does the agency have a	a ticket policy? Yes			Each Ticket/Pass \$	216.00
Event Description: LA F	Provide Title/ Exp	Diagration D	oate(s)	15 , 2022	
Ticket(s)/Pass(es) provi			no:	Name of Source	
Was ticket distribution n	nade at the hehest Va	- □ N- ■ If	yes:		
of agency official?	lade at the beliest yes	s□ No 🔳 "	,	Official's Name (Last, First)	
. Recipients					***
Use Section A to identify the	agency's department or unit.	• Use Section B to id	dentify an individu	ual. Use Section C to identify	an outside organization.
A. Name of Agency,	Department or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy
Staff		2	Per ticket po	olicy 5.3 (k)	
	of Individual st, First)	Number of Ticket(s)/ Passes		Identify one of the fo	llowing:
				nonial Role Other Other Sking "Ceremonial Role" or "Other" desc	Income Cribe below:
7 77	- 10			nonial Role Other Other descriptions of the control	Income Cribe below:
	ide Organization s and description)	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy
1				<i>t</i>	
Verification	d FPPC Regulations 180	44.1 and 18942	I have verified t	that the distribution set for	rth above, is in accordance
with the fequirements.					
Signature of Agency Head or I	Barbara Ga	Print Name	Aami	nistrative Director	1/17/20223 (month, day, year)
organica or Agonoy Float Of L	200.9.100	. The Hamile		1100	(month, day, year)
Comment:					

Was ticket distribution made at the behest Yes ☐ No ■

# Ceremonial Role Events and Ticket/Pass Distributions 1. Agency Name County of Los Angeles Division, Department, or Region (if applicable) Board of Supervisor, First District A Public Document California 802 For Official Use Only

							1	
	Board of Supervisor, First District							
	Designated Agency Contact (Name, Title)							
	Barbara Garcia, Ticket Administrator				Amendment (Must P	rovide Explanat	tion in Part 3.)	
	Area Code/Phone Number   E-mail							
	213-974-4111	bgarcia@bo	s.lacounty	y.gov		Date of Original Filing: .	(month, day	v, year)
2.	Function or Event Infor	mation		A controlled the				040.00
	Does the agency have a tick	ket policy?	Yes	No 🗆	Face Value of	Each Ticket/Pass \$		216.00
	Event Description: LA Phil				Date(s)	, 16 , 2022		
		Provide Ti	tle/ Explanati	on				
	Ticket(s)/Pass(es) provided	by agency?	Yes 🗌	No 🔳	If no:	Name of Source		

2	Red	_ :	:	-4-
3.	RO	nın	NIQ!	nte
v.	1101	UIN		110

of agency official?

<ul> <li>Use Section A to identify the agency's department or unit.</li> </ul>	<ul> <li>Use Section B to identify an individual.</li> </ul>	Use Section C to identify an outside organization
--	--	---

Official's Name (Last, First)

Α.	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)
В.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
			Ceremonial Role Other Income 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
1			

### 4. Verification

I have read and understan	d FPPC Regulations	18944.1 and 18942	. I have verified that the	distribution set forth abo	ove, is in accordance
with the requifements.					

and de	Barbara Garcia	Administrative Director	1/17/20223
Signature of Agency Head or Designee	Print Name	Title	(month, day, yea
	×		

