Agency Report of:

agono, nop	0	•		
Ceremonial	Role	Events and	Ticket/Pass	Distributions

A Public Document

1. Agency Name		Date Stamp	California 802			
County of Los Angeles			101111			
Division, Department, or Region (if applicable)		For Official Use Only				
Board of Supervisor, First District						
Designated Agency Contact (Name, Title)	46					
	Barbara Garcia, Ticket Administrator					
Area Code/Phone Number E-mail			(Must Provide Explanation in Part 3.)			
213-974-4111 bgarcia@bos.la	county.gov	Date of Original F	iling:(month, day, year)			
2. Function or Event Information						
Does the agency have a ticket policy?	es∎ No□ F	ace Value of Each Ticket/Pass	\$\$90.00			
Event Description: LA Phil Provide Title/ E	D	ate(s) 04 / 16 / 2023				
		no:Name of Source				
Was ticket distribution made at the behest γ of agency official?	es□ No∎ ^{If}	yes:Official's Name (Last,	First)			
3. Recipients						
Use Section A to identify the agency's department or uni	t. • Use Section B to id	lentify 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	de 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		of the following: ther			
		Ceremonial Role Of	ther Income Income Inther" describe below:			
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made	de pursuant to the agency's policy			
4 Vorification						
4. Verification I have read and understand FPPC Regulations 18	944.1 and 18942. I	have verified that the distribution	set forth above, is in accordance			
with the requirements. Barbara G	arcia	Administrative Directo	or 05/25/2023			
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)			
a.g. add or regardy mode of body not	. Intervalle	nue	(monur, day, year)			
Comment:						

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

١.	Agency Name		Date Stamp	California 802					
	County of Los Angeles				I CHIII				
	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			Amondment (Mest 6	Provide Explanation in Part 3.)			
	Area Code/Phone Number	E-mail			Amendment (Musi F	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	mation				C4 00			
	Does the agency have a tick	ket policy? Yes	■ No□ F	ace Value of	Each Ticket/Pass \$ _	64.00			
	Event Description: LA Phil			Date(s)	<u>, 16 , 2023</u>				
	Ticket(s)/Pass(es) provided	Provide Title/ Explain		f no:					
	ricket(3)/1 ass(es) provided	by agency: 1es	110.	Name of Source					
	Was ticket distribution made	at the behest Yes	Official's Name (Last, First)						
	of agency official?				Official's Name (Last, Flist)				
3.	Recipients								
٠.	 Use Section A to identify the agen 	cy's department or unit.	ual. Use Section C to identi	fy an outside organization.					
				Autorio					
	A. Name of Agency, Depa	irtment or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made pui	rsuant to the agency's policy			
	Staff	2	Per ticket p	olicy 5.3 (k)					
		The state of the s							
	R Name of Indi	widual	Number		LI-ME - EM				
	B. Name of Indi (Last, Firs		of Ticket(s)/ Passes		Identify one of the f	rollowing:			
				20000 000 000	nonial Role Other				
				If check	king "Ceremonial Role" or "Other" de	escribe below:			
			 	Cerem	nonial Role Other	Income			
					king "Ceremonial Role" or "Other" de				
	C. Name of Outside O		Number of Ticket(s)/	Describe th	e public purpose made pu	rsuant to the agency's policy			
	(morade address and	description	Passes						
	•								
4.	Verification								
	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 requirements.								
	11 91 XX	Barbara Gar	cia	Admi	Administrative Director 05/25/2023				
	Signature of Agency Head or Design	ee	Print Name		Title	(month, day, year)			
	Comment:								
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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

