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

I. Agency Name			Date Stamp	California 802
County of Los Angeles				Total Society
Division, Department, or Region (if applicable)				For Official Use Only
Board of Supervisor, First District				
Designated Agency Contact (Name, Title)		190 /464 /64		
Barbara Garcia, Ticket Administrator				
Area Code/Phone Number   E-mail			Amendment (Must F	Provide Explanation in Part 3.)
213-974-4111 bgarcia@bos.lacou	inty.gov		Date of Original Filing:	(month, day, year)
2. Function or Event Information	- 1	Name and Address		
	■ No□ F	ace Value of I	Each Ticket/Pass \$ _	133.00
			, 02 , 2023	
Event Description: LA Phil  Provide Title/ Expla	D	ate(s)		
		no:		
Ticket(s)/T ass(es) provided by agoncy:		110.	Name of Source	
Was ticket distribution made at the behest Yes	□ No ■ If	yes:	Official's Name (Last, First)	
of agency official?			Official's Name (Last, FIRST)	
	NAME OF TAXABLE PARTY.			
3. 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 identi	fy an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy
Staff		Per ticket p	olicy 5.3 (k)	
	2			
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the	Income
,			nonial Role  Other  C	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant to the agency's policy
4. Verification				
I have read and understand FPPC Regulations 1894 with the requirements.	4.1 and 18942.	I have verified	that the distribution set	forth above, is in accordance
Barbara Gar	cia	Adm	inistrative Director	06/28/2023
	Print Name		Title	(month, day, year)
, , , , , , , , , , , , , , , , , , , ,				
Comment:				

### **Agency Report of:**

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

. 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 Administrator				
Area Code/Phone Number   E-mail		, 7 700 700	Amendment (Must Pro	vide Explanation in Part 3.)
213-974-4111 bgarcia@bos.lacou	inty gov		Date of Original Filing: _	
213-974-4111 bgarcia@bos.iacot	inty.gov		Date of Original Filling.	(month, day, year)
2. Function or Event Information				
Does the agency have a ticket policy? Yes	■ No□ F	ace Value of I	Each Ticket/Pass \$	90.00
Event Description: LA Phil  Provide Title/ Expla	C	oate(s)		
The second of th		no:		
ricket(3)/1 ass(es) provided by agency: 165	□ 140 ■ 11	110.	Name of Source	
Was ticket distribution made at the behest Yes	□ No ■ If	yes:		
of agency official?	110		Official's Name (Last, First)	
apparted Colored Color				
8. Recipients				
• Use Section A to identify the agency's department or unit.	Use Section B to i	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)	
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	(	Identify one of the following and the state of the state	Income
			nonial Role  Other  Other  or "Other" desc	Income In
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe th	e public purpose made pursi	uant to the agency's policy
l. Verification  I paye read and understand FPPC Regulations 18944	1.1 and 18942	I have verified t	that the distribution set for	th above, is in accordance
with the requirements.				
Barbara Gard	cia	Admi	nistrative Director	06/28/2023
	rint Name		Title	(month, day, year)
2				(month, day, year)
Comment:				

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 E-mail 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 🗆 Event Description: LA Phil Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No No Was ticket distribution made at the behest Yes ☐ No ■ 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) Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Income Ceremonial Role 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 of Ticket(s)/ (include address and description) Passes 4. Verification

I have read and understand FPPC Regu	lations 18944.1 and 18942	<ol><li>I have verified that the distribut</li></ol>	tion set forth above, is in accordance
With the requirements.			
With the requirements.			