Comment: \_

Comment: \_

Division, Department, or Region (if applicable)   Board of Supervisor, First District	Ceremonial Role Even	ts and Ticket/P	ass Distri	butions	Α	Public Document
Division, Department, or Region (if applicable)   Board of Supervisor, First District	I. Agency Name				Date Stamp	
Bard of Supervisor, First District  Designated Agency Contact (Namo, Title)  Barbara Garcia, Ticket Administrator  Area Code/Phone Number 213-974-4111  Describe the agency have a ticket policy? Yes No patential Provide Ticket (S)/Pass(es) provided by agency? Yes No face Value of Each Ticket/Pass \$ 27						, e.m. e = =
Designated Agency Contact (Name, Tible)	Division, Department, or Reg	ion (if applicable)				For Official Use Only
Barbara Garcia, Ticket Administrator Area Code/Phone Number 213-974-4111    Date of Original Filing:						
Area Code/Phone Number 213-974-4111   E-mail   bgarcia@bos.lacounty.gov   Date of Original Filling:   month, day, year]  2. Function or Event Information   Does the agency have a ticket policy?   Yes   No   Face Value of Each Ticket/Pass \$	Designated Agency Contact	(Name, Title)				
2. Function or Event Information  Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$					Amendment (Must Pro	ovide Explanation in Part 3.)
2. Function or Event Information  Does the agency have a ticket policy? Yes No Date(s) 12 17 2022  Event Description: LA Phil 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 no:  Was ticket distribution made at the behest Yes No If no:  Name of Source  If yes:  Official's Name (Last, First)  A. Name of Agency, Department or unit. *Use Section 8 to identify an individual. *Use Section C to identify an outside organization of Ticket(s)/ Passes  Staff  2 Per ticket policy 5.3 (k)  B. Name of Individual (Last, First)  A. Name of Individual (Last, First)  Ceremonial Role Other Other of Ticket(s)/ Passes  C. Name of Outside Organization (Include address and description)  In page read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in activally the read in prenents of the Roll	ACTION CONTRACTOR SECTION CONTRACTOR MI		92			
Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$  Event Description: LA Phil  Provide Table/ Explanation  Ticket(s)/Pass(es) provided by agency? Yes No Late(s) 12 , 17 , 2022  James of Source  Was ticket distribution made at the behest Yes No Late(s) 15 no:  Name of Source  Was ticket distribution made at the behest Yes No Late(s) 16 yes:  Official's Name (Last, First)  3. Recipients  - Use Section A to identify the agency's department or unit.  Number of Ticket(s)/Passes  Staff  2 Per ticket policy 5.3 (k)  B. Name of Individual (Last, First)  Passes  Caremonial Role Cither Cither describe below:  C. Name of Outside Organization Officiales and description)  Number of Ticket(s)/Passes  Caremonial Role Cither Cither describe below:  C. Name of Outside Organization Officiales and description)  Number of Ticket(s)/Passes  Caremonial Role Dither Discribe below:  C. Name of Outside Organization Officiales and description Officiales and description Officiales and description Officiales and description Officiales and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in according to the recommendation of the following of the recommendation of the distribution set forth above, is in according to the recommendation of the distribution set forth above, is in according to the recommendation of the distribution set forth above, is in according to the recommendation of the distribution set forth above, is in according to the recommendation of the distribution set forth above, is in according to the recommendation of the distribution set forth above, is in according to the control of the distribution of the distribution set forth above, is in according to the control of the cont	213-974-4111	bgarcia@bos.lacou	inty.gov		Date of Original Filing: _	(month, day, year)
Event Description: LA Phil	2. Function or Event Infor	mation				27.00
Ticket(s)/Pass(es) provided by agency? Yes No If no:    Name of Source   Name of Source	Does the agency have a tick	ket policy? Yes	■ No 🗆 F	ace Value of	Each Ticket/Pass \$	27.00
Ticket(s)/Pass(es) provided by agency? Yes No If no:    Name of Source   Name of Source	Event Description: LA Phil	2000 DEC. \$1000 W. F. C.	D	ate(s)	<u>  17   2022                                      </u>	
Was ticket distribution made at the behest Yes No If yes:  Official's Name (Last, First)  No If yes:  Official's Name (Last, First)  If yes:  Official's Name (Last, First)  Official's Name (Last, First)  Number of Ticket(s)/ Passes  Staff  Official's Name (Last, First)  Number of Ticket(s)/ Passes  Staff  Official's Name (Last, First)  Describe the public purpose made pursuant to the agency's passes  Ceremonial Role Other Other If thecking "Ceremonial Role" or "Other" describe below:  Coremonial Role Other Other Official's describe below:  Number of Ticket(s)/ Passes  Ceremonial Role Other Other Official's describe below:  Coremonial Role Other Other Other Official's describe below:  Coremonial Role Other Other Other Official's describe below:  Coremonial Role Other Other Other Other Official's describe below:  Coremonial Role Other O				Commence		
of agency official?  3. Recipients  • Use Section A to identify the agency's department or unit.  • Use Section B to identify an individual.  A. Name of Agency, Department or Unit  One of Ticket(e)  Passes  Staff  2 Per ticket policy 5.3 (k)  B. Name of Individual (Last, First)  Passes  Ceremonial Role Other 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 department or Unit  Number of Ticket(s)/ Passes  Ceremonial Role Other O	Ticket(s)/Pass(es) provided	by agency? Yes [	No lt	no:	Name of Source	
of agency official?  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 of Ticket(s)/ Passes  Staff  2. Per ticket policy 5.3 (k)  B. Name of Individual (Last, First)  B. Name of Individual (Last, First)    Ceremonial Role   Other   If checking "Ceremonial Role" or "Other describe below:    Ceremonial Role   Other   If checking "Ceremonial Role" or "Other describe below:    Ceremonial Role   Other   Oth	Was ticket distribution made	at the behest Yes	□ No ■ If	yes:	05:11.11	
