Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions 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 213-974-4111 2. Function or Event Information A Public Document California 802 For Official Use Only A mendment (Must Provide Explanation in Part 3.) Date of Original Filling: (month, day, year)

	Board of Supervisor, First D	ISTRICT								
	Designated Agency Contact (Name, Title)	1							
	Barbara Garcia, Ticket Adm	inistrator	Amendment (1/ 18)	- 1. 5						
7	Area Code/Phone Number	E-mail		Amendment (Must Provide Explanation in Part 3.)						
	213-974-4111 bgarcia@bos.lacounty.gov				Date of Original Filing:					
2.	Function or Event Information									
	Does the agency have a tick	ket policy? Yes	■ No 🗆 F	ace Value of	Each Ticket/Pass \$	149.50				
	Event Description: Hollywoo	Г	10 (s)	, 27 , 2023	7 7					
	Event Description: Hollywood Bowl Provide Title/ Explanation Date(s) 10 / 27 / 2023									
26	Ticket(s)/Pass(es) provided	by agency? Yes [□ No 🔳 If	no:	Name of Source					
9	Was ticket distribution made of agency official?	□ 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 id	dentify an individu	ial. 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 po	olicy 5.3 (k)					
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes	504000000000000000000000000000000000000	Identify one of the fo	Income				
					onial Role Other on "Other" description of "Other" descriptions of the control	Income Income				
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	e public purpose made pursi	uant to the agency's policy				
4. 1	Verification									
Į,	have read and understand FPI with the requirements.	PC Regulations 18944.	1 and 18942. I	have verified to	hat the distribution set for	th above, is in accordance				
	Barbara Garcia			Admir	nistrative Director	10/30/2023				
_	Signature of Agency Head or Designe		int Name							

Print

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 Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisor, First District Designated Agency Contact (Name, Title) Barbara Garcia, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number 213-974-4111 Date of Original Filing: . bgarcia@bos.lacounty.gov (month, day, year) 2. Function or Event Information 129.50 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes No 🗆 Event Description: Hollywood Bowl Date(s) 10 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes 🔲 No 🔳 If no: _ Name of Source Was ticket distribution made at the behest Yes ☐ No ■ Official's Name (Last, First) of agency official? 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. Number Name of Agency, Department or Unit A. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Staff Per ticket policy 5.3 (k) 2 Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

4.	Verification	
••	Voillioation	

Comment: _

I have read and understand with the requirements.	FPPC Regulations	18944.1 and 18942	. I have verified that the	distribution set forth above	, is in accordance
with the requirements	•				

Barbara Garcia

Print

Administrative Director

10/30/2023

Signature of Agency Head or Designee

Print Name

(month, day, year)