**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 $22.00
   - Event Description: Natural History Museum
   - Date(s): 01 02 2020
   - Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
   - If no: Natural History Museum
   - 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): 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 (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 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: 3/29/2019
   - (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 E-mail
213-974-4111 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 ☑ No ☐
Face Value of Each Ticket/Pass $22.00
Event Description Natural History Museum
Provide Title/Explanation
Date(s) 01 02 2020
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If no: Natural History Museum
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

| 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 understood FPPC Regulations 19444.1 and 19442. 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 3/29/2019
Print Name Title (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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑️ No ☐
   Face Value of Each Ticket/Pass $22.00
   Event Description
   Natural History Museum
   Date(s)
   01 02 2020
   Ticket(s)/Pass(es) provided by agency? Yes ☑️ No ☐
   If no:
   Name of Source
   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 ☐

   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
   Ticket Administrator
   Title
   3/29/2019
   Date of Original Filing: (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 [ ] No
   Face Value of Each Ticket/Pass $22.00
   Event Description: Natural History Museum
   Date(s): 01 02 2020
   Ticket(s)/Pass(es) provided by agency? [ ] Yes [ ] No
   If no: Natural History Museum
   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
   - 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 [ ]

   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 understood 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
   (Month, Day, Year): 3/29/2019

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
   Date Stamp
   California Form 802
   Amendment (Must provide explanation in Part 3)
   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 $22.00
   Event Description: Natural History Museum
   Date(s): 01 02 2020
   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.

<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
      (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.
   Signature of Agency Head or Designee
   Signature of Agency Head or Designee
   Print Name
   Title
   Date Filing: 3/29/2019
   (Month, Day, Year)
   Comment:

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 $ 22.00
Event Description Natural History Museum
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes □ No X
If no: Natural History Museum
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 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 understood 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  Ticket Administrator  3/29/2019
Print Name  Title (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 E-mail
213-974-4111 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 [ ]

Event Description: Natural History Museum

Face Value of Each Ticket/Pass $22.00

Date(s) 01 02 2020

Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]

If no:
Name of Source: Natural History Museum

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 (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 understood FPPC Regulations 19444.1 and 19442. 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: 3/29/2019

(Month, Day, Year)

Comment:

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 [ ]
Event Description Natural History Museum
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
Was ticket distribution made at the behest of agency official? No [X] Yes [ ]
Face Value of Each Ticket/Pass $22.00
Date(s) 01 02 2020
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 (Last, First) Number of Ticket(s)/Pass(es) Identify one of the following:

| 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 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Barbara Garcia Ticket Administrator 3/29/2019
Signature of Agency Head or Designee Print Name Title

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 $22.00
   Event Description: Natural History Museum
   Event Date(s): 01/02/2020
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
   If no: Natural History Museum
   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 19340, 1 and 19342. 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: 3/29/2019
   (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: Board of Supervisor, First District
   - 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**
   - **Face Value of Each Ticket/Pass:** $22.00
   - **Date(s):** 01/02/2020
   - **Event Description:** Natural History Museum
   - **Ticket(s)/Pass(es) provided by agency:** Yes [x] No [ ]
   - **If no:**
     - Name of Source: Natural History Museum
   - **Was ticket distribution made at the behest of agency official:** No [ ] Yes [x]
   - **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):** 2
   - **Describe the public purpose made pursuant to the agency's policy:** 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 [ ]
   - **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 understood 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: (Month, Day, Year)
   - 3/29/2019

   **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 □ No X
   Face Value of Each Ticket/Pass $22.00
   Event Description: Natural History Museum
   Event Date(s): 01 02 2020
   Ticket(s)/Pass(es) provided by agency? Yes □ No X
   If no: Natural History Museum
   Name of Source: [Provide Title/Explanation]
   If yes: [Provide Title/Explanation]
   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 19944.1 and 19842. I have verified that the distribution set forth above is in accordance with the requirements.
   Signature: Barbara Garcia
   Print Name: Ticket Administrator
   Title: (Month, Day, Year)
   Comment: [Provide any additional comments]

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
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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 [ ] No [x]
   Face Value of Each Ticket/Pass $22.00
   Event Description Natural History Museum
   Date(s) 01 02 2020
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   If no: Natural History Museum
   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                         | 3               | 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 [ ]                    |

   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: 3/29/2019
   (Month, Day, Year)

Comment: [ ]