Α	P	u	b	l	ic	D	0	C	u	m	e	n	t

1.	Agency Name		VA	Date Stamp California 802			
	County of Los Angeles				Form OUZ		
	Division, Department, or Regi	on (if applicable)			1	For Official Use Only	
	Board of Supervisor, First D	istrict					
	Designated Agency Contact (Name, Title)			1		
	Barbara Garcia, Ticket Adm	nistrator					
	Area Code/Phone Number	E-mail			☐ Amendment (Must	Provide Explanation in Part 3.)	
	213-974-4111	bgarcia@bos.lace	ounty.gov		Date of Original Filing:	(month, day, year)	
2.	Function or Event Inform	nation					
	Does the agency have a tick	et policy?	s■ No□ F	ace Value of	Each Ticket/Pass \$ _	125.00	
	Event Description: LA Phil	, , , , ,			<u>19</u> 2023		
	Event Description:	Provide Title/ Exp	olanation	rate(s)			
	Ticket(s)/Pass(es) provided			no:	Name of Source		
	Was ticket distribution made	at the behest Yes	s□ No■ ^{If}	yes:	Official's Name (Last, First)		
	of agency official?				• • • • • • • • • • • • • • • • • • • •		
3.	Recipients						
٠.	Use Section A to identify the agen	cy's department or unit.	ual. Use Section C to ident	ify an outside organization.			
		Superior Application Stays	Number	And the state of the state of	Supplied Sylventre Commission	A MARIO CONTRACTOR CON	
	A. Name of Agency, Depa	rtment or Unit	of Ticket(s)/ Passes	Describe th	he public purpose made pursuant to the agency's policy		
	Staff		Per ticket p	olicy 5.3 (k)			
		2		, ,			
	R Name of Indi	ridual	Number				
	B. Name of Indir (Last, Firs		of Ticket(s)/ Passes		Identify one of the	following:	
				Ceren	nonial Role Other	Income	
				If chec	king "Ceremonial Role" or "Other" de		
		(To 2		Ceren	nonial Role Other	Income	
				If chec	king "Ceremonial Role" or "Other" de		
	C. Name of Outside Or	ganization	Number	Describe th	oo nublic nurnose made nu	rsuant to the agency's policy	
	(include address and	description)	of Ticket(s)/ Passes	Describe to	ie public purpose made pu	Total to the agency a policy	
		(0)(1)(1)(1)		10 (0.00)			
						*	
4.	Verification						
	I have read and understand FP	PC Regulations 189	44.1 and 18942.	have verified	that the distribution set f	forth above, is in accordance	
	with the requirements.					security and the second section (see a second s	
	MWXXX	Barbara Ga	rcia	Admi	inistrative Director	05/25/2023	
	Signature of Agency Head or Design	ее	Print Name		Title	(month, day, year)	
	Commont						
	Comment:						

Agency Report of:

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eremonia	Role	Events an	d Ticket/Pass	Distributions

A Public Document

_							
	Agency Name				Date Stamp	California 802	
	County of Los Angeles					Form OUZ	
	Division, Department, or Region	on (if applicable)]	For Official Use Only			
	Board of Supervisor, First Di	strict					
	Designated Agency Contact (/	Vame, Title)	1				
	Barbara Garcia, Ticket Admi	nistrator	Amandmant (14 - 15	Describe Francisco De 400			
		E-mail			Amendment (Must F	Provide Explanation in Part 3.)	
	213-974-4111	bgarcia@bos.la	acountv.gov		Date of Original Filing:	(month, day, year)	
W. W. W.						(month, day, year)	
2.	Function or Event Inform	nation				00.00	
	Does the agency have a tick	et policy?	Yes■ No□ F	ace Value of	Each Ticket/Pass \$	86.00	
	E LA Phil			. , , 04	192023		
	Event Description: LA Phil	Provide Title/	Explanation	ate(s)	/		
	Ticket(s)/Pass(es) provided by			no:			
	the assessment of the Assessme	, , ,			Name of Source		
	Was ticket distribution made	at the behest	Yes□ No■ ^{If}	yes:	Official's Name (Last, First)		
	of agency official?				Onicial's Name (Last, First)		
3.	Recipients						
	Use Section A to identify the agence	y's department or u	nit. • Use Section B to i	dentify an individu	ual. Use Section C to identi	fy an outside organization.	
	A. Name of Agency, Depar	Number of Ticket(s)/ Passes	Describe th	Describe the public purpose made pursuant to the agency's poli			
	Staff	HINE-BACK SC SEE WHEN		Per ticket p	olicy 5.3 (k)		
			2				
	B. Name of Indiv		Number of Ticket(s)/ Passes		Identify one of the t	ollowing:	
					nonial Role Other C king "Ceremonial Role" or "Other" de		
					nonial Role Other C		
		C. Name of Outside Organization (include address and description)			Describe the public purpose made pursuant to the agency's polic		
4.	Verification						
	Lhave read and understand FPI	PC Regulations 1	8944.1 and 18942.	I have verified	that the distribution set f	orth above, is in accordance	
	with the requirements	5					
	1 h Kenth	Barbara	Garcia	Admi	inistrative Director	05/25/2023	
	Signature of Agency Head or Designation	ee	Print Name		Title	(month, day, year)	
	The second secon					· magning control of the state	
	Comment:						

