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

1. **Agency Name**
   - County of Los Angeles
   - Board of Supervisor, First District
   - Designated Agency Contact (Name, Title): Barbara Garcia, Ticket Administrator
   - Area Code/Phone Number: 213-974-4111
   - E-mail: bgarcia@bos.lacounty.gov

   **Date Stamp**
   - California Form 802
   - Date of Original Filing: (Month, Day, Year)

2. **Function or Event Information**
   - Does the agency have a ticket policy? Yes ☑ No ☐
   - Face Value of Each Ticket/Pass $ 15.00
   - Event Description: Natural History Museum
   - Date(s): ☐
   - Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   - If no: Name of Source: Natural History Museum
   - Was ticket distribution made at the behest of agency official? No ☐ 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**
<table>
<thead>
<tr>
<th>Number of Ticket(s)/ Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff</td>
<td>3 Per Ticket policy 5.3 (k)</td>
</tr>
</tbody>
</table>

   **B. Name of Individual**
   (Last, F.H.
<table>
<thead>
<tr>
<th>Number of Ticket(s)/ Pass(es)</th>
<th>Identify one of the following: Ceremonial Role ☐ Other ☐ Income ☐</th>
</tr>
</thead>
</table>

   **C. Name of Outside Organization**
   (include address and description)
<table>
<thead>
<tr>
<th>Number of Ticket(s)/ Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
</table>

4. **Verification**
   I have read and understand FPPC Regulations 19944.1 and 19842. I have verified that the distribution set forth above is in accordance with the requirements.

   Signature of Agency Person Designee: Barbara Garcia
   Print Name: Ticket Administrator
   Title: 1/14/2019
   (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)
Board of Supervisor, First District
Designated Agency Contact (Name, Title)
Barbara Garcia, Ticket Administrator
Area Code/Phone Number: 213-974-4111
E-mail: bgarcia@bos.lacounty.gov

2. Function or Event Information
Does the agency have a ticket policy? Yes [X] No [ ]
Event Description: Natural History Museum
Face Value of Each Ticket/Pass $ 15.00
Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
Wasa ticket distribution made at the behest of agency official? No [X] Yes [ ]
Date(s) [ ]

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.

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff</td>
<td>2</td>
<td>Per Ticket policy 5.3 (k)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income [ ]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
I have read and understand FPPC Regulations 19944.1 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.
Barbara Garcia [Signature of Agency Head or Designee]
Ticket Administrator
Print Name
Title
1/14/2019 (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)  
Board of Supervisor, First District  
Designated Agency Contact (Name, Title)  
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[X]  
Face Value of Each Ticket/Pass $15.00  
Event Description Natural History Museum  
Provide Title/Explanation  
Ticket(s)/Pass(es) provided by agency? Yes[ ] No[X]  
Date(s)  
If no: Natural History Museum  
Name of Source  
Was ticket distribution made at the behest of agency official? No[ ] Yes[X]  
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)/ Pass(es)  
Describe the public purpose made pursuant to the agency's policy  
Staff 2 Per Ticket policy 5.3 (k)  

B. Name of Individual  
Name of Individual  
(Number, FNR)  
Number of Ticket(s)/ Pass(es)  
Identify one of the following:  
Ceremonial Role[ ] Other[ ] Income[ ]  
If checking "Ceremonial Role" or "Other" describe below:  
Ceremonial Role[ ] Other[ ] Income[ ]  
If checking "Ceremonial Role" or "Other" describe below:  

C. Name of Outside Organization  
Name of Outside Organization  
(include address and description)  
Number of Ticket(s)/ Pass(es)  
Describe the public purpose made pursuant to the agency's policy  

4. Verification  
I have read and understand FPPC Regulations 19844.1 and 19842. I have verified that the distribution set forth above is in accordance with the requirements.  