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Barbara Garcia

Administrative Director

06/28/2023

Signature of Agency Head or Designee

Print Name

Title

(month, day, year)

Comment: \_\_\_\_

	Agency Name				Date Stamp	California OOO
	County of Los Angeles					Form 802
	Division, Department, or Region (if a	pplicable)				For Official Use Only
	Board of Supervisor, First District					
	Designated Agency Contact (Name, 7	itle)				
	Barbara Garcia, Ticket Administra	tor			П A	0 :4 5 4 4 6 4 6 4 6 4 6 4 6 4 6 4 6 4 6 4
	Area Code/Phone Number   E-mai				Amendment (Must	Provide Explanation in Part 3.)
	213-974-4111 bgard	cia@bos.lacour	nty.gov		Date of Original Filing:	(month, day, year)
	<b>Function or Event Informatio</b>	n				
	Does the agency have a ticket pol	cy? Yes∎	I No □ F	ace Value of E	Each Ticket/Pass \$ _	364.00
		, ,,,,,	40 (SA) (SA) (SA) (SA) (SA)	oate(s)	04 , 2023	
	Event Description: LA Phil	Provide Title/ Explan	ation	Date(s)		
	Ticket(s)/Pass(es) provided by age			no:		
		<u>.</u>			Name of Source	
	Was ticket distribution made at the	behest Yes	] No ■ If	yes:	Official's Name (Last, First)	
	of agency official?				Smould Hame (Edd, 1 may	
	Recipients					
	Use Section A to identify the agency's dep	artment or unit. • l		dentify an individu	al. Use Section C to ident	ify an outside organization.
	A. Name of Agency, Department	or Unit	Number of Ticket(s)/ Passes	Describe the	public purpose made pu	rsuant to the agency's policy
	Staff	2	Per ticket po	olicy 5.3 (k)		
	B. Name of Individual		Number of Ticket(s)/		Identify one of the	following:
	(Last, First)		Passes			
					onial Role	
					onial Role Other Other on "Other" of "Other"	
	C. Name of Outside Organizat		Number of Ticket(s)/ Passes	Describe the	e public purpose made pu	rsuant to the agency's policy
			of Ticket(s)/	Describe the	e public purpose made pu	rsuant to the agency's policy
		ition)	of Ticket(s)/ Passes			

### 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) \_\_\_\_\_\_/ Event Description: LA Phil Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No No 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 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

4.	Verification
⊸.	4 CHILL GRIOTI

C.

	18944.1 and 18942.	I have verified that the distribution set forth above,	is in accordance
with the requirements.			

of Ticket(s)/

Passes

andruck!	Barbara Garcia	Administrative Director	06/28/2023
Signature of Agency Head or Designee	Print Name	Title	(month, day, ye

Comment: \_

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

(include address and description)

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

1.	Agency Name		2.00		Date Stamp	California OOO
	County of Los Angeles					Form OUZ
	Division, Department, or Reg	ion (if applicable)	The same of the sa			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 Pro	ovide Explanation in Part 3.)
	213-974-4111	bgarcia@bos.I	acounty.gov		Date of Original Filing: _	(month, day, year)
2.	Function or Event Inform	mation				
	Does the agency have a tick	et policy?	Yes■ No□ F	ace Value of I	Each Ticket/Pass \$	80.00
	Event Description: LA Phil			Date(s)	24 , 2023	
	Ticket(s)/Pass(es) provided	Provide Title/	The state of the s	f no:		
	rioket(3)/i ass(es) provided	by agency:	Yes □ No ■ I	f no:	Name of Source	
	Was ticket distribution made	at the behest	Yes□ No■ <sup>I</sup>	f yes:		
	of agency official?				Official's Name (Last, First)	
3.	Recipients  • Use Section A to identify the agen	cy's department or ui	dentify an individu	al. Use Section C to identify	an outside organization.	
	A. Name of Agency, Depa	Number of Ticket(s)/ Passes	Describe the	e public purpose made pursu	ant to the agency's policy	
	Staff		2	Per ticket po	olicy 5.3 (k)	
	B. Name of Indiv (Last, Firs		Number of Ticket(s)/ Passes	Cerem	Identify one of the fol	lowing:
		33.000 00 0000		If checki	ng "Ceremonial Role" or "Other" descr	ibe below:
					onial Role Other Onial Role Other	Income Income
	C. Name of Outside Or (include address and	Number of Ticket(s)/ Passes	Describe the	public purpose made pursu	ant to the agency's policy	
	<b>Verification</b> I have read and understand FPI	PC Regulations 18	3944.1 and 18942.	I have verified th	nat the distribution set fort	h above, is in accordance
	with the requirements.	3				
	MA DUM	Barbara 0	Sarcia	Admir	nistrative Director	06/28/2023
19	Signature of Agency Head or Designe	e	Print Name		Title	(month, day, year)
						vertion in contracted the test state of the tes
	Comment:	The state of the s				