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Agency Report of: Ceremonial Role Eve	nts and Ticket/P	ass Distri	butions	A	Public Document
1. Agency Name				Date Stamp	California 202
County of Los Angeles					Form 002
Division, Department, or Re	gion (if applicable)		11/11/2	1	For Official Use Only
Board of Supervisor, First	District		8		
Designated Agency Contac	t (Name, Title)	1			
Barbara Garcia, Ticket Ad	ministrator			Amendment (Must I	Provide Explanation in Part 3.)
Area Code/Phone Number	E-mail	CHAPTER TO MICHIEL		Amenament (Mast)	Torido Explanation III alt 6.
213-974-4111	bgarcia@bos.lacou	inty.gov		Date of Original Filing:	(month, day, year)
2. Function or Event Info	rmation				109.00
Does the agency have a ti	cket policy? Yes			Each Ticket/Pass \$ _	109.00
Event Description: LA Phi		D	ate(s)	212023	
	Provide Title/ Expla	nation			
Ticket(s)/Pass(es) provide	d by agency? Yes	□ No ■ If	no:	Name of Source	
Was ticket distribution mad	de at the hehest Voc.		yes:		
of agency official?	ac at the benest Yes	NO <u>■</u>	,	Official's Name (Last, First)	
3. Recipients • Use Section A to identify the ag A. Name of Agency, De		Use Section B to id Number of Ticket(s)/	STANDARD TO STAND		fy an outside organization.
	Staff			olicy 5.3 (k)	
		2	, or newer p		
B. Name of In		Number of Ticket(s)/ Passes		identify one of the	following:
				nonial Role Other C king "Ceremonial Role" or "Other" de	
				nonial Role Other L	
	C. Name of Outside Organization (include address and description)			ne public purpose made pu	rsuant to the agency's policy
	£				
4. Verification		1			W. W. C. C.
I have read and understand I with the requirements.	FPPC Regulations 18944	l.1 and 18942.	I have verified	that the distribution set t	orth above, is in accordance
Will the requirements.	, Barbara Gard	cia	Adm	inistrative Director	05/25/2023
Signature of Agency Head or Des		rint Name		Title	(month, day, year)

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Comment: __

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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		Form OUZ

•	Agency Name				Date Stamp	Form 802	
	County of Los Angeles			9		101111 2 2 2	
	Division, Department, or Regi	on (if applicable)			For Official Use Only		
	Board of Supervisor, First Di						
	Designated Agency Contact (Vame, Title)					
	Barbara Garcia, Ticket Admi	nistrator	☐ Amendment (Must	Provide Explanation in Part 3.)			
	Area Code/Phone Number	E-mail				Trovido Explanation in Factory	
	213-974-4111	bgarcia@bos.laco	unty.gov		Date of Original Filing	:(month, day, year)	
	Function or Event Inform	nation				204.00	
	Does the agency have a tick	et policy? Yes			Each Ticket/Pass \$ _	204.00	
	Event Description: LA Phil		Г	oate(s)/.	23 / 2023	T = I	
	Event Becomption.	Provide Title/ Exp	lanation	ato(0)			
	Ticket(s)/Pass(es) provided	by agency? Yes	s□ No 🔳 If	no:	Name of Source	· · · · · · · · · · · · · · · · · · ·	
	Was ticket distribution made	at the behest Ves	.□ No■ If	yes:			
	of agency official?	163	, LI NO		Official's Name (Last, First,		
_ }.	Recipients						
	• Use Section A to identify the agend	cy's department or unit.	• Use Section B to i	dentify an individua	al. Use Section C to ident	ify an outside organization.	
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe the	public purpose made pu	rsuant 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 onial Role ☐ Other I ong "Ceremonial Role" or "Other" o	Income _	
				1	onial Role Other I		
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	public purpose made pu	rsuant to the agency's policy	
١.	Verification	PC Pagulations 1904	M 1 and 19042	have verified the	hat the distribution set	forth above is in accordance	
	I have read and understand FPI with the requirements.	Barbara Ga			nat the distribution set	orth above, is in accordance	
	1 11 10 F WILL	10					

