

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

A Public Document

1. Agency Name
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 Stamp
California Form 802
For Official Use Only
Amendment (Must Provide Explanation in Part 3.)
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 \$ 125.00
Event Description: LA Phil Date(s) 06 / 17 / 2023
Ticket(s)/Pass(es) provided by agency? Yes No
Was ticket distribution made at the behest of agency official? Yes No

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.

Table with 3 main sections: A (Agency/Department), B (Individual), and C (Outside Organization). Columns include Name, Number of Ticket(s)/Passes, and Description/Purpose. Includes checkboxes for Ceremonial Role, Other, and Income.

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.
Signature of Agency Head or Designee: Barbara Garcia
Print Name: Barbara Garcia
Title: Administrative Director
Date: 07/28/2023

Comment:

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Division, Department, or Region (if applicable) Board of Supervisor, First District			
Designated Agency Contact (Name, Title) Barbara Garcia, Ticket Administrator		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number 213-974-4111	E-mail bgarcia@bos.lacounty.gov		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ 45.00

Event Description: LA Phil Date(s) 06 / 17 / 2023
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? 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	Describe the public purpose made 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	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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 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 _____ 07/28/2023
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____