Name of Agency, Department or unit.     Verification  I vas Section A to identify the agency's department or unit.  Vas Section B to identify an individual.  A. Name of Agency, Department or Unit    Number of Ticket(s)/ Passes					Oπiciai's Name (Last, First)	
Name of Agency, Department or unit.     Verification  I vas Section A to identify the agency's department or unit.  Vas Section B to identify an individual.  A. Name of Agency, Department or Unit    Number of Ticket(s)/ Passes	D. D. i.i. d.	er, er				
A. Name of Agency, Department or Unit    Number of Ticket(s)/ Passes		ocy's department or unit •	Use Section B to i	dentify an individu	ual Use Section C to identify	an outside organization
Staff  2 Per ticket policy 5.3 (k)  B. Name of Individual (Last, First)  Number of Ticket(s)/ Passes  Ceremonial Role Other Other describe below:  Ceremonial Role Other Other describe below:  Ceremonial Role Other Other describe below:  Coeremonial Role Other Other Other describe below:  Coeremonial Role Other Other describe below:  Coeremonial Role Other Other Other describe below:  Coeremonial Role Other Ot	ose section A to identify the ager	icy's department of unit.			au. Ose section e to identify	un outside organization.
B. Name of Individual (Last, First)    Number of Ticket(s)/ Passes   Identify one of the following:		artment or Unit	of Ticket(s)/			uant to the agency's policy
B. Name of Individual (Last, First) of Ticket(s)/ Passes Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below:    Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below:    Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below:    Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below:    Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below:    Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below:    Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below:    Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below:    Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below:    Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below:    Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below:    Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below:    Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below:    Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below:    Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below:    Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below:    Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below:    Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below:    Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below:   Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below:   Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below:   Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below:   Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below:   Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below:   Ceremonial Role Other If ch	Staff —————————		2	Per ticket p	olicy 5.3 (k)	a various ransava
(Last, First)    Passes   Ceremonial Role   Other     If checking "Ceremonial Role" or "Other" describe below:    Ceremonial Role   Other     If checking "Ceremonial Role" or "Other" describe below:    Ceremonial Role   Other     If checking "Ceremonial Role" or "Other" describe below:    Ceremonial Role   Other     If checking "Ceremonial Role" or "Other" describe below:    Ceremonial Role   Other     If checking "Ceremonial Role" or "Other" describe below:    Ceremonial Role   Other     If checking "Ceremonial Role" or "Other" describe below:    Ceremonial Role   Other     If checking "Ceremonial Role" or "Other" describe below:    Ceremonial Role   Other     If checking "Ceremonial Role" or "Other" describe below:    Ceremonial Role   Other     If checking "Ceremonial Role" or "Other" describe below:    Ceremonial Role   Other     If checking "Ceremonial Role" or "Other" describe below:    Ceremonial Role   Other     If checking "Ceremonial Role" or "Other" describe below:    Ceremonial Role   Other     If checking "Ceremonial Role" or "Other" describe below:    Ceremonial Role   Other     If checking "Ceremonial Role" or "Other" describe below:    Ceremonial Role   Other     If checking "Ceremonial Role" or "Other" describe below:    Ceremonial Role   Other     If checking "Ceremonial Role" or "Other" describe below:    Ceremonial Role   Other     If checking "Ceremonial Role" or "Other" describe below:    Ceremonial Role   Other     If checking "Ceremonial Role" or "Other" describe below:    Ceremonial Role   Other     If checking "Ceremonial Role" or "Other" describe below:    Ceremonial Role   Other     If checking "Ceremonial Role" or "Other" describe below:   Ceremonial Role   Other     If checking "Ceremonial Role" or "Other" describe below:   Ceremonial Role   Other     If checking "Ceremonial Role" or "Other" describe below:   Ceremonial Role   Other     If checking "Ceremonial Role" or "Other" describe below:   Ceremonial Role   Other     If checking "Ceremonial Role" or "Other" describe below:   C	D Name of Ind	ividual			laborités a se est la fa	u d
Ceremonial Role Other Ot					identity one of the fo	llowing:
C. Name of Outside Organization (include address and description)  Number of Ticket(s)/ Passes  Describe the public purpose made pursuant to the agency's Passes  4. Verification  I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in account to the agency's passes.						
C. Name of Outside Organization (include address and description)  of Ticket(s)/ Passes  Describe the public purpose made pursuant to the agency's Passes  4. Verification  I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in account in the requirements.				1		Income Cribe below:
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in account in the requirements.		AND THE RESERVE AND ADDRESS OF THE PARTY OF	of Ticket(s)/	Describe th	ne public purpose made purs	uant to the agency's policy
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in account the requirements.						
with the requirements.		OPC Populations 1994	11 and 19042	I have verified	that the distribution set fo	with above is in accordance
Barbara Garcia Administrative Director 1/17/2  Signature of Agency Head or Designee Print Name Title (month, or	THE WENT		cia	Admi	inistrative Director	1/17/20223