	Report of: onial Role Even	ts and Ticket/Pa	ass Distri	butions	A F	Public Document		
1. Agenc	v Name				Date Stamp	California 802		
_	of Los Angeles							
Division	n, Department, or Reg	ion (if applicable)				For Official Use Only		
Board o	of Supervisor, First D	istrict						
	ated Agency Contact							
Barbara	a Garcia, Ticket Adm	inistrator			Amountment (Mark Bro	ida Gudandian in Bad 2)		
	de/Phone Number	E-mail			Amendment (Must Pro	vide Explanation in Part 3.)		
213-97	4-4111	bgarcia@bos.lacoui	nty.gov		Date of Original Filing:	(month, day, year)		
Does the Event I Ticket(s Was ticket of age	ency official?	xet policy? Yes ■	nation If	oate(s)	Each Ticket/Pass \$			
	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.	A. Name of Agency, Department or Unit			Describe th	e public purpose made pursu	uant to the agency's policy		
Staff	Staff			Per ticket pe	olicy 5.3 (k)			
В.	Name of Ind (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the fol	lowing:		

4. Verification

Comment: _

I have read and	understand FPPC	Regulations 1894	4.1 and 18942.	I have verified that	the distribution set	forth above,	is in accordance
with the requirer	ments						

Number of Ticket(s)/

Passes

vith the requirements			
MAKE	Barbara Garcia	Administrative Director	05/25/2023
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Print

Name of Outside Organization

(include address and description)

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

Income

Income

Other \square

Other \square

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

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

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

Ceremonial Role

Ceremonial Role

Ceremonial Role Eve	nts and licket/P	ass Distr	ibutions		AF	Public Document
. Agency Name				Date St	amp	California 802
County of Los Angeles						
Division, Department, or Re	egion (if applicable)	WE: WE: WE!				For Official Use Only
Board of Supervisor, First	District					
Designated Agency Contac	t (Name, Title)					
Barbara Garcia, Ticket Ad	ministrator			Amendment (Must Provide Explanation in Part 3.)		
Area Code/Phone Number	E-mail			Amendme	ill puustrioi	nue Explanation in Fait 3.)
213-974-4111	bgarcia@bos.lacou	inty.gov		Date of Origin	nal Filing:	(month, day, year)
2. Function or Event Info	ormation	30			la timble demogram en en en en en el deble e en	50.00
Does the agency have a ti	cket policy? Yes		ace Value of I			50.00
Event Description: LA Phi	I		Date(s)	, 23 , 2023	3	
Event Description:	Provide Title/ Expla	nation	Date(s)			
Ticket(s)/Pass(es) provide	40 MINOR OF THE TOTAL OF THE TO		f no:			
	,		f no:	Name of Source	се	
Was ticket distribution mad	de at the behest Yes	□ No ■ 1	f yes:	Official's Name	// t - 5 : t)	
of agency official?				Official's Name	Last, First)	
	and the state to a district of Proceedings of the Control of the C		and a control of the			
Use Section A to identify the ag Name of Agency, De		Use Section B to i Number of Ticket(s)/				an outside organization. ant to the agency's policy
Staff		Passes 2	Per ticket po	olicy 5.3 (k)		
B. Name of In		Number of Ticket(s)/ Passes		Identify o	one of the foll	owing:
				ionial Role	Other Other descri	Income I
			0.70.70.70.70.	onial Role	Other Other descri	Income (
C. Name of Outside (include address a		Number of Ticket(s)/ Passes	Describe the	e public purpose	made pursu	ant to the agency's policy
-						
. Verification						
I have read and understand F	PPC Regulations 18944	.1 and 18942.	I have verified t	hat the distribu	ition set fort	h above, is in accordanc
with the requirements.						, :
1 m 100 kl -	Barbara Gard	ia	Admi	nistrative Dire	ector	05/25/2023
		Machine Co.				,,

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Comment: ____

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Print Name

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

(month, day, year)

