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 OOL		
	Division, Department, or Reg	ion (if applicable)	1	For Official Use Only		
	Board of Supervisor, First D	istrict				
	Designated Agency Contact		1			
	Barbara Garcia, Ticket Adm	inistrator	Amendment (Must F	Provide Explanation in Part 3.)		
	Area Code/Phone Number	E-mail				
	213-974-4111	bgarcia@bos.la	acounty.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tic	ket policy?	Yes■ No□ F	ace Value of	Each Ticket/Pass \$ _	75.00
	Event Description: LA Phil	Provide Title/	[Date(s)	<u>6</u> <u>, 2023</u>	
	Ticket(s)/Pass(es) provided			f no:		
	monet(o)/r doo(oo) provided	by agonoy.	103 110 1	.,,,,,,	Name of Source	
	Was ticket distribution made	e at the behest	Yes 🗌 No 🔳 🏻 I	f yes:	Official's Name (Last, First)	
	of agency official?					
3.	Recipients	(
	Use Section A to identify the age	ncy's department or u	nit. •Use Section B to i	dentify an individ	ual. Use Section C to identi	fy an outside organization.
	A. Name of Agency, Dep	Number of Ticket(s)/ Passes	Describe th	Describe the public purpose made pursuant to the agence		
	Staff		2	Per ticket policy 5.3 (k)		
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes	Corpo	Identify one of the	
					tionial Role	
					monial Role Other C king "Ceremonial Role" or "Other" do	
	C. Name of Outside Organization of Ticket(s)/ Passes Describe				ne public purpose made pu	rsuant to the agency's policy
4.	Verification I have read and understand FI	PPC Regulations 1	8944.1 and 18942.	I have verified	that the distribution set i	forth above, is in accordance
	with the requirements.	Barbara	Garcia	Adm	inistrative Director	05/31/2023
	Signature of Agency Head or Desig		Print Name		Title	(month, day, year)
	Comment:				- and the second	

Clear

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California 1. Agency Name Date Stamp **Form** County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisor, First District Designated Agency Contact (Name, Title) Barbara Garcia, Ticket Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: . 213-974-4111 bgarcia@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Yes No 🗆 Date(s) 05 / 7 / 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) 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: Ceremonial Role Income Other If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes 4. Verification

Comment: _

I/have read and understand FPPC Regulations	18944.1 and 1894	12. I have verified that th	e distribution set forth above	e, is in accordance
I have read and understand FPPC Regulations with the requirements.				

Barbara Garcia

Administrative Director

05/31/2023

Print Name

Title

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California 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 213-974-4111 bgarcia@bos.lacounty.gov Date of Original Filing: _ (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Yes ■ No □ Date(s) 05 / 7 / 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 ■ If yes: ___ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes Staff Per ticket policy 5.3 (k) 2 Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes Verification

Comment: _

i nave read and undersi:	ana FPPC Requiations	18944.1 and 18942	ł. I nave verified that the	e distribution set forth above	e. Is in accordance
with the requirements.					

Barbara Garcia

Administrative Director

05/31/2023

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

A Public Document

1.	Agency Name				Date Stamp	California Q02	
	County of Los Angeles			Form OUZ			
	Division, Department, or Reg	ion (if applicable)		For Official Use Only			
	Board of Supervisor, First D	District					
	Designated Agency Contact	(Name, Title)					
	Barbara Garcia, Ticket Adm	inistrator			Amendment (Must P	Provide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail			Amendment (Mustr	Tovide Explanation in Fait 5.)	
	213-974-4111	bgarcia@bos.lac	ounty.gov		Date of Original Filing:	(month, day, year)	
2.	Function or Event Infor	mation				42.00	
	Does the agency have a tick	ket policy? Ye	s■ No□ F	ace Value of	Each Ticket/Pass \$	43.00	
	Event Description: LA Phil		D	ate(s)05	<u>7</u> <u>, 2023</u>		
	Ticket(s)/Pass(es) provided	Provide Title/ Ex		no:			
	ricket(s)/Fass(es) provided	by agency: Ye	s□ No■ If	110.	Name of Source		
	Was ticket distribution made	e at the behest Ye	s□ No■ If	yes:	Official's Name (Last, First)		
	of agency official?				Official's Name (Last, First)		
3.	Recipients • Use Section A to identify the agen	ncy's department or unit.		dentify an individu	ual. Use Section C to identif	'y an outside organization.	
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	the public purpose made pursuant to the agency's policy		
	Staff		2	Per ticket pe	olicy 5.3 (k)	Total - 100	
	B. Name of Indi (Last, Fir		Number of Ticket(s)/ Passes	[9780078L0015279]	Identify one of the f	Income	
					nonial Role Other C	_	
					king "Ceremonial Role" or "Other" de		
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy	
4.	Verification						
	I have read and understand FF	PPC Regulations 189	44.1 and 18942.	l have verified	that the distribution set fo	orth above, is in accordance	
	with the requirements.	Barbara Ga	arcia	Admi	nistrative Director	05/31/2023	
	Signature of Agency Head or Design	nee	Print Name		Title	(month, day, year)	
	Comment:						

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California 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 213-974-4111 Date of Original Filing: . bgarcia@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Yes ■ No □ Date(s) _____/ 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 ■ 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 A. Name of Agency, Department or Unit of Ticket(s)/ Passes Staff Per ticket policy 5.3 (k) 2 Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income _ If checking "Ceremonial Role" or "Other" describe below: Other 🔲 Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes

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Comment: _

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

Signature of Agency Healt or Design

Barbara Garcia

Administrative Director

05/31/2023

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Title

(month, day, year)

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Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **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 Date of Original Filing: . 213-974-4111 bgarcia@bos.lacounty.gov (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ 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 A. Name of Agency, Department or Unit of Ticket(s)/ Passes Staff Per ticket policy 5.3 (k) 2 Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Other \square Ceremonial Role Income 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

Comment: _

Thave read and under	tand FPPC Regulations	18944 1 and 18942	I have verified that the	distribution set forth above	is in accordance
in a read and and	Tana 1 1 1 0 1 togulation	10011.1 4114 10012	. Thave vermed that the	distribution set forth above	, is in accordance
with the requirements.	V-				

Barbara Garcia

Administrative Director

05/31/2023

(month, day, year)

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Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **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 213-974-4111 bgarcia@bos.lacounty.gov Date of Original Filing: _ (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Yes No 🗆 Event Description: LA Phil Date(s) _____/ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No Was ticket distribution made at the behest Yes ☐ No ■ If yes: _ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ **Passes** Staff Per ticket policy 5.3 (k) 2 Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income 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

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Comment: ___

I/hàve	read a	and u	ınderstana	FPPC	Regulations	18944.1	and 18942.	I have	verified that	the di-	stribution .	set forth	above.	is in	accordance
with th	e tedi	iirem	ents.		•								,		
******	1040	<i>an Ciri</i>	9,40.												

Barbara Garcia

Administrative Director

05/31/2023

Print Name

Title

(month, day, year)

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Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California 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 213-974-4111 Date of Original Filing: . bgarcia@bos.lacounty.gov (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ 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 Name of Agency, Department or Unit A. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ **Passes** Staff Per ticket policy 5.3 (k) 2 Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

4. V	icati	

Comment: _

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

Barbara Garcia

Administrative Director

05/31/2023

nature of Agency Head or Designee

(month, day, year)

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Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form 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 Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number 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) __05 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No If no: _ 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 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) **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: 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** Verification

Comment:

i nave read and understand FPP	C Regulations 189	14.1 and 18942. I ha	ave verified that the	distribution set forth	ahove is in accordance
with the requirements.	3		are remote that the	0.00.000.000.000.000.000	above, is in accordance
initial reguliphients.					

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Signature	of Agency Head or Designee	

Barbara Garcia

Administrative Director

05/31/2023

Print Name

Title

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **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 213-974-4111 bgarcia@bos.lacounty.gov Date of Original Filing: . (month, day, year) 2. Function or Event Information 64.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes ■ No □ Date(s) ________/ Event Description: LA Phil 2023 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 ■ If yes: _ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes Staff Per ticket policy 5.3 (k) 2 Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes 4. Verification

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

Signature of Agency Head or Designee

Comment: __

Barbara Garcia

Administrative Director

05/31/2023

Agency Head or Designee Print

Title

(month, day, year)

Print

Clear

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California 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 213-974-4111 bgarcia@bos.lacounty.gov Date of Original Filing: . (month, day, year) 2. Function or Event Information 43.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes ■ No □ Date(s) _____/ Event Description: LA Phil Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No 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 Describe the public purpose made pursuant to the agency's policy A. Name of Agency, Department or Unit of Ticket(s)/ Passes Staff Per ticket policy 5.3 (k) 2 Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes 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 Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes

4. '	۷	e	r	if	C	a	ti	0	n

Comment: _

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

Barbara Garcia

Administrative Director

05/31/2023

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California 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 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 🗆 Date(s) _____/ 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 ■ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Staff Per ticket policy 5.3 (k) 2 Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

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.				,

Barbara Garcia

Administrative Director

05/31/2023

Title

(month, day, year)

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Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California 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 213-974-4111 bgarcia@bos.lacounty.gov Date of Original Filing: . (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) ________/ 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 ■ If yes: __ 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 Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) **Passes** Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes 4. Verification 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 05/31/2023 Signature of Agency Head or Designee Print Name Title (month, day, year)

Clear

Comment:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California 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 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 □ Date(s) 05 Event Description: LA Phil Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: ___ Yes No No Name of Source Was ticket distribution made at the behest Yes ☐ No ■ If yes: _ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ **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 Other Income 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

Comment:

J	Lhave read and understand F	PPC Regulations 189	14.1 and 18942	. I have verified that th	he distribution set forth abo	ve. is in accordance
'n	with the requirements.					,

Barbara Garcia

Administrative Director

05/31/2023

Print Name

Title

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** 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 ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number 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 🗆 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 Name of Agency, Department or Unit A. 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 Identify one of the following: of Ticket(s)/ (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: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes 4. Verification

iρηave read and un	erstand FPPC Regulation	s 18944.1 and 18942.	I have verified that the	distribution set forth a	bove, is in accordance
with the requirement	ts				
The same same	Jo				

Signature of Agency Head or Designee

Barbara Garcia

Administrative Director

05/31/2023

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Comment: __

Print Name

Title