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

California 802 For Official Use Only
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For Official Use Only
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(Must Provide Explanation in Part 3.)
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identify an outside organization.
de pursuant to the agency's policy
of the following:
Other Income D
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de pursuant to the agency's policy
a oot forth above, in in accordance
n set forth above, is in accordance or 10/26/2023
71 10/20/2023
(month day year)
(month, day, year)

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

A Public Document

1.	Agency Name					Date Stamp	California 802
	County of Los Angeles						
	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				Amendment (Must F	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail	Philips	020020012			
	213-974-4111	bgarcia@bos	.lacounty	y.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation		***			
	Does the agency have a tick	ket policy?	Yes 🔳	No □ F	ace Value of	Each Ticket/Pass \$ _	108.00
	Event Description: LA Phil	,		, , , , , , , , , , , , , , , , , , ,	osto(s) 09		1 1
	Event Description.	Provide Titl	e/ Explanati	on L	Jate(5)	/	
	Ticket(s)/Pass(es) provided	by agency?	Yes 🗌	No 🔳 II	f no:	Name of Source	
	Man dialent diabelle diam mande	at the behoot			f yes:		
	Was ticket distribution made of agency official?	e at the penest	Yes 📙	No 🔳 ''	yes	Official's Name (Last, First)	
	or agency official:		W1		4 1000		
3.	Recipients						
	• Use Section A to identify the ager	ncy's department or	unit. • Use	Section B to i	dentify an individu	ual. Use Section C to identi	fy an outside organization.
	A. Name of Agency, Dep	artment or Unit		Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy
	Staff			2	Per ticket p	olicy 5.3 (k)	
				2			
					1		
	B. Name of Ind			Number of Ticket(s)/ Passes		Identify one of the	following:
						nonial Role Other C	
					Ceren	nonial Role Other	Income
					If chec	king "Ceremonial Role" or "Other" de	escribe below:
	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	 	<u> </u>	20000	70		
••	I have read and understand FF	PPC Regulations	18944.1	and 18942.	I have verified	that the distribution set t	forth above, is in accordance
	with the requirements.	· · · · · · · · · · · · · · · · · · ·					
	MAXI	Barbara	a Garcia		Adm	inistrative Director	10/26/2023
	Signature of Agency Head or Desig	nee	Print	Name		Title	(month, day, year)
	ı						
	Comment:						

_	ency Report of: eremonial Role Even	ts and Ticket/P	ass Distri	butions	Α	Public Document
1.	Agency Name				Date Stamp	California 802
	County of Los Angeles					
Ī	Division, Department, or Reg	ion (if applicable)		*		For Official Use Only
	Board of Supervisor, First D	istrict				
Ī	Designated Agency Contact (Name, Title)	***			
	Barbara Garcia, Ticket Adm	inistrator			Amendment (Must Pr	ovide Explanation in Part 3.)
7	Area Code/Phone Number	E-mail			Amenament (mastr)	ovide Explanation in various
9	213-974-4111	bgarcia@bos.lacou	inty.gov		Date of Original Filing: _	(month, day, year)
2.	Function or Event Infor	mation				329.00
	Does the agency have a tick	ket policy? Yes			Each Ticket/Pass \$	323.00
	Event Description: LA Phil	Provide Title/ Expla	D	Date(s)	8 2023	
	Ticket(s)/Pass(es) provided			no:	Name of Source	
		2004 Notice -		- Color - Colo	Name of Source	
	Was ticket distribution made of agency official?	at the behest Yes	□ No ■ If	yes:	Official's Name (Last, First)	
3.	Recipients • Use Section A to identify the agen	cy'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, Depart	Number of Ticket(s)/ Passes	Describe th	the public purpose made pursuant to the agency's policy		
	Staff		2	Per ticket po	olicy 5.3 (k)	ru.
	B. Name of Indi	vidual	Number		Identify one of the fo	Nlowing:
	(Last, Fire		of Ticket(s)/ Passes		identity one of the id	mowing.
				200000000000000000000000000000000000000	nonial Role Other Other or "Other" des	
	-	-			nonial Role Other other on "Other" descriptions	
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	suant to the agency's policy
1.	Verification		L			
	have read and understand FP with the requirements	PC Regulations 18944	l.1 and 18942.	I have verified t	that the distribution set fo	rth above, is in accordance
	with the requiremental list	Barbara Gard	cia	Admi	nistrative Director	10/26/2023
-	Signature of Agency Head or Design	ee P	rint Name		Title	(month, day, year)

