Agency Report of: Ceremonial Role Events	and Ticket/P	ass Distri	butions	A	Public Document	
1. Agency Name					0.00	
County of Los Angeles					Form 802	
Division, Department, or Region	(if applicable)			1	For Official Use Only	
Board of Supervisor, First DIst	rict					
Designated Agency Contact (Na.	ne, Title)					
Barbara Garcia, Ticket Adminis	strator	D Amendment (44, 48	1			
Area Code/Phone Number E-	mail			Amendment (Must P	rovide Explanation in Part 3.)	
213-974-4111 b	garcia@bos.lacou	inty.gov		Date of Original Filing:	(month, day, year)	
2. Function or Event Informa	tion				00.50	
Does the agency have a ticket	policy? Yes			Each Ticket/Pass \$	99.50	
Event Description: Hollywood	Bowl	<u></u>				
	Provide Title/ Expla	nation				
Ticket(s)/Pass(es) provided by	agency? Yes [□ No ■ If	no:	Name of Source		
Was ticket distribution made at	the hehest V I		yes:			
of agency official?	the beliest Yes [□ No ■ "	, oo	Official's Name (Last, First)		
RecipientsUse Section A to identify the agency's	department or unit. •	Use Section B to id	dentify an individu	ual. Use Section C to identif	y an outside organization.	
A. Name of Agency, Departm	of Ticket(s)/ Passes	Describe th	escribe the public purpose made pursuant to the agency's policy			
Staff		2	Per ticket po	olicy 5.3 (k)		
B. Name of Individe	ıal	Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:	
		1 43363	NEW CONTRACTOR	nonial Role Other ching "Ceremonial Role" or "Other" des	Income C	
				nonial Role Other Cing "Ceremonial Role" or "Other" des	Income	
	C. Name of Outside Organization (include address and description)		Describe th	e public purpose made pur	suant to the agency's policy	
4. Verification		I	l			
I have read and understand FPPC with the requirements.	Regulations 18944	.1 and 18942. I	l have verified t	that the distribution set fo	orth above, is in accordance	
mun une requirements.	Barbara Garc	ia	Admi	nistrative Director	10/26/2023	
Signature of Agency Head or Designee	Pr	rint Name		Title	(month, day, year)	

Print

Comment: __

Clear

FPPC Form 802 (2/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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

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	Istrict					
	Designated Agency Contact	(Name, Title)					
	Barbara Garcia, Ticket Adm	inistrator					
	Area Code/Phone Number	E-mail	☐ Amendment (Must Provide Explanation in Part 3.)				
	213-974-4111	bgarcia@bos.lac	ounty.gov		Date of Original Filing: _	(month, day, year)	
2.	Function or Event Infor	mation					
	Does the agency have a tick	ket policy? Ye	Face Value of I	Each Ticket/Pass \$	129.50		
	(00) (75.5)	(A) (B) (B)					
	Event Description: Hollywoo	Provide Title/ Exp	planation	Date(s)			
	Ticket(s)/Pass(es) provided			If no:			
	nokol(o)/r doo(oo) provided	by agency: 16.	Name of Source				
	Was ticket distribution made	at the behest Ye	s□ No■	If yes:			
	of agency official?				Official's Name (Last, First)		
	•						
3.	Recipients						
	 Use Section A to identify the agen 	cy's department or unit.	ual. Use Section C to identify	an outside organization.			
	A. Name of Agency, Depa	Number of Ticket(s)/ Passes	Describe the	escribe the public purpose made pursuant to the agency's pol			
	Staff		2	Per ticket po	Per ticket policy 5.3 (k)		
			2				
	B. Name of Indi (Last, Fire		Number of Ticket(s)/ Passes	Cerem	Identify one of the fo	Income	
				5	nonial Role Other Other Other Other Other Other Other Other		
	C. Name of Outside O		Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy	
4.	Verification	DO D					
	I have read and understand FP with the requirements.	PC Regulations 189	nat the distribution set fo	th above, is in accordance			
	Barbara Garcia				nistrative Director	10/26/2023	
	Signature of Agency Head or Designee Print Name				Title	(month, day, year)	
	Comment:						

