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 3.)
   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 $ 23.00
   Event Description  Natural History Museum
   Provide Title/Explanation
   Date(s) 01 02 2020
   Ticket(s)/Pass(es) provided by agency?  Yes X No  If no:
   If yes:  Natural History Museum
   Name of Source
   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 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
   Title
   Date (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
A Public Document

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: $23.00
   Event Description: Natural History Museum
   Event Description (Provide Title/Explanation):
   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.

   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 19264.1 and 19642. I have verified that the distribution set forth above, is in accordance with the requirements.

   Signature of Agency Head or Designee: [ ]
   Print Name: Barbara Garcia
   Title: Ticket Administrator
   Date (Month, Day, Year): 7/7/2019

   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 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 $23.00
Event Description Natural History Museum
Provide Title/Explanation
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.

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, Fln) 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 19841 and 19842; 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
7/7/2019
(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
   Phone Number: 213-974-4111
   Email: 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 $:
   Event Description: Natural History Museum
   Provide Title/Explanation
   Date(s): 01 02 2020
   Ticket(s)/Pass(es) provided by agency? Yes X No
   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 (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:
   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 understand FPPC Regulations 19941.1 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: 7/7/2019
   (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

#### 2. Function or Event Information  
**Does the agency have a ticket policy?** Yes [x] No [ ]  
**Face Value of Each Ticket/Pass:** $23.00  
**Event Description:** Natural History Museum  
**Date(s):** 01-02-2020  
**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  
* 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)/Passes</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</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
</table>

**C. Name of Outside Organization**  
<table>
<thead>
<tr>
<th>Name of Outside Organization</th>
<th>Number of Ticket(s)/Passes</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 19344.1 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  
**Ticket Administrator:** Ticket Administrator  
**Print Name:**  
**Title:**  
**Date:** 7/7/2019  
**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 ☐
   - Face Value of Each Ticket/Pass: $23.00
   - Event Description: Natural History Museum
   - Event 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 ☑
     - 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)/Passes: 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)/Passes
   - 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)/Passes
   - 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.
   - Signature of Agency Head or Designee: Barbara Garcia
   - Print Name: Ticket Administrator
   - Title: 7/7/2019
   - (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
Face Value of Each Ticket/Pas $23.00
Event Description Natural History Museum
Provide Title/Explanation
Date(s) Date(s)
01 02 2020
Ticket(s)/Pass(es) provided by agency? Yes No
If no: Natural History Museum
Name of Sponsor
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 understand FPPC Regulations 19544.1 and 19542. 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
7/7/2019
(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

Date Stamp
California Form 802
For Official Use Only

Amendment (Must provide explanation in Part 1)

Date of Original Filing:

2. Function or Event Information

Does the agency have a ticket policy? Yes [x] No [ ]

Face Value of Each Ticket/Pass $ 23.00

Date(s) 01 02 2020

Event Description Natural History Museum

Provide Title/Explanation

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

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 (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 hereby declare under penalty of perjury that 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

7/7/2019 (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

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 $23.00
   - 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
     - Staff
     - 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 [X]
     - If checking "Ceremonial Role" or "Other" describe below:
     - Ceremonial Role [ ] Other [ ]
     - Income [X]
     - 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: 7/7/2019

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 $: 23.00
- 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.

##### 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
- If checking "Ceremonial Role," or "Other" describe below:

| Ceremonial Role [ ] | Other [ ] | Income [ ] |

Ceremonial Role
- 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 19544.1 and 19842. I have verified that the distribution set forth above is in accordance with the requirements.

| Barbara Garcia | Ticket Administrator | 7/7/2019 |

| 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: $23.00
   - 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: 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 19641 and 19642. 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: 7/7/2019

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 E-mail  
213-974-4111 bgarcia@bos.lacounty.gov  

2. Function or Event Information  
Does the agency have a ticket policy? Yes □ No □  
Face Value of Each Ticket/Pass $ 23.00  
Event Description Natural History Museum  
Provide Title/Explanation  
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.  

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  
(First, Last)  
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  
Ticket Administrator  
7/7/2019  
(Month, Day, Year)  

Comment:  

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