Print

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions		A Public Document
1. Agency Name	Date Stamp	California 802
County of Los Angeles		Form OUZ
Division, Department, or Region (if applicable)		For Official Use Only
5 1 (0 5 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1		

•	County of Los Angeles					Form 802
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Board of Supervisor, First D					
	Designated Agency Contact (					
		3 30				
	Barbara Garcia, Ticket Adm				Amendment (Must Pro	vide Explanation in Part 3.)
	Area Code/Phone Number	E-mail	12 24			
	213-974-4111	bgarcia@bos.lacou	unty.gov		Date of Original Filing: _	(month, day, year)
	Function or Event Infor	mation				
	Does the agency have a tick	ket policy? Yes	■ No□ F	ace Value of	Each Ticket/Pass \$	264.00
	1070 T	, , ,			, 18 , 2022	
	Event Description: LA Phil	Provide Title/ Expla	D	ate(s)	-	
	Ticket(s)/Pass(es) provided	29		no:		
	Tionot(o) Taoo(oo) providou	2) agono, 100			Name of Source	
	Was ticket distribution made	at the behest Yes	□ No ■ If	yes:	Official's Name (Last, First)	
	of agency official?				Oπiciar's Name (Last, First)	
	Recipients					
	Use Section A to identify the agen	ncy's department or unit.	Use Section B to id	lentify an individu	ual. Use Section C to identify	an outside organization.
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy
	Staff		2	Per ticket p	olicy 5.3 (k)	
	B. Name of Indi		Number of Ticket(s)/		Identify one of the fo	llowing:
	(Last, Fir	st)	Passes			
					nonial Role  Other  Other  or "Other" desc	Income Income
					nonial Role Other Other king "Ceremonial Role" or "Other" desc	Income
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy
	Verification I have read and understand FF					

Comment: \_

with the requirements		

ith the requirements.			
1 A Bush	Barbara Garcia	Administrative Director	1/17/20223
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Print