Clear

Comment: ___

	gency Report of: eremonial Role Even	ts and Ticket/P	ass Distri	butions	A	Public Document
_	Agency Name				Date Stamp	California 802
	County of Los Angeles					Tomi O
	Division, Department, or Reg	ion (if applicable)]	For Official Use Only
	Board of Supervisor, First D	District			8	
	Designated Agency Contact	(Name, Title)			1	
	Barbara Garcia, Ticket Adm	inistrator	Amendment (Must Pr	rovide Explanation in Part 3.)		
	Area Code/Phone Number	E-mail				
	213-974-4111	bgarcia@bos.lacou	nty.gov		Date of Original Filing: _	(month, day, year)
2.	Function or Event Infor	mation				100.00
	Does the agency have a tic	ket policy? Yes	■ No 🗆 F	ace Value of	Each Ticket/Pass \$	190.00
	Event Description: LA Phil		П	late(s) 10	132023	1 1
	Event Description.	Provide Title/ Explar	nation	/dto(0)	,	
	Ticket(s)/Pass(es) provided	by agency? Yes [□ No ■ If	no:	Name of Source	
	10/ Al-li-A di-Anibi Al		If	yes:		
	Was ticket distribution made of agency official?	at the benest Yes L	_l No ■ "	yes	Official's Name (Last, First)	
3.	Recipients • Use Section A to identify the ager	ncy's department or unit.	Use Section B to i	dentify an individu	ual. Use Section C to identify	y an outside organization.
	A. Name of Agency, Dep	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	suant to the agency's policy
	Staff		2	Per ticket p	olicy 5.3 (k)	
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:
				2-03-5377657	nonial Role Other king "Ceremonial Role" or "Other" des	
					nonial Role Other king "Ceremonial Role" or "Other" des	
	C. Name of Outside C		Number of Ticket(s)/ Passes	Describe th	ne public purpose made purs	suant to the agency's policy

4.	٧	erif	icati	on		A
	1	1		1	Λ	/1

Comment: _

I have read and understand FPF	C Regulations 18944.1 and	d 18942. I have verified that to	he distribution set forth	above, is in accordance
I have read and understand FPF with the requirements.				

\	N	1	<_	M	
Sidns	1	-f A a a	devid	Hood	or Designee

Barbara Garcia

Administrative Director

10/26/2023

Print Name

Title

(month, day, year)

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

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	FL	ועוו		\mathbf{p}	Lu	1011	CI	11

1.	Agency Name				Date Stamp	California 802
	County of Los Angeles			10.111		
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only
	Board of Supervisor, First D	istrict				
	Designated Agency Contact	(Name, Title)	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.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 □ F	ace Value of	Each Ticket/Pass \$	91.00
	Event Description: LA Phil				20 , 2023	1
	Evolit Booonpaon:	Provide Title/ Expl	anation	Jaic(3)		
	Ticket(s)/Pass(es) provided	by agency? Yes	□ No ■ If	f no:	Name of Source	
	Was ticket distribution made	at the beheat		yes:		
	of agency official?	at the beliest Yes	∐ No ■ "	ycs	Official's Name (Last, First)	
	or 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	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to		suant to the agency's policy	
	Staff			Per ticket pe	cket policy 5.3 (k)	
			2			
	B. Name of Indi (Last, Fir.		Number of Ticket(s)/ Passes	Cerem	Identify one of the f	
				If check	king "Ceremonial Role" or "Other" de	
					nonial Role Other C king "Ceremonial Role" or "Other" de:	
	C. Name of Outside O		Number of Ticket(s)/ Passes	Describe the	e public purpose made pur	suant to the agency's policy
4	Verification		.L			
••	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.				· · · · · · · · · · · · · · · · · · ·	10/00/2222
				nistrative Director	10/26/2023	
	Signature of Agency Head or Design	ee F	Print Name		Title	(month, day, year)
	Comment:					