Barbara Garcia  
Ticket Administrator  
1/14/2019  
Signature of Agency Head or Designee  
Print Name  
(Month, Day, Year)  
Comment:  

FPPC Form 802 (4/12)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. **Agency Name**
   - County of Los Angeles
   - Board of Supervisor, First District
   - Designated Agency Contact (Name, Title)
     - Barbara Garcia, Ticket Administrator
   - Area Code/Phone Number
     - 213-974-4111
   - E-mail
     - bgarcia@bos.lacounty.gov

2. **Function or Event Information**
   - Does the agency have a ticket policy? **Yes**
     - Face Value of Each Ticket/Pass $15.00
   - Event Description
     - Natural History Museum
   - Ticket(s)/Pass(es) provided by agency? **No**
   - Was ticket distribution made at the behest of agency official? **No**

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)/Pass(es)
   - Describe the public purpose made pursuant to the agency's policy
     - Staff
       - 2
       - Per Ticket policy 5.3 (k)

   **B. Name of Individual**
   - Number of Ticket(s)/Pass(es)
   - Identify one of the following:
     - Ceremonial Role
     - Other
     - Income
     - Ceremonial Role
     - Other
     - Income
     - Ceremonial Role
     - Other
     - Income

   **C. Name of Outside Organization**
   - Number of Ticket(s)/Pass(es)
   - Describe the public purpose made pursuant to the agency's policy

4. **Verification**
   - I have read and understand FPPC Regulations 19944.1 and 19942. I have verified that the distribution set forth above is in accordance with the requirements.

   **Signature of Agency Head or Designee**
   - Barbara Garcia
   - Print Name
   - Title
   - (Month, Day, Year)
   - 1/14/2019

   Comment:

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FPPC Form 802 (4/12)
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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 E-mail
   213-974-4111 bgarcia@bos.lacounty.gov

2. Function or Event Information
   Does the agency have a ticket policy? Yes [x] No [ ]
   Face Value of Each Ticket/Pass $15.00
   Event Description Natural History Museum
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   Date(s) [ ] [ ] [ ] [ ] [ ] [ ]
   Was ticket distribution made at the behest of agency official? No [x] Yes [ ]
   If no:
   If yes: [ ] [ ] [ ] [ ] [ ] [ ]
   Name of Source
   Natural History Museum
   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)/Pass(es) | 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)/Pass(es) | Identify one of the following:
   [ ] Ceremonial Role
   [x] Other
   Income [ ]
   Other describe below:
   Ceremonial Role [ ] Other [ ]
   Income [ ]
   Other describe below:
   Ceremonial Role [ ] Other [ ]
   Income [ ]
   Other describe below:

   C. Name of Outside Organization (include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency’s policy

4. Verification
   I have read and understand FPPC Regulations 19944.1 and 19942. I have verified that the distribution set forth above is in accordance with the requirements.
   Signature of Agency Head or Designee [ ]
   Barbara Garcia
   Print Name [ ]
   Ticket Administrator
   Title [ ]
   (Month, Day, Year) 1/14/2019

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

1. Agency Name
   County of Los Angeles
   Designated Agency Contact (Name, Title)
   Barbara Garcia, Ticket Administrator
   Area Code/Phone Number: 213-974-4111
   E-mail: bgarcia@bos.lacounty.gov

2. Function or Event Information
   Does the agency have a ticket policy? Yes [ ] No [X]
   Event Description: Natural History Museum
   Face Value of Each Ticket/Pass $15.00
   Date(s) [ ]
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
   If no: Name of Source
   Official's Name (Last, First)
   Was ticket distribution made at the behest of agency official? No [X] Yes [ ]

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)/Pass(es) 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)/Pass(es) Identify one of the following:
      Ceremonial Role [ ] Other [ ] Income [ ]
      If checking "Ceremonial Role" or "Other" describe below:

      Ceremonial Role [ ] Other [ ] Income [ ]
      If checking "Ceremonial Role" or "Other" describe below:

   C. Name of Outside Organization (Include address and description) Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency's policy

4. Verification
   I have read and understand FPPC Regulations 19244.1 and 19942. I have verified that the distribution set forth above is in accordance with the requirements.

   Signature of Agency Head or Designee
   Barbara Garcia
   Ticket Administrator
   1/14/2019
   (Month, Day, Year)

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- Designated Agency Contact (Name, Title)
- Barbara Garcia, Ticket Administrator
- Area Code/Phone Number: 213-974-4111
- E-mail: bgarcia@bos.lacounty.gov

**2. Function or Event Information**
- **Does the agency have a ticket policy?** Yes [x] No [ ]
- **Event Description** Natural History Museum
- **Face Value of Each Ticket/Pass** $15.00
- **Date(s)**
- **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [x]
- **If no:** Natural History Museum
- **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)/Pass(es)**
- **Describe the public purpose made pursuant to the agency's policy**
- Staff
- 2
- Per Ticket policy 5.3 (k)