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

A	D.	ıhl	ic	Doc	ıım	on	4
~		2 K J N		$\omega \omega_{\mathbf{b}}$		(FE	

1. Agency Name)				Date Stamp	California OOO	
County of Los A	County of Los Angeles					Form 802	
Division, Department, or Region (if applicable)						For Official Use Only	
Board of Superv	isor, First D	Istrict	rict				
Designated Ager	Designated Agency Contact (Name, Title)						
Barbara Garcia,	Ticket Admi	inistrator					
Area Code/Phon		E-mail			☐ Amendment (Must Provide Explanation in Part 3.)		
213-974-4111		bgarcia@bos.la	acounty.gov		Date of Original Filing:	(month, day, year)	
2. Function or E	vent Inform	mation					
Does the agenc	y have a tick	et policy?	∕es∎ No□ F	ace Value of I	Each Ticket/Pass \$ _	99.50	
Event Description	on: Hollywoo			Date(s)	, 07 , 2023		
Ticket(s)/Pass(e	es) provided			no:	Name of Source	- B. C	
Was ticket distri of agency offic		at the behest	∕es □ No ■ ^{If}	yes:	Official's Name (Last, First)		
3. Recipients • Use Section A to i	dentify the agen	cy's department or un	it. • Use Section B to i	dentify an individu	ial. Use Section C to identi	fy an outside organization.	
A. Name o				Describe the	suant to the agency's policy		
Staff	Staff		2	Per ticket po	cket policy 5.3 (k)		
В.	Name of Indiv (Last, Firs		Number of Ticket(s)/ Passes		Identify one of the f	Income	
-					onial Role Other Other Other Other Other Other Other Other Other Other		
	e of Outside Or de address and		Number of Ticket(s)/ Passes	Describe the	e public purpose made pur	suant to the agency's policy	
4. Verification							
I have read and with the requirement	nderstand FPI ents					orth above, is in accordance	
Signature of Agence	Signature of Agency Head or Designee Print Name			Admii	nistrative Director	10/26/2023	
Organization of Agent	pricad or Designit		i- iiit ivaille		ride	(month, day, year)	
Comment:	-						

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions		A Public Document			
I. Agency Name	Date Stamp	California	202		
County of Los Angeles	1	Form	002		

1.	Agency Name					Date Stamp	California 802	
	County of Los Angeles						. Crim - C -	
	Division, Department, or Region (if applicable)					1	For Official Use Only	
	Board of Supervisor, First District							
	Designated Agency Contact	(Name,Title)				1		
	Barbara Garcia, Ticket Adm	inistrator				Amandment (Mark)	Provide Fundamentan in Part 21	
	Area Code/Phone Number	E-mail	Amendment (Must Provide Explanation in Part 3.)					
	213-974-4111	bgarcia@bos.la	county.g	ov		Date of Original Filing:	(month, day, year)	
2.	Function or Event Infor	mation						
	Does the agency have a tick	es 📕 N	Face Value of	Each Ticket/Pass \$ _	179.50			
	Event Description: Hollywoo				Date(s)	, 14 , 2023		
	Event Description:	Provide Title/ E	Explanation		Date(s)			
	Ticket(s)/Pass(es) provided		es □ N	lo 🔳	If no:			
	,, ,,,,	, , , ,		_		Name of Source		
	Was ticket distribution made	at the behest Y	es 🔲 N	lo 🔳	If yes:	Official's Name (Last, First)		
	of agency official?					Onicial's Name (Last, 1 list)		
_								
3.	Recipients			_				
	Use Section A to identify the agen	cy's department or un	ıal. Use Section C to identi	fy an outside organization.				
	A. Name of Agency, Department or Unit			Number of Ticket(s)/ Passes Describe the		ne public purpose made pursuant to the agency's policy		
	Staff			2	Per ticket po	policy 5.3 (k)		
				2				
	B. Name of Individual			lumber Ticket(s)/		Identify one of the f	following	
	(Last, Fir			Passes		identity one of the f	onowing.	
					Cerem	nonial Role Other	Income	
					If check	king "Ceremonial Role" or "Other" de	escribe below:	
		0.77 0.0			Cerem	nonial Role Other	Income	
					If check	escribe below:		
	C Name of Outside O	rganization		lumber	Dib			
	C. (include address and			Ticket(s)/ Passes	Describe the	e public purpose made pur	rsuant to the agency's policy	
						M M		
			**					
A	Verification					-		
		DO Domilations 40	0444	-1 -1 -0 -1 -1	1		THE STREET STREET	
	I have read and understand-FP with the requirements.	PC Regulations 18	944.1 and	1 18942.	i nave verified t	hat the distribution set to	orth above, is in accordance	
					nistrative Director	10/26/2022		
	Signature of Agency Head or Designee Print Name				— Aumi	Title	10/26/2023	
	Signature of Agency Flead of Design	66	riiil Nan	iiC		ride	(month, day, year)	
	Comment:							
	n 11 - 11 - 11 - 11 - 11 - 11 - 11 - 11		***************************************		St. (6.40)			