Agency Report of Ceremonial Role I		t/Pass Distri	butions	A	Public Document
I. Agency Name			and the same of th	Date Stamp	California 802
County of Los Angele					, can
Division, Department,	or Region (if applicable)				For Official Use Only
Board of Supervisor,	First District				
Designated Agency Co	ntact (Name, Title)				
Barbara Garcia, Ticke	et Administrator		1	☐ Amondment (Must Br	ovide Explanation in Part 3.)
Area Code/Phone Num	ber E-mail			Amendment (waster	ovide Explanation in Part 3.)
213-974-4111	bgarcia@bos.la	county.gov		Date of Original Filing: _	(month, day, year)
2. Function or Event	Information				04.00
Does the agency hav	e a ticket policy?			Each Ticket/Pass \$	91.00
Event Description: LA	A Phil		oate(s)/	20 / 2023	
Tieket/a\/Deee/as\ ===	Provide Title/ E	xplanation			
Ticket(s)/Pass(es) pro	ovided by agency? You	es 🗌 No 🔳 If	no:	Name of Source	
Was ticket distribution	made at the behest You		yes:		
of agency official?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	25 LI NO		Official's Name (Last, First)	
Recipients • Use Section A to identify	he agency's department or uni		dentify an individu	al. Use Section C to identify	an outside organization.
	cy, Department or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy
Staff		2	Per ticket po	olicy 5.3 (k)	
	e of Individual	Number of Ticket(s)/		Identify one of the fo	llowing:
	Last, First)	Passes	10	onial Role Other oning "Ceremonial Role" or "Other" descriptions	Income C
				onial Role Other Officer or "Other" descriptions	Income Income
	tside Organization ess and description)	Number of Ticket(s)/ Passes	Describe the	public purpose made purs	uant to the agency's policy
l. Verification					
I have read and underst with the requirements.	and FPPC Regulations 189	944.1 and 18942. I	l have verified th	hat the distribution set for	th above, is in accordance
1 LXex	Barbara G	arcia	Admir	nistrative Director	10/26/2023
Signature of Agency Head	r Designee	Print Name		Title	(month, day, year)

Comment: _

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions 1. Agency Name County of Los Angeles Division, Department, or Region (if applicable) Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Form For Official Use Only

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			Amendment (Must Pr	ovide Explanation in Part 3.)
Area Code/Phone Number E-mail				
213-974-4111 bgarcia@bos.lacou	unty.gov		Date of Original Filing: _	(month, day, year)
2. Function or Event Information				
Does the agency have a ticket policy? Yes	■ No□ F	ace Value of E	Each Ticket/Pass \$	28.00
Event Description: LA Phil		Date(s)/.	21 , 2023	
Provide Title/ Expla	anation	zato(3)		
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:		100000000000000000000000000000000000000
of agency official?	LI NO		Official's Name (Last, First)	
3. Recipients				
Use Section A to identify the agency's department or unit.		dentify an individu	al. 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 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 fo	
			onial Role Other Onial Role Other Other Other Other Other	
			onial Role Other on "Other" desi	Income Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the	public purpose made purs	uant to the agency's policy
l. Verification I ที่ล่งe read ลกุd understand FPPC Regulations 18944	1.1 and 18942.	I have verified ti	hat the distribution set fo	rth above, is in accordance
with the requirements.				
Barbara Gard	cia	Admir	nistrative Director	10/26/2023
Signature of Agency Head or Designee P	Print Name		Title	(month, day, year)
Comment:				

Agency Report of: Ceremonial Role Events and Ticket/	Pass Distri	butions	Α	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)			Date Stamp	California 802 Form 809
Barbara Garcia, Ticket Administrator Area Code/Phone Number E-mail 213-974-4111 bgarcia@bos.lace	ounty.gov		☐ Amendment (Must Pi	rovide Explanation in Part 3.) (month, day, year)
Event Description: LA Phil Provide Title/ Exp.	olanation S No I	ate(s)	Each Ticket/Pass \$	
3. Recipients • Use Section A to identify the agency's department or unit. A. Name of Agency, Department or Unit	• Use Section B to id Number of Ticket(s)/ Passes			y an outside organization.
Staff	2	Per ticket po	olicy 5.3 (k)	
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the fo	Income
		100000000000000000000000000000000000000	onial Role Other ing "Ceremonial Role" or "Other" des	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	suant to the agency's policy
4. Verification			1.000	
Theve read and understand FPPC Regulations 1894 with the requirements. Barbara Ga			hat the distribution set fo	rth above, is in accordance 10/26/2023
Signature of Agehov Head or Designee	Print Name		Title	(month, day, year)

Comment: __