

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

A Public Document

<b>1. Agency Name</b> County of Los Angeles		Date Stamp	<b>California Form 802</b> For Official Use Only
<b>Division, Department, or Region</b> (if applicable) Board of Supervisor, First District			
<b>Designated Agency Contact</b> (Name, Title) Barbara Garcia, Ticket Administrator			
<b>Area Code/Phone Number</b> 213-974-4111	<b>E-mail</b> bgarcia@bos.lacounty.gov	<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)  <b>Date of Original Filing:</b> _____ (month, day, year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 149.00

Event Description: LA Phil Date(s) 09 / 27 / 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	10/26/2023
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment: \_\_\_\_\_

Print

Clear

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**Ceremonial Role Events and Ticket/Pass Distributions**

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<b>Area Code/Phone Number</b> 213-974-4111	<b>E-mail</b> bgarcia@bos.lacounty.gov	<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)  <b>Date of Original Filing:</b> _____ (month, day, year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 108.00  
Event Description: LA Phil Date(s) 09 / 28 / 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.

<b>A.</b>	<b>Name of Agency, Department or Unit</b>	<b>Number of Ticket(s)/ Passes</b>	<b>Describe the public purpose made pursuant to the agency's policy</b>
	Staff	2	Per ticket policy 5.3 (k)
<b>B.</b>	<b>Name of Individual (Last, First)</b>	<b>Number of Ticket(s)/ Passes</b>	<b>Identify one of the following:</b>
			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>
<b>C.</b>	<b>Name of Outside Organization (include address and description)</b>	<b>Number of Ticket(s)/ Passes</b>	<b>Describe the public purpose made pursuant to the agency's policy</b>

**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	10/26/2023
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: \_\_\_\_\_

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Barbara Garcia, Ticket Administrator			
Area Code/Phone Number	E-mail		
213-974-4111	bgarcia@bos.lacounty.gov		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 329.00

Event Description: LA Phil Date(s) 10 / 8 / 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)

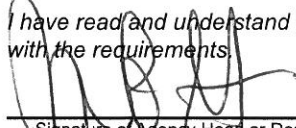
**3. Recipients**

• 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"/> If checking "Ceremonial Role" or "Other" describe below:
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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
 10/26/2023

Signature of Agency Head or Designee
 Print Name
 Title
 (month, day, year)

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Barbara Garcia, Ticket Administrator			
Area Code/Phone Number	E-mail		
213-974-4111	bgarcia@bos.lacounty.gov		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 190.00

Event Description: LA Phil Date(s) 10 / 13 / 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)

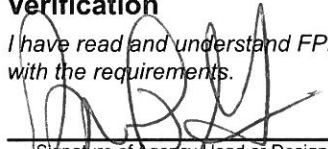
**3. Recipients**

• 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>
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	Barbara Garcia	Administrative Director	10/26/2023
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

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Barbara Garcia, Ticket Administrator			
Area Code/Phone Number	E-mail		
213-974-4111	bgarcia@bos.lacounty.gov		

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 91.00

Event Description: LA Phil Date(s) 10 / 20 / 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:
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 Barbara Garcia Administrative Director 10/26/2023  
 Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: \_\_\_\_\_

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Barbara Garcia, Ticket Administrator			
Area Code/Phone Number	E-mail		
213-974-4111	bgarcia@bos.lacounty.gov		

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 91.00

Event Description: LA Phil Date(s) 10 / 20 / 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

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213-974-4111	bgarcia@bos.lacounty.gov		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 28.00

Event Description: LA Phil Date(s) 10 / 21 / 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)

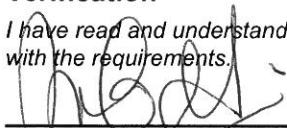
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Barbara Garcia, Ticket Administrator			
Area Code/Phone Number	E-mail		
213-974-4111	bgarcia@bos.lacounty.gov		

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 159.00

Event Description: LA Phil Date(s) 10 / 22 / 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)

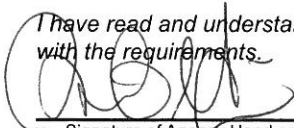
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A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
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 Signature of Agency Head or Designee

Barbara Garcia
 Print Name

Administrative Director
 Title

10/26/2023
 (month, day, year)

Comment: \_\_\_\_\_

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