Clear

egion (if applicable)			Date Stamp		
egion (if applicable)	Agency Name			California 802	
edion (if applicable)	County of Los Angeles  Division, Department, or Region (if applicable)				
			For Official Use Only		
t District	V 21 - 100				
ct (Name, Title)					
dministrator			Amendment (Must I	Provide Explanation in Part 3.)	
E-mail			25 25 25 25 25 25 25 25 25 25 25 25 25 2		
bgarcia@bos.laco	unty.gov		Date of Original Filing:	(month, day, year)	
ormation					
ticket policy?	■ No□ F	ace Value of I	Each Ticket/Pass \$ _	114.00	
Provide Title/ Evel	anation D	Date(s)	20 2022		
		f no:			
, -5, 163			Name of Source		
de at the behest Yes	□ No ■ If	yes:	Official's Name /Last First)		
			Official's Name (Last, 1 list)		
	allas Castian Das i	d 416 1 _ dt! d.	al Alas Castian Chaidanti		
gency's department or unit.		dentify an individu	al. Use Section C to identi	ify an outside organization.	
A. Name of Agency, Department or Unit			Describe the public purpose made pursuant to the agency's policy		
Staff		Per ticket policy 5.3 (k)			
	Number				
	of Ticket(s)/ Passes		Identify one of the	following:	
			onial Role Other I		
		1			
		1	onial Role Other Cing "Ceremonial Role" or "Other" do	_	
	ormation ticket policy? Yes nil  Provide Title/ Expl ed by agency? Yes ade at the behest Yes gency's department or unit.	ricket policy? Yes No Familiand Provide Title/ Explanation  ed by agency? Yes No It is ade at the behest Yes No It is add the behest Yes No It is add the behast Yes No It is add the beha	ticket policy? Yes No Face Value of Ballindividual First)  No Face Value of Ballindividual First)  Face Value of Ballindividual First)  Face Value of Ballindividual Face Value of Ballindividual First)  Face Value of Ballindividual Face Value of Ballindividual Face Value of Face Value of Ballindividual Face Value of Value of Ballindividual Face Value of Ballindiv	ticket policy? Yes No Face Value of Each Ticket/Pass \$	

Print

Comment: \_

Clear

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

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions		A Public Document
1. Agency Name	Date Stamp	California 802
County of Los Angeles	ÿ = =-	Form OUZ
Division, Department, or Region (if applicable)	1	For Official Use Only
Board of Supervisor, First District		

	County of Los Angeles					For Official Llos Only
	Division, Department, or Reg	ion (if applicable)		For Official Use Only		
	Board of Supervisor, First D	istrict				
	Designated Agency Contact (	(Name, Title)				
	Barbara Garcia, Ticket Adm	inistrator			☐ Amendment (Must	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)
2.	Function or Event Infor	mation				114.00
	Does the agency have a tick	ket policy? Yes			Each Ticket/Pass \$ _	114.00
	Event Description: LA Phil	Provide Title/ Expla		Date(s)	, 23 , 2022	
	Ticket(s)/Pass(es) provided					
	Tionot(o)/T doo(oo) provided	by agency? Yes	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>	ncy's department or unit.	• Use Section B to i	dentify an individu	al. Use Section C to ident	tify an outside organization.
	A. Name of Agency, Depa	Number of Ticket(s)/ Passes	icket(s)/ Describe the public purpose made pursuant to the			
	Staff		2	Per ticket po	olicy 5.3 (k)	
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the	following:
			1 43363		nonial Role  Other  Oth	
	7			4	nonial Role Other of the control of	
	C. Name of Outside O		Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	ursuant to the agency's policy
						The state of the s
4.	Verification		<u> </u>	<u> </u>		
	I have read and understand FP with the requirements.	PPC Regulations 1894	4.1 and 18942.	I have verified t	that the distribution set	forth above, is in accordance
	with the requirements.	Barbara Gar	cia	Admi	nistrative Director	1/17/20223
	MAIXIAM	Darbara Gar	O.G	Autili	modulate Director	1111120220

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Ceremonial Role Events and Ticket/Pass Distributions	
Agency Name	Date Stamp