Title

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

A	m.	-1-	1: -				4	
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1.	Agency Name				Date Stamp	California 802		
	County of Los Angeles					Tomi		
	Division, Department, or Reg	ion (if applicable)	80 X C 80 U 80 A X X 180		·	For Official Use Only		
	Board of Supervisor, First D	istrict						
	Designated Agency Contact (Name, Title)						
	Barbara Garcia, Ticket Adm	inistrator						
	Area Code/Phone Number	E-mail			Amendment (Must Provide Explanation in Part 3.)			
	213-974-4111	bgarcia@bos.lad	county.gov		Date of Original Filing:	(month, day, year)		
2.	Function or Event Infor	mation	SURE TO THE STREET					
	Does the agency have a tick	ket policy?	es∎ No□ F	ace Value of	Each Ticket/Pass \$ _	43.00		
	Event Description: LA Phil	45	<u>/ 23 </u>					
	Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes □ No ■ If no:							
	Was ticket distribution made of agency official?	at the behest Ye	es□ No∎ ^{If}	yes:	Official's Name (Last, First)			
3.	Recipients • Use Section A to identify the agen	cy's department or unit	t. • Use Section B to id	dentify an individu	ual. Use Section C to identi	ify an outside organization.		
	A. Name of Agency, Depa	Number of Ticket(s)/ Passes	200000000000000000000000000000000000000	Describe the public purpose made pursuant to the agency's po				
	Staff		2	Per ticket po	olicy 5.3 (k)			
	B. Name of Indi (Last, Fire		Number of Ticket(s)/ Passes		Identify one of the	Income		
					nonial Role Other Cking "Ceremonial Role" or "Other" de			
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy		
-	Verification							
	I have read and understand FP with the requirements.							
	JMX D	Barbara G		Admi	nistrative Director	05/25/2023		
	Signature of Agency Head or Design	ee	Print Name		Title	(month, day, year)		
	Comment:	······································						

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Agency Name				Date Stamp	California 802		
County of Los Angeles					Tom OOL		
Division, Department, or Region (if applica			For Official Use Only				
Board of Supervisor, First District							
Designated Agency Contact (Name, Title)							
Barbara Garcia, Ticket Administrator Area Code/Phone Number IE-mail				Amendment (Must	Provide Explanation in Part 3.)		
213-974-4111 bgarcia@l	oos.lacou	ınty.gov		Date of Original Filing	:(month, day, year)		
Function or Event Information					400.00		
Does the agency have a ticket policy?	Yes			Each Ticket/Pass \$ _	190.00		
Event Description: LA Phil			oate(s)	, 29 , 2023			
Provide	e Title/ Expla	nation					
Ticket(s)/Pass(es) provided by agency?	Yes	□ No ■ If	no:	Name of Source			
Was ticket distribution made at the beha-	est Yes	□ No ■ If	yes:	Official's Name (Last, First			
of agency official?				Official's Name (Last, First)		
Recipients							
 Use Section A to identify the agency's department 	nt or unit.	Use Section B to i	dentify an individu	ial. Use Section C to iden	tify an outside organization.		
		Number					
A. Name of Agency, Department or Unit		of Ticket(s)/ Passes	Describe th	e public purpose made pu	ursuant to the agency's policy		
Staff		T					
		2	Per ticket pe	olicy 5.3 (k)			
		2	Per ticket pe	olicy 5.3 (k)			
		2	Per ticket po	olicy 5.3 (k)			
			Per ticket po	olicy 5.3 (k)			
B. Name of Individual (Last. First)		Number of Ticket(s)/	Per ticket p	olicy 5.3 (k)	following:		
B. Name of Individual (Last, First)		Number		Identify one of the			
		Number of Ticket(s)/	Cerem		Income [
		Number of Ticket(s)/	Cerem	Identify one of the	Income [
		Number of Ticket(s)/	Cerem If check	Identify one of the	Income Income		
		Number of Ticket(s)/	Cerem If check	Identify one of the nonial Role ☐ Other sing "Ceremonial Role" or "Other" o	Income Income		
		Number of Ticket(s)/ Passes	Cerem If check	Identify one of the	Income In		
(Last, First) Name of Outside Organization		Number of Ticket(s)/ Passes Number of Ticket(s)/	Cerem If check	Identify one of the nonial Role Other of the ring "Ceremonial Role" or "Other" of the ring "Ceremonial Role Other of the ring "Ceremonial Role" or "Other" of the ring "Ceremonial Role" or "Cer	Income Income		
(Last, First)		Number of Ticket(s)/ Passes	Cerem If check	Identify one of the nonial Role Other of the ring "Ceremonial Role" or "Other" of the ring "Ceremonial Role Other of the ring "Ceremonial Role" or "Other" of the ring "Ceremonial Role" or "Cer	Income In		
(Last, First) Name of Outside Organization		Number of Ticket(s)/ Passes Number of Ticket(s)/	Cerem If check	Identify one of the nonial Role Other of the ring "Ceremonial Role" or "Other" of the ring "Ceremonial Role Other of the ring "Ceremonial Role" or "Other" of the ring "Ceremonial Role" or "Cer	Income In		
(Last, First) Name of Outside Organization		Number of Ticket(s)/ Passes Number of Ticket(s)/	Cerem If check	Identify one of the nonial Role Other of the ring "Ceremonial Role" or "Other" of the ring "Ceremonial Role Other of the ring "Ceremonial Role" or "Other" of the ring "Ceremonial Role" or "Cer	Income In		
(Last, First) Name of Outside Organization		Number of Ticket(s)/ Passes Number of Ticket(s)/	Cerem If check	Identify one of the nonial Role Other of the ring "Ceremonial Role" or "Other" of the ring "Ceremonial Role Other of the ring "Ceremonial Role" or "Other" of the ring "Ceremonial Role" or "Cer	Income In		
(Last, First) C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes Number of Ticket(s)/	Cerem If check	Identify one of the nonial Role Other of the ring "Ceremonial Role" or "Other" of the ring "Ceremonial Role Other of the ring "Ceremonial Role" or "Other" of the ring "Ceremonial Role" or "Cer	Income In		
C. Name of Outside Organization (include address and description) Verification	ons 18944	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Cerem If check Cerem If check Describe th	Identify one of the nonial Role Other of the nonial Role or "Other" of the nonial Role or "Other" of the nonial Role or "Other" of the nonial Role	Income In		
(Last, First) C. Name of Outside Organization (include address and description)	ons 18944	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Cerem If check Cerem If check Describe th	Identify one of the nonial Role Other of the nonial Role or "Other" of the nonial Role or "Other" of the nonial Role or "Other" of the nonial Role	Income In		
C. Name of Outside Organization (include address and description) Verification I have read and understand FPPC Regulation the requirements.	ons 18944 para Gard	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Cerem If check Cerem If check Describe th	Identify one of the nonial Role Other of the nonial Role or "Other" of the nonial Role or "Other" of the nonial Role or "Other" of the nonial Role	Income In		

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

Ceremonial Role Events and Ticket/Pass Distributions		A Public Document			
1. Agency Name	Date Stamp	California Form	202		
County of Los Angeles		Form	OUZ		

1.	Agency Name				Date Stamp	Form 802
	County of Los Angeles Division, Department, or Reg	ion (if applicable)	-	For Official Use Only		
	Board of Supervisor, First D					
	Designated Agency Contact					
	Barbara Garcia, Ticket Adm	inistrator			.	
	Area Code/Phone Number	E-mail			Amendment (Must I	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	mation				
	Does the agency have a tick	ket policy? Yes	■ No □	Face Value of	Each Ticket/Pass \$ _	90.00
	Event Description: LA Phil			Date(s)	, 29 , 2023	1 1
	Event Becompain.	Provide Title/ Expla	anation	Date(3)		
	Ticket(s)/Pass(es) provided	by agency? Yes	□ No ■	If no:	Name of Source	
	Was ticket distribution made	at the hehest v		If yes:		
	of agency official?	ratifie beliest Yes	□ No ■	you	Official's Name (Last, First)	
3.	Recipients					
	• Use Section A to identify the agen	cy's department or unit.	Use Section B to	identify an individu	ual. Use Section C to identi	ıfy an outside organization.
	A. Name of Agency, Depa	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy			
	Staff		2	Per ticket p	olicy 5.3 (k)	
	B. Name of Indi (Last, Fire		Number of Ticket(s)/ Passes		Identify one of the monial Role Other Charles are designed to the control of the	Income 🔲
				000000000000000000000000000000000000000	nonial Role Other C	
	C. Name of Outside O		Number of Ticket(s)/ Passes	Describe th	e public purpose made pui	rsuant to the agency's policy
- 4.	Verification					
	I have read and understand FP with the requirements.	PC Regulations 18944	4.1 and 18942.	. I have verified t	that the distribution set f	orth above, is in accordance
	Illuse Him	Barbara Gard	cia	Admi	nistrative Director	05/25/2023
	Signature of Agency Head or Design	ee F	Print Name		Title	(month, day, year)
	Comment:					