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

## **A Public Document**

1.	Agency Name		And the second s		Date Stamp	California 802			
	County of Los Angeles			Form GUZ  For Official Use Only					
	Division, Department, or Reg	ion (if applicable)		For Official Use Offiy					
	Board of Supervisor, First D	District							
	<b>Designated Agency Contact</b>	(Name,Title)	1						
	Barbara Garcia, Ticket Adm	ninistrator	Amendment (Must Provide Explanation in Part 3.)						
	Area Code/Phone Number	E-mail	33555 3		1	,			
	213-974-4111	bgarcia@bos.lac	county.gov		Date of Original Filing	: (month, day, year)			
2.	Function or Event Infor	Function or Event Information							
	Does the agency have a tic	ket policy?	es∎ No□ Fa	ace Value of	Each Ticket/Pass \$ _	87.00			
				ite(s) 10 , 31 , 2023					
	Event Description: LA Phil Date(s) 10 / 31 / 2023								
	Ticket(s)/Pass(es) provided	by agency? Ye	Name of Source						
			Name of Source						
	Was ticket distribution made	e at the behest Ye	es 🗌 No 🔳 🏻 If	yes:	Official's Name (Last, First	)			
	of agency official?								
3.	Recipients	Paciniants							
٠.	Use Section A to identify the age	ncy's department or unit	t. •Use Section B to id	lentify an individ	ual. Use Section C to iden	tify 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 po				
	Staff			Per ticket policy 5.3 (k)					
			2	12.3					
	B. Name of Inc. (Last, Fi		Number of Ticket(s)/ Passes		Identify one of the	☐ Income ☐			
				2000	monial Role  Other Other  Other  Cking "Ceremonial Role" or "Other"				
	C. Name of Outside 0 (include address an		Number of Ticket(s)/ Passes	Describe ti	he public purpose made p	ursuant to the agency's policy			
4.	Verification  I have read and understand Fi	PPC Regulations 18	944.1 and 18942.	I have verified	that the distribution set	forth above, is in accordance			
	d. [C\4]			Λdm	ninistrative Director	10/26/2023			
	Signature of Agency Head of Designature	Print Name	Aun	Title	(month, day, year)				
	oliginature or rigerios nead or pesiç	gnos	i init Name		Hue	(monar, day, year)			
	Comment:								

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	Agency Name County of Los Angeles Division, Department, or Region (if applicable)				Date Stamp	California 802	
						Tom O	
						For Official Use Only	
- 2	Board of Supervisor, First District						
	Designated Agency Contact (Name, Title)						
	Barbara Garcia, Ticket Administrator  Area Code/Phone Number   E-mail				☐ Amendment (Must Prov	ride Explanation in Part 3.)	
		bos.lacou	nty.gov	B	Date of Original Filing:	(month, day, year)	
2.	Function or Event Information					114.00	
	Does the agency have a ticket policy?	Yes			Each Ticket/Pass \$	111.00	
	Event Description: LA Phil	, 31 , 2023					
	Prov. Ticket(s)/Pass(es) provided by agency	ride Title/ Explai		no:			
	Ticket(s)/r ass(es/provided by agency	/: Test			Name of Source		
	Was ticket distribution made at the be of agency official?	ticket distribution made at the behest Yes   gency official?		f yes:Official's Name (Last, F		rst)	
	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 U	Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's police				
	Staff		Passes	Per ticket po	cket policy 5.3 (k)		
			2				
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the foll	owing:	
					nonial Role Other Other or "Other" descri	Income [	
		01 to \$50,000 and			nonial Role Other Other in Grand Control of	Income [	
	C. Name of Outside Organization (include address and description	)	Number of Ticket(s)/ Passes	Describe th	e public purpose made pursu	ant to the agency's policy	
_	Verification						
	Verification I have read and understand FPPC Regula with the requirements	ntions 18944	1.1 and 18942.	I have verified t	that the distribution set for	th above, is in accordanc	