**B. Name of Individual**
- **Number of Ticket(s)/Pass(es)**
- **Identify one of the following:**
- Ceremonial Role [ ] Other [ ]
- Income [ ]
- If checking "Ceremonial Role" or "Other" describe below:

**C. Name of Outside Organization**
- **Number of Ticket(s)/Pass(es)**
- **Describe the public purpose made pursuant to the agency's policy**

**4. Verification**
- I have read and undersigned FPPC Regulations 19944.1 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.
- Signature of Agency Head or Designee: [Signature]
- Print Name: Barbara Garcia
- Title: Ticket Administrator
- Date: 1/14/2019

Comment: [ ]

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes [ ] No [x]
   Face Value of Each Ticket/Pass $15.00
   Event Description Natural History Museum
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   If no: Natural History Museum
   Name of Source
   Date(s) [ ] [ ] [ ]
   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)/Pass(es)  Describe the public purpose made pursuant to the agency's policy
      Staff 2 Per Ticket policy 5.3 (k)

   B. Name of Individual  Number of Ticket(s)/Pass(es)  Identify one of the following:
      Ceremonial Role [ ] Other [ ]
      Income [ ]
      Ceremonial Role [ ] Other [ ]
      Income [ ]
      Ceremonial Role [ ] Other [ ]
      Income [ ]

   C. Name of Outside Organization  Number of Ticket(s)/Pass(es)  Describe the public purpose made pursuant to the agency's policy
      (include address and description)

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.
   Signature of Agency Head or Designee: Barbara Garcia
   Print Name: Ticket Administrator
   Title: 1/14/2019
   (Month, Day, Year)
   FPPC Form 802 (4/12)
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
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   - Designated Agency Contact: Barbara Garcia, Ticket Administrator
   - Area Code/Phone Number: 213-974-4111
   - E-mail: bgarcia@bos.lacounty.gov

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes [ ] No [X]  
   - **Face Value of Each Ticket/Pass:** $15.00
   - **Event Description:** Natural History Museum
   - **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [X]
   - **Was ticket distribution made at the behest of agency official?** No [X] Yes [ ]

3. **Recipients**
   - **A. Name of Agency, Department or Unit**
     - **Number of Ticket(s)/Pass(es)** 2
     - **Describe the public purpose made pursuant to the agency's policy:** Per Ticket policy 5.3 (k)

   - **B. Name of Individual**
     - **Number of Ticket(s)/Pass(es)**
     - **Identify one of the following:**
       - Ceremonial Role [ ] Other [ ] Income [ ]
       - If checking “Ceremonial Role” or “Other” describe below:

   - **C. Name of Outside Organization**
     - (Include address and description)
     - **Number of Ticket(s)/Pass(es)**
     - **Describe the public purpose made pursuant to the agency's policy**

4. **Verification**
   - I have read and understand FPPC Regulations 19944.1 and 19942. I have verified that the distribution set forth above is in accordance with the requirements.
   - **Signature of Agency Head or Designee:** Barbara Garcia
   - **Print Name:** Ticket Administrator
   - **Title:**
   - **Date:** 1/14/2019

   **Comment:**

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   Designated Agency Contact (Name, Title)
   Barbara Garcia, Ticket Administrator
   Area Code/Phone Number: 213-974-4111
   E-mail: bgarcia@bos.lacounty.gov

2. Function or Event Information
   Does the agency have a ticket policy? Yes [x] No [ ]
   Face Value of Each Ticket/Pass $15.00
   Event Description: Natural History Museum
   Date(s): [ ] [ ] [ ]
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   If no: Natural History Museum
   Name of Source:
   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)/Pass(es) | Describe the public purpose made pursuant to the agency’s policy
      Staff [ ] [2] Per Ticket policy 5.3 (k)

   B. Name of Individual (Include First, Last, Initial)
      Number of Ticket(s)/Pass(es)
      Ceremonial Role [ ] Other [ ]
      Income [ ]
      If checking “Ceremonial Role” or “Other” describe below:

   C. Name of Outside Organization (Include address and description)
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency’s policy

4. Verification
   I have read and understand FPPC Regulations 19544.1 and 19842. I have verified that the distribution set forth above, is in accordance with the requirements.

   Barbara Garcia [Signature of Agency Head or Designee] 1/14/2019 [Date]
   Print Name: Ticket Administrator
   Title: [ ] [ ] [ ]
   (Month, Day, Year)

Comment: