Ceremonial Role Events and T	скетра	וזפוע פפ	enoutions	<del></del>	Public Document
1. Agency Name				Date Stamp	California 802
County of Los Angeles  Division, Department, or Region (if application)	h/e)				For Official Use Only
100 miles 100 mi	oi <del>e</del> )				
Board of Supervisor, First District  Designated Agency Contact (Name, Title)					
Barbara Garcia, Ticket Administrator  Area Code/Phone Number   IE-mail				Amendment (Must Pi	rovide Explanation in Part 3.)
				Data of Original Fillians	
213-974-4111 bgarcia@t	os.iacoun	ty.gov		Date of Original Filing: _	(month, day, year)
2. Function or Event Information					
Does the agency have a ticket policy?	Yes 🔳	No 🗆	Face Value of	Each Ticket/Pass \$	87.00
Event Description: LA Phil Date(s) 03				, 03 , 2023	
Provide					
Ticket(s)/Pass(es) provided by agency?			If no:		
		Tay Postingarous II		Name of Source	
Was ticket distribution made at the beha	est Yes 🗆	No 🔳	If yes:	Official's Name (Last, First)	
of agency official?				1-1-1-1	
Use Section A to identify the agency's department     Name of Agency, Department or Unit  Staff	Santa Caracteria	Number of Ticket(s)/ Passes		e public purpose made purs	
B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:
		1 43503	100 00000000000000000000000000000000000	nonial Role Other or "Other" des	
			10.36 (0.500.000) 2000	onial Role Other or "Other" des	
C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	suant to the agency's policy
4. Verification					
I have read and understand FPPC Regulation	ns 18944.1	and 18942.	I have verified t	hat the distribution set fo	rth above, is in accordance
with the requirements.					
Barb	ara Garcia		Admi	nistrative Director	04/03/2023
Signature of Agency Head or Designee	Print	Name		Title	(month, day, year)

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** 

County of Los Angeles  Division, Department, or Region (if applicable)  Board of Supervisor, First District  Designated Agency Contact (Name, Title)  Barbara Garcia, Ticket Administrator  Area Code/Phone Number   E-mail   213-974-4111   bgarcia@bos.lacounty.gov   Date of Original Filling:
Board of Supervisor, First District  Designated Agency Contact (Name, Title)  Barbara Garcia, Ticket Administrator  Area Code/Phone Number   E-mail   bgarcia@bos.lacounty.gov   Date of Original Filling:
Designated Agency Contact (Name, Title)
Barbara Garcia, Ticket Administrator  Area Code/Phone Number 213-974-4111  E-mail bgarcia@bos.lacounty.gov  Date of Original Filing:
Area Code/Phone Number 213-974-4111
Area Code/Phone Number 213-974-4111
2. Function or Event Information  Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$
2. Function or Event Information  Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 116.00  Event Description: LA Phil Date(s) 03 03 2022
Does the agency have a ticket policy? Yes No Date(s) 03 03 2022
Event Description: LA Phil  Provide Title/ Explanation  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)  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  Staff   2   Per ticket policy 5.3 (k)  B. Name of Individual (Last, First)   Number of Ticket(s)/ Passes   Identify one of the following:   Income   Inco
Event Description: LA Phil
Ticket(s)/Pass(es) provided by agency? Yes No If no:    Name of Source
Ticket(s)/Pass(es) provided by agency? Yes No If no:    Name of Source
Was ticket distribution made at the behest Yes
of agency official?  Recipients  Use Section A to identify the agency's department or unit.  Number of Ticket(s)/ Passes  Staff  Describe the public purpose made pursuant to the agency's policy Passes  Per ticket policy 5.3 (k)  Number of Ticket(s)/ Passes  Ceremonial Role  Other Income  Income
B. Name of Individual (Last, First)  Number of Ticket(s)/ Passes  Number of Ticket(s)/ Passes  Per ticket policy 5.3 (k)  Number of Ticket(s)/ Passes  Ceremonial Role   Other   Income    Other   Income    Ceremonial Role   Other   Other   Income    Ceremonial Role   Other   Other   Other   Other   Other   Other    Ceremonial Role   Other
Name of Agency, Department or Unit     Staff     Describe the public purpose made pursuant to the agency's policy     Passes     Per ticket policy 5.3 (k)    Number of Ticket(s)/Passes
Name of Agency, Department or Unit     Staff     Describe the public purpose made pursuant to the agency's policy     Passes     Per ticket policy 5.3 (k)    Number of Ticket(s)/Passes
A. Name of Agency, Department or Unit    Number of Ticket(s)/ Passes
A. Name of Agency, Department or Unit  of Ticket(s)/ Passes  Per ticket policy 5.3 (k)  B. Name of Individual (Last, First)  Number of Ticket(s)/ Passes  Ceremonial Role Other Income  Income  Ceremonial Role Other Income
Staff  2 Per ticket policy 5.3 (k)  B. Name of Individual (Last, First)  Number of Ticket(s)/ Passes  Ceremonial Role Other Income Income  If checking "Ceremonial Role" or "Other" describe below:
B. Name of Individual (Last, First)  Number of Ticket(s)/ Passes  Ceremonial Role Other Income  If checking "Ceremonial Role" or "Other" describe below:
B. Name of Individual (Last, First)  Number of Ticket(s)/ Passes  Ceremonial Role  Other  Income  If checking "Ceremonial Role" or "Other" describe below:
B. Name of Individual (Last, First) of Ticket(s)/ Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:  Ceremonial Role Other Income Inco
B. Name of Individual (Last, First) of Ticket(s)/ Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:  Ceremonial Role Other Income Inco
B. Name of Individual (Last, First) of Ticket(s)/ Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:  Ceremonial Role Other Income Inco
(Last, First)  Passes  Ceremonial Role  Other  Income  If checking "Ceremonial Role" or "Other" describe below:  Ceremonial Role  Other  Income
If checking "Ceremonial Role" or "Other" describe below:  Ceremonial Role  Other  Income
If checking "Ceremonial Role" or "Other" describe below:  Ceremonial Role  Other  Income
Name of Outside Occasions
C. Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy
(monade address and description) Passes
. 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.
Barbara Garcia Administrative Director 04/03/2023
Signature of Agency Head or Designee Print Name Title (month, day, year)
Comment:

	eremonial Role Ever				Date Stamp	Public Document California
	County of Los Angeles		July Statis	Form 802		
	Division, Department, or Re	gion (if applicable)	1	For Official Use Only		
	Board of Supervisor, First	-				
	Designated Agency Contact		1			
	Barbara Garcia, Ticket Adr	ministrator				
	Area Code/Phone Number					Provide Explanation in Part 3.)
	213-974-4111	bgarcia@bos.laco	unty.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Info	rmation				
	Does the agency have a tie	cket policy? Yes	Each Ticket/Pass \$	159.00		
					<u>, 04 , 202</u>	
	Event Description.	Provide Title/ Expl	anation	Jate(s)		
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ■ If no:			f no:	****	
					Name of Source	
	Was ticket distribution mad of agency official?	le at the behest Yes	□ No ■ ¹	f yes:	Official's Name (Last, First)	
3.			NORTH CONTRACTOR			
	Use Section A to identify the age	ency's department or unit.		identify an individu	ual. Use Section C to identif	y an outside organization.
	A. Name of Agency, Dep	partment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
	Staff		2	Per ticket pe	olicy 5.3 (k)	
	B, Name of Inc	dividual	Number			
	(Last, F		of Ticket(s)/ Passes		Identify one of the fo	ollowing:
					nonial Role Other king "Ceremonial Role" or "Other" des	
					nonial Role Other cing "Ceremonial Role" or "Other" des	

4.	Ve	ification

100000000000000000000000000000000000000	ilication					
I h	ve read and under	stand FPPC Regulations	18944.1 and 18942.	I have verified that the distribution set	forth above,	is in accordance
AA/ITE	tha roculiromante					

Comment: \_\_\_

Barbara Garcia

Administrative Director

04/03/2023

Signature of Agency Head or Designee

Print Name

(month, day, year)

**Print** 

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 County of Los Angeles Form 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 213-974-4111 Date of Original Filing: bgarcia@bos.lacounty.gov (month, day, year) 2. Function or Event Information 42.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ \_ Yes ■ No □ Date(s) 03 / 05 Event Description: LA Phil Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? 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 A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ **Passes** Staff Per ticket policy 5.3 (k) 2 Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:

4.	v	Δ	rı.	tı	cs	T 6	n	n	

Comment: \_

C.