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

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1.	Agency Name				Date Stamp	California 802	
	County of Los Angeles					Folili OCL	
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only	
	Board of Supervisor, First D	istrict					
	Designated Agency Contact	Name, Title)	<del></del>	um-r			
	Barbara Garcia, Ticket Adm	inistrator			Amondment (Must 6	Provide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail		<del>*************************************</del>	Amendment  wastr	Tovide 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				400.00	
	Does the agency have a ticl	ket policy? Yes	No ☐ F	ace Value of	Each Ticket/Pass \$	130.00	
	Event Description: LA Phil	Provide Title/ Exp	lanation	oate(s)			
	Ticket(s)/Pass(es) provided			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 agen	cy's department or unit.	ual. Use Section C to identif	fy an outside organization.			
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	rsuant to the agency's policy	
	Staff		2	Per ticket p	olicy 5.3 (k)		
		B. Name of Individual (Last, First)			Identify one of the following:  emonial Role  Other  Income acking "Ceremonial Role" or "Other" describe below:		
					nonial Role  Other  Cking "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 FP	PC Regulations 1894	4.1 and 18942.	I have verified t	that the distribution set fo	orth above, is in accordance	
	with the requirements.	Barbara Ga	rcia	Admi	inistrative Director	06/28/2023	
	Signature of Agency Head or Design		Print Name		Title	(month, day, year)	
	Comment:					(month, day, year)	

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

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1.	Agency Name County of Los Angeles				Date Stamp California Q 0 2		
						Form OUZ	
	Division, Department, or Region (if applicable)					For Official Use Only	
	Board of Supervisor, First District						
	Designated Agency Contact (Name, Title)				1		
	Barbara Garcia, Ticket Administrator				Amendment (Must Provide Explanation in Part 3.)		
	Area Code/Phone Number E-mail						
	213-974-4111	county.gov		Date of Original Filing:(month, day, year)			
2.	Function or Event Information						
	Does the agency have a ticl	es∎ No□ F	ace Value of	Each Ticket/Pass \$ _	80.00		
	Event Description: LA Phil				<u>, 25 , 2023</u>		
	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.						
	PAGE 19 CONTROL PROPERTY OF THE PAGE 19 CONTROL PROPERTY OF TH	Number					
	A. Name of Agency, Department or Unit		of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy			
	Staff		2	Per ticket policy 5.3 (k)			
	-						
			Number				
	B. Name of Individual (Last, First)		of Ticket(s)/ Passes		Identify one of the following:		
				24/00/2012/00/2012	nonial Role  Other		
				If check	king "Ceremonial Role" or "Other" d	escribe below:	
		**					
				110000-0000-0000-0000-0000-0000-0000-0000-0000	nonial Role  Other  Other  Other  Other  Other  Other  Other  Other	and the same and t	
	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			
					***		
4.	Verification						
	I have read and understand FP	PC Regulations 189	944.1 and 18942. I	have verified t	hat the distribution set i	forth above, is in accordance	
	with the requirements						
	Mittel In.	arcia	Admi	nistrative Director	06/28/2023		
	Signature of Agency Head or Designee Print Name				Title	(month, day, year)	
	Comment:						
	Osminona.		1				