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

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 $ 20.00
Event Description Los Angeles County Museum of Art
Provide Title/Explanation
Date(s) 12 31 2020
Ticket(s)/Pass(es) provided by agency? [ ] Yes [ ] No
If no: Los Angeles County Museum of Art
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
Number of Ticket(s)/Pass(es)
Identify one of the following:
Staff
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 understand FPPC Regulations 18944.1 and 18942. 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 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)
   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 [ ]
   Event Description
       Los Angeles County Museum of Art
   Face Value of Each Ticket/Pass $20.00
   Date(s) 12/31/2020
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
   If no: Los Angeles County Museum of Art
   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 (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 18944.1 and 18942. 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]
   1/14/2019 [Title] (Month, Day, Year)

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/276-7772)
## 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:** Los Angeles County Museum of Art
- **Face Value of Each Ticket/Pass:** $20.00
- **Date(s):** 12 31 2020
- **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [x]
- **Was ticket distribution made at the behest of agency official?** No [x] Yes [ ]
  - **If no:**
    - **Name of Source:** Los Angeles County Museum of Art
  - **If yes:**
    - **Official’s Name (Last, First):**

### 3. Recipients

#### A. Name of Agency, Department or Unit
- **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
- **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
- **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 and 19842. I have verified that the distribution set forth above, is in accordance with the requirements.

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

### Comment:

[Signature of Agency Head or Designee]

FPPC Form 802 (4/12)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/276-7772)
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 [ ] No
   Face Value of Each Ticket/Pass $20.00
   Date(s) of Event(s): 12 31 2020
   Event Description: Los Angeles County Museum of Art
   Ticket(s)/Pass(es) provided by agency? [ ] Yes [ ] No
   If no: Los Angeles County Museum of Art
   Name of Source:
   Was ticket distribution made at the behest of agency official? [ ] No [ ] Yes
   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
<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>

   **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:
   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 Public 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: [Print Name]
   Title: [Title]
   Date (Month, Day, Year): 1/14/2019

   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 [ ]
Face Value of Each Ticket/Pass $20.00
Date(s) 12 31 2020
Event Description: Los Angeles County Museum of Art
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
If no: Los Angeles County Museum of Art
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
Name of Individual (Last, First)
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
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 19946.1 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
Print Name
Title
1/14/2019 (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

**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

**Date Stamp**
- California Form 802
- For Official Use Only

** Amendment (Must provide explanation in Part 1)**

**Date of Original Filing**
- (Month, Day, Year)

**2. Function or Event Information**

- **Does the agency have a ticket policy?** Yes [X] No [ ]

- **Face Value of Each Ticket/Pass** $20.00

- **Event Description**
  - Los Angeles County Museum of Art

- **Date(s)**
  - 12 31 2020

- **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [X]

- **If no:**
  - Los Angeles County Museum of Art
  - 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**

<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>

**B. Name of Individual**

<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>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**C. Name of Outside Organization**

<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>
</table>

**4. Verification**

I have read and understand FPPC Regulations 19544.1 and 19642.1. 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

**Comment:**
- (Month, Day, Year)

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

### 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 $** 20.00
- **Event Description** Los Angeles County Museum of Art
- **Date(s)** 12 31 2020
- **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [X]
- **If yes:** Los Angeles County Museum of Art
- **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 [ ] 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.

- **Signature of Agency Head or Designee**
- **Print Name**
- **Title**
- **Date** (Month, Day, Year)

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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  
   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 [ ]  
   Face Value of Each Ticket/Pass $20.00  
   Event Description: Los Angeles County Museum of Art  
   Date(s): 12/31/2020
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]  
   If no: If yes: Los Angeles County Museum of Art  
   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 |
      |-----------------|-------|--------|
      | Ceremonial Role | Other | income |
      | Ceremonial Role | Other | income |

   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:  

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  
   **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 [ ]  
   **Face Value of Each Ticket/Pass**  
   $20.00  
   **Event Description**  
   Los Angeles County Museum of Art  
   **Provide Title/Explanation**  
   **Date(s)**  
   12 31 2020  
   **Ticket(s)/Pass(es) provided by agency?**  
   Yes [ ] No [x]  
   **If no:**  
   Los Angeles County Museum of Art  
   **Name of Source**  
   **Was ticket distribution made at the behest of agency official?**  
   No [x] Yes [ ]  
   **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**  
   (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 19444.1 and 19442.2. 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)**  

   **Comment:**  

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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
   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: Los Angeles County Museum of Art
   Face Value of Each Ticket/Pass: $20.00
   Date(s): 12/31/2020
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   If no: Los Angeles County Museum of Art
   If yes: Name of Source
   Was ticket distribution made at the behest of agency official? No [x] Yes [ ]
   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 (1st, last) | 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
      | | Ceremonial Role [ ] Other [ ] Income [ ]
      | | if checking "Ceremonial Role" or "Other" describe below:

4. Verification
   I have read and understood FPPC Regulations 18944.1 and 18942.1. 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: 

FFPC Form 802 (4/12)
FFPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)