I have read and understand FPPC Regulation	s 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance
--	--

Number

of Ticket(s)/

Passes

	Made.	Barbara Garcia	Administrative Director	04/03/2023
4	Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Name of Outside Organization

(include address and description)

**Print** 

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

_	eremonial Role Events and Ticke Agency Name				Date Stamp	Public Document
•	County of Los Angeles				Date Stamp	California 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 Pr	ovide Explanation in Part 3.)
	213-974-4111 bgarcia@bos.li	acounty.gov			Date of Original Filing: _	(month, day, year)
2.	Function or Event Information		S. and			
	Does the agency have a ticket policy?	Yes No [	7 Face	Value of I	Each Ticket/Pass \$	64.00
	Event Description: LA Phil			、 03	05 , 2023	
	Provide Title/	Explanation	_ Date(s	s)		
	The second secon	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?				(,,	
3.	Recipients  • Use Section A to identify the agency's department or un	nit. • Use Sectio	n B to identify	an individu	al. Use Section C to identify	an outside organization.
	A. Name of Agency, Department or Unit	Numi of Tick Pass	et(s)/	Describe the	e public purpose made purs	uant to the agency's policy
	Staff	2	Per	r ticket po	olicy 5.3 (k)	
	B. Name of Individual (Last, First)	Numi of Tick Pass	et(s)/		Identify one of the fo	llowing:
		rass	15		onial Role Other of "Other" descriptions of "Other" descriptions of "Other" descriptions of the control of the	Income Cribe below:
					onial Role Other on "Other ong "Ceremonial Role" or "Other" desc	Income Income
	C. Name of Outside Organization (include address and description)	Numb of Ticke Pass	t(s)/	escribe the	public purpose made purs	uant to the agency's policy
				•		
ş.	Verification					
	I have read and understand FPPC Regulations 18 with the requirements.	3944.1 and 18	942. I have	verified th	hat the distribution set for	th above, is in accordance
	Barbara C	Garcia		Admir	nistrative Director	04/03/2023
	Signature of Agency Head or Designee	Print Name		-	Title	(month, day, year)

Print

Comment: \_

Clear

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

(month, day, year)

## Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions	A Public Document				
. Agency Name	Date Stamp	California 802			
County of Los Angeles		Form OUZ			
Division, Department, or Region (if applicable)	9.1	For Official Use Only			
Board of Supervisor, First District					
Designated Agency Contact (Name, Title)					
B 1	A 10 A 10 A				

Division	Division, Department, or Region (if applicable)				1	For Official Use Only
Board	of Supervisor, First D	District		26		
	ated Agency Contact		1			
Barbara	a Garcia, Ticket Adm	inistrator				
	de/Phone Number	E-mail			Amendment (Must Pro	vide Explanation in Part 3.)
213-97	4-4111	bgarcia@bos.lac	ounty.gov		Date of Original Filing:	(month, day, year)
2. Funct	ion or Event Infor	mation				
Does th	ne agency have a ticl	ket policy? Ye	s No 🗆	Face Value of	Each Ticket/Pass \$	42.00
Event [	Description: LA Phil			Date(s)03	, 28 , 2022 	
Ticket(s	s)/Pass(es) provided	Provide Title/Exby agency? Ye	s No	If no:	Name of Source	
	ket distribution made ncy official?	e at the behest Ye	s No	If yes:	Official's Name (Last, First)	
	pients	sy's department or unit	Allea Castian D.	o identify an individu	ual. Use Section C to identify a	
<b>A.</b>	Name of Agency, Depa		Number of Ticket(s) Passes		ne public purpose made pursu	
Staff			2	Per ticket p	olicy 5.3 (k)	
В.	Name of Indi (Last, Fire		Number of Ticket(s) Passes	Ceren	Identify one of the foll	Income _
				1	nonial Role Other Charge "Ceremonial Role" or "Other" descri	Income Income
C.	Name of Outside Or (include address and		Number of Ticket(s) Passes	/ Describe th	e public purpose made pursu	ant to the agency's policy
4. Verific						
I have re with the	ead and understand FP requirements.	PC Regulations 189	44.1 and 18942	2. I have verified t	that the distribution set forti	h above, is in accordance
- (/ W	P/A	Barbara Ga	1 5055	Admi	nistrative Director	04/03/2023
	re of Agency Head or Design	<del>ec</del>	Print Name		Title	(month, day, year)
Comme	ent:					

**Print** 

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 County of Los Angeles Form 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 213-974-4111 bgarcia@bos.lacounty.gov Date of Original Filing: . (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ . Yes No 🗆 Event Description: LA Phil Date(s) \_\_03 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🔳 If 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 A. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy **Passes** Staff Per ticket policy 5.3 (k) 2 Number В. Name of Individual 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 Income Other If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) 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 accordance with the requirements.