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$\sim$	ru	L/I	16	$\mathbf{L}^{\mathbf{U}}$	ıLu		7 II II L

. Agency Name	Date Stamp	California 802
County of Los Angeles		ruiii CC
Division, Department, or Region (if applicable)		For Official Use Only
Board of Supervisor, First District		
Designated Agency Contact (Name, Title)		
Barbara Garcia, Ticket Administrator	Amendment (Must Prov	vide Evalenation in Bod 2 )
Area Code/Phone Number   E-mail	Amendment (Must Prot	ride Explanation in Part 3.)
213-974-4111 bgarcia@bos.lacounty.gov	Date of Original Filing:	(month, day, year)
2. Function or Event Information		444.00
Does the agency have a ticket policy? Yes ■ No □ Face Value of I	Each Ticket/Pass \$	114.00
Event Description: LA Phil Provide Title/ Explanation Date(s)		
	Name of Source	
	Name of Source	
Was ticket distribution made at the behest Yes ☐ No ■ If yes: of agency official?	Official's Name (Last, First)	
3. Recipients		
• Use Section A to identify the agency's department or unit. • Use Section B to identify an individu	ual. Use Section C to identify a	an outside organization.
A. Name of Agency, Department or Unit Sumber of Ticket(s)/ Passes	e public purpose made pursu	ant to the agency's policy
Staff 2 Per ticket po	olicy 5.3 (k)	
	Identify one of the foll	Income
Cerem	nonial Role  Other  Oking "Ceremonial Role" or "Other" descri	Income 🔲
C. Name of Outside Organization of Ticket(s)/Passes  Number of Ticket(s)/Passes	e public purpose made pursu	ant to the agency's policy
4. Verification		
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified to with the requirements.	that the distribution set fort	th above, is in accordance
	inistrative Director	1/17/20223
Signature of Agency Head or Designee Print Name	Title	(month, day, year)
Comment:		

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

**A Public Document** 

1. Agency Name	Agency Name		
County of Los Angeles		Form 802	
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.la	county.gov	Date of Original F	illing:(month, day, year)
2. Function or Event Information			
Does the agency have a ticket policy?	es■ No□ F	ace Value of Each Ticket/Pass	\$\$249.00
Event Description: LA Phil  Provide Title/ E	D	ate(s) 12 / 31 / 2022	
		no:	
		Name of Source	
Was ticket distribution made at the behest	es 🔲 No 🔳 lf	yes:Official's Name (Last	First)
of agency official?		Cinotal e Hame (Edd)	, 1 1130
<ul> <li>Recipients         <ul> <li>Use Section A to identify the agency's department or unit</li> </ul> </li> <li>A. Name of Agency, Department or Unit</li> </ul>	Number of Ticket(s)/		identify an outside organization.  de pursuant to the agency's policy
Staff	Passes	Don tiglest policy 5 2 (k)	
Stall	2	Per ticket policy 5.3 (k)	
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		of the following:  Other Income Incom
		Ceremonial Role O	other Income Income Dither" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose ma	de pursuant to the agency's policy
4. Verification			
I have read and understand FPPC Regulations 18 with the requirements.	944.1 and 18942. I	have verified that the distribution	set forth above, is in accordance
Barbara G	Sarcia	Administrative Directo	or 1/17/20223
	- 10 to 10 to 10		
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

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

Ceremonial Role Events and Ticket/Pass Distributions		A Public Doc	ument
. Agency Name	Date Stamp	California Form	202
County of Los Angeles	A CONTRACT OF THE PARTY OF THE	Form	002
Ceremonial Role Events and Ticket/Pass Distributions . Agency Name	1	For Official U	lse Only