Print

Signature of Agency Head or Designee

Comment: \_

Clear

Print Name

Barbara Garcia

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

04/03/2023

(month, day, year)

Administrative Director

Title

	gency Report of: eremonial Role Even	its and Ticket/	Pass Distr	ibutions	Δ	Public Doo	ument
13.00	Agency Name				Date Stamp		
	County of Los Angeles					California Form	802
	Division, Department, or Reg	jion (if applicable)		100 100	1	For Official U	se Only
	Board of Supervisor, First D	District					
	Designated Agency Contact		1				
	Barbara Garcia, Ticket Adm	ninistrator			<b>-</b>		
	Area Code/Phone Number	E-mail			Amendment (Must Pi	rovide Explanation in i	Part 3.)
	213-974-4111	bgarcia@bos.lacc	ounty.gov		Date of Original Filing: -	(month, day, year)	)
2.	Function or Event Infor	mation					
	Does the agency have a tic	Each Ticket/Pass \$	19	4.00			
	Event Description: LA Phil				<u>, 30 , 202</u>		
	Event Description:						
	Ticket(s)/Pass(es) provided	Provide Title/ Exp by agency? Yes	Name of Source				
	Was ticket distribution made of agency official?	at the behest Yes	s□ No 🔳 l	f yes:	Official's Name (Last, First)		
3.	Recipients  • Use Section A to identify the ager	ncy's department or unit.	Use Section B to i	dentify an individu	ual. Use Section C to identify	y an outside organiza	ation.
	A. Name of Agency, Department	artment or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made purs	suant 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		Identify one of the fo	ollowing:	
				1777	nonial Role Other C king "Ceremonial Role" or "Other" des		Income
	·				nonial Role Other or "Other" descriptions		Income _
	C. Name of Outside O		Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency	's policy

### 4. Verification

Comment: \_\_

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.				

MNACOX

Barbara Garcia

Print

Administrative Director

04/03/2023

Signature of Agency Head or Designed

Print Name

Title

(month, day, year)

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 California Date Stamp

	County of Los Angeles				1	Tollil OCL			
	ivision, Department, or Region (if applicable)			1	For Official Use Only				
	Board of Supervisor, First D	istrict							
	Designated Agency Contact (	(Name, Title)			1				
	Barbara Garcia, Ticket Adm	Barbara Garcia, Ticket Administrator				Amondment (Must Provide System in Red )			
	Area Code/Phone Number	E-mail			Amendment (Must Provide Explanation in Part 3.)				
	213-974-4111	bgarcia@bos.lacounty.gov			Date of Original Filing:(month, day, year)				
2.	Function or Event Infor	mation							
	Does the agency have a ticket policy? Yes ■ No □			Face Value of Each Ticket/Pass \$94.00					
	Event Description: LA Phil			Date(s) 03	, 30 , 2022	1 1			
	Evon Docomption.	lanation	Date(3)						
	Ticket(s)/Pass(es) provided	by agency? Yes	No 🔳	If no:	Name of Source				
	Was ticket distribution made	at the beheat		If yes:					
	of agency official?	at the benest Yes	No 🔳	II yes	Official's Name (Last, First)				
100 - 0 - 0	- againe, amerain								
3.	Recipients			0.00					
	• 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, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe th	he public purpose made purs	uant to the agency's policy			
	Staff		2	Per ticket policy 5.3 (k)					
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the fo	llowing:			
					monial Role Other Other Chair description of the Commonial Role of Other description of the Common o	Income Income			
				CALLS NUMBER	monial Role  Other  cking "Ceremonial Role" or "Other" desc	Income Income			
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pursi	uant to the agency's policy			
		70 - 20 - 0							
4.	Verification								
	I have read and understand FP	PC Regulations 1894	4 1 and 18942	I have verified	that the distribution set for	th above is in accordance			
	with the requirements.	Barbara Gar			inistrative Director	04/03/2023			
	4.7								

4.	٧	eı	ΊÌΙ	ca	tı	0	n

Signature of Agency Head or Designee Print Name Title

(month, day, year)

Comment: \_