1.	County of Los Angeles				Date Stamp	Form 802
	Division, Department, or Reg	ion (if applicable)			For Official Use Only	
	Board of Supervisor, First D					
	Designated Agency Contact (Name, Title)					
	Barbara Garcia, Ticket Adm	inistrator			Amondment (Must	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			Amendment (Must )	-rovide Explanation in Part 3.)
	213-974-4111	bgarcia@bos.lacou	unty.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation		on the Billian		0.40.00
	Does the agency have a ticl	ket policy? Yes	■ No □	Face Value of	Each Ticket/Pass \$ _	249.00
	Event Description: LA Phil			Date(s)12	, 31 , 2022	1 1
		Provide Title/ Expla	nation			
	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:	Official's Name (Last, First)	
	of agency official?	700			Official's Name (Last, First)	
3.	Recipients				and the second s	
	• Use Section A to identify the ager	cy's department or unit.	Use Section B to	identify an individu	ual. Use Section C to identi	ify an outside organization.
	A. Name of Agency, Depa	artment 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 Indi (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the	
					nonial Role	
	,			1	nonial Role Other C	
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy
4.	Verification					
	I have read and understand FF with the requirements.	PC Regulations 18944	1.1 and 18942.	. I have verified i	that the distribution set f	orth above, is in accordance
	Miles by-	Barbara Garcia			nistrative Director	1/17/20223
	Signature of Agency Head or Design		Print Name		Title	(month, day, year)
	Comment:					
	Johnnent.		70 - 1900 - 3130 O		***************************************	

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Cere	monial Role Even	ts and Ticket/P	ass Distri	butions	A	Public Document		
l. Age	ency Name		Date Stamp	California 802				
	inty of Los Angeles			-				
Divi	sion, Department, or Reg	ion (if applicable)		For Official Use Only				
Boa	ard of Supervisor, First D	istrict						
Desi	ignated Agency Contact	(Name, Title)						
Barl	oara Garcia, Ticket Adm	inistrator	Amendment (Must F	Provide Explanation in Part 3.)				
Area	Code/Phone Number	E-mail				rovido Explandion in r dir o.,		
213	-974-4111	bgarcia@bos.lacou	nty.gov		Date of Original Filing:	(month, day, year)		
. Fur	nction or Event Infor	mation				169.00		
Doe	s the agency have a ticl	ket policy? Yes	■ No 🗆 F	ace Value of	Each Ticket/Pass \$ _	103.00		
Eve	nt Description: LA Phil		D	)ate(s)	<u>, 31 <sub>,</sub> 2022</u>			
Tiel	ot(a)/Dagg(ag) maggidad	Provide Title/ Explai						
HCK	et(s)/Pass(es) provided	by agency? Yes L	□ No 📕 If	no:	Name of Source			
Was	s ticket distribution made	at the behest Ves I		yes:				
	agency official?	ar me beneer 1631	_ NO _	,	Official's Name (Last, First)			
	ecipients se Section A to identify the ager	ncy's department or unit. •	Use Section B to id	dentify an individu	ual. Use Section C to identif	y an outside organization.		
A.	A. Name of Agency, Department or Unit			Describe th	Describe the public purpose made pursuant to the agency's policy			
Si	Staff		2	Per ticket policy 5.3 (k)				
В.	Name of Indi	widual	Number		Identify one of the f	Ollowing		
Б.	(Last, Fir		of Ticket(s)/ Passes					
				The second secon	nonial Role Other C king "Ceremonial Role" or "Other" de			
				A CONTRACTOR	nonial Role Other Ching "Ceremonial Role" or "Other" de			
C.	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's poli				
						W 30.98		
I hav	ification /e read/and understand FF	PPC Regulations 18944	.1 and 18942.	I have verified	that the distribution set fo	orth above, is in accordanc		
with	the requirements	Barbara Gard	ia	Adm	nistrative Director	1/17/20223		
Si	anature of Agency Head or Design	nee Pi	rint Name		Title	(month day year)		

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Comment: \_

Ceremonial Role Events and Ticket/Pass Distributions		A Public Doo	ument
1. Agency Name	Date Stamp	California	000

	Agency Name				Date Stamp	California 802		
	County of Los Angeles					Form OUZ For Official Use Only		
	Division, Department, or Regi					To Official Ose Offiy		
	Board of Supervisor, First D							
	Designated Agency Contact (		200 S (100 S (10					
	Barbara Garcia, Ticket Admi				Amendment (Must I	Provide Explanation in Part 3.)		
	Area Code/Phone Number	E-mail						
	213-974-4111	bgarcia@bos.laco	ounty.gov		Date of Original Filing:	(month, day, year)		
2. F	Function or Event Inform	nation				150.00		
	Does the agency have a tick	et policy? Yes	No □ F	ace Value of	Each Ticket/Pass \$ _	150.00		
	Event Description: LA Phil			oto(s) 01	022023			
	Event Description.	Provide Title/ Exp	lanation	ale(s)				
	Ticket(s)/Pass(es) provided	by agency? Yes	No 🔳 If	no:	Name of Source			
	AA7 At-1A-dt-Adt		If	yes:	Name of Source			
	Was ticket distribution made	at the benest 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.	ual. Use Section C to identi	ify an outside organization.				
	A. Name of Agency, Depa	Number of Ticket(s)/ Passes	Describe th	the public purpose made pursuant to the agency's policy				
	Staff		2	Per ticket policy 5.3 (k)				
	B. Name of Indiv (Last, Firs		Number of Ticket(s)/ Passes		Identify one of the			
					nonial Role	15.5 ** 24.5 ** 5		
					nonial Role  Other C king "Ceremonial Role" or "Other" d			
	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		
_	Varification							
ł.	Verification I have read and understand FP.	PC Regulations 190	14.1 and 19042	I have verified	that the distribution set	forth above is in accordance		
I	with the requirements.	O Negulations 1894	т. г ани 10942.	nave vermeu	anat tire distribution set i	oral above, is in accordance		
	Barbara Garcia Ad				inistrative Director	1/31/2023		
	Signature of Agency Head or Design	ее	Print Name		Title	(month, day, year)		
	Comment:							

3 1						
Ceremonial	Role	<b>Events</b>	and	Ticket/Pass	Distributions	

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1. Agency Name	51 #288 (#1) 15			Date Stamp	California 802		
County of Los Angeles					Form OUZ		
Division, Department, or Region (if app	olicable)		For Official Use Only				
Board of Supervisor, First District	Board of Supervisor, First District						
Designated Agency Contact (Name, Title							
Barbara Garcia, Ticket Administrator	Barbara Garcia, Ticket Administrator						
Area Code/Phone Number E-mail					rovide Explanation in Part 3.)		
213-974-4111 bgarcia	@bos.lacount	y.gov		Date of Original Filing:	(month, day, year)		
2. Function or Event Information							
Does the agency have a ticket policy	y? Yes■	No □ F	ace Value of I	Each Ticket/Pass \$	150.00		
E LB LA Phil							
Event Description: LA Phil	ovide Title/ Explanat	L tion	rate(s)/				
Ticket(s)/Pass(es) provided by agen			no:	Name of Source			
Was ticket distribution made at the b	ehest Yes 🗌	No 🔳 🏻 If	yes:	Official's Name (Last, First)			
of agency official?							
3. Recipients							
<ul> <li>Use Section A to identify the agency's depart</li> </ul>	tment or unit. • Us	e Section B to i	dentify an individu	ual. Use Section C to identif	y 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 po	olicy 5.3 (k)			
B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the f	ollowing:		
				nonial Role Other C king "Ceremonial Role" or "Other" de			
-	10.		100000000000000000000000000000000000000	nonial Role Other Circles or "Other" de			
C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy		
4. Verification  Lhave read and understand FPPC Regu	llations 1804/ 1	and 18042	I have verified t	that the distribution set f	orth above is in accordance		
with the requirements.	nadons 10 <b>344</b> .1	anu 10942.	rnave vermeu t	anat the distribution set it	oral above, is ill accordance		
D. 11 1/1	Barbara Garcia		Admi	nistrative Director	1/31/2023		
Signature of Agericy Head or Designee	Prin	t Name		Title	(month, day, year)		
Comment:	4100000000		.v. 1/1 1/22		- 100 000 - 100 000 000 000 000 000 000		