Ticket/Pass \$ County Museum Name of Soil Official's Name (L	urce Last, First) tify an outside organization.
Ticket/Pass \$ County Museum Name of Soil Official's Name (L	For Official Use Only rovide explanation in Part 3.) (Month, Day, Year) 12 31 2020 10 of Art urce Last, First) tify an outside organization.
Ticket/Pass \$ County Museum Name of Soil Official's Name (L	(Month, Day, Year) 5.00 12 31 2020 1 of Art urce Last, First) tify an outside organization.
Ticket/Pass \$ County Museum Name of Soil Official's Name (L	(Month, Day, Year) 25.00 12 31 2020 1 of Art urca Last, First) tify an outside organization.
Ticket/Pass \$ County Museum Name of Soil Official's Name (L	(Month, Day, Year) 25.00 12 31 2020 1 of Art urca Last, First) tify an outside organization.
Ticket/Pass \$ County Museum Name of Soil Official's Name (L	(Month, Day, Year) 25.00 12 31 2020 1 of Art urca Last, First) tify an outside organization.
Ticket/Pass \$ County Museum Name of Soil Official's Name (L	(Month, Day, Year) 25.00 12 31 2020 1 of Art urca Last, First) tify an outside organization.
Ticket/Pass \$ County Museum Name of Sou Official's Name (L	12 31 2020 n of Art urce Last, First) tify an outside organization.
County Museum Name of Soil Official's Name (L	12 31 2020 n of Art urce Last, First)
County Museum Name of Soil Official's Name (L	12 31 2020 n of Art urce Last, First)
Name of Sol Official's Name (L se Section C to ident	n of Art urce Last, First) tify an outside organization.
Name of Sol Official's Name (L se Section C to ident	urce Last, First) tify an outside organization.
Official's Name (L	Last, First) tify an outside organization.
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ose made pursuant	to the agency's policy
y one of the followi	ng:
Other Other describe below:	Income
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Tille	(Month, Day, Year)
	y one of the follow! Other

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Documen
. Agency Name			Date Stamp	
County of Los Angeles				Form 802
Division, Department, or Region (If Applicable))		4	For Official Use Only
Board of Supervisor, First District				
Designated Agency Contact (Name, Title)				
Barbara Garcia, Ticket Administrator			}	
Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
213-974-4111 bgarcia@bos	.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
. Function or Event Information			5	
Does the agency have a ticket policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$	5.00
Event Description Los Angeles County Muse	CONTRACTOR OF THE PARTY OF THE	Date(s)		12 31 2020
Ticket(s)/Pass(es) provided by agency?	Yes No	if no: Los An	ngeles County Museum Name of Soi	
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (L	.ast, First)
Recipients				
Use Section A to identify the agency's department or	7	ction B to identify an Individu	ual. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	olic 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	ng:
		Ceremonial Role If checking "Ceremoni	Other I	Income
		Ceremonial Role If checking "Ceremoni	Other Dial Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	to the agency's policy
			DATE OF THE PROPERTY OF THE PR	
Verification	<u></u>			
I pave read and understand FPPC Regulations 18944.1 and	18942 have ve	erified that the distribution set fo	orth above is in accordance with	the requirements
				the requirements.
Signature of Agency Head or Designee			t Administrator	7/12/2019

Ceremonial Role Events and Tic	ket/Pass	s Distributions		A Public Documen
1. Agency Name			Date Stamp	California Ong
County of Los Angeles			•	Form 802
Division, Department, or Region (If Applicable	9)			For Official Use Only
Board of Supervisor, First District			1	
Designated Agency Contact (Name, Title)			1	
Barbara Garcia, Ticket Administrator			<u> </u>	
Area Code/Phone Number E-mail			Amendment (Must pr	ovide explanation in Part 3.)
213-974-4111 bgarcia@bos	.lacounty.g	ov	Date of Original Filing:	(V-1, 0- V-)
2. Function or Event Information				(Month, Day, Year)
Does the agency have a ticket policy?	Yes⊠ No	Face Value o	of Each Ticket/Pass \$ 25	5.00
Event Description Los Angeles County Mus	management and the state of the state of	5 ()		12 31 2020
Event Description Los Angeles County Mus Provide Title/Expl		Date(s)		VL 9
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: Los An	igeles County Museum Name of Sou	
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (L	ast. First)
			1-	
Recipients Use Section A to identify the agency's department or its section.	unit. • Use Se	ection B to identify an Individu	ual. • Use Section C to identi	fy an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
Staff	2	Per Ticket policy 5.3	(k)	
B. Name of Individual	Number of Ticket(s)/		Identify one of the following	ıg:
	Pass(es)	Ceremonial Role	Other In all Role" or "Other" describe below:	Income
		Ceremonial Role If checking "Ceremonial	Other al Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant t	o the agency's policy
. Verification				
I paye read and understand FPPC Regulations 18944.1 and	18942. I have v	erified that the distribution set fo	orth above, is in accordance with	the requirements.
Barbara			t Administrator	7/14/2019
Signature of Agency Head or Designee	Print Nan	ne	Title	(Month, Day, Year)
		and the second s		
Comment:				

Ceremonial Role Events and Ticl	ket/Pass	s Distributions		A Public Documen
. Agency Name			Date Stamp	
County of Los Angeles			sacros excelentes e escribo e diregio di € 8 e e	Form 802
Division, Department, or Region (If Applicable))			For Official Use Only
Board of Supervisor, First District				
Designated Agency Contact (Name, Title)				
Barbara Garcia, Ticket Administrator				
Area Code/Phone Number E-mail			Antendment (Must ph	ovide explanation in Part 3.)
213-974-4111 bgarcia@bos.	lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
. Function or Event Information			25	5.00
Does the agency have a ticket policy?	Yes 🗵 No	Face Value o	f Each Ticket/Pass \$	5.00
Event Description Los Angeles County Musi		Date(s)	<u> </u>	12 31 2020
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: Los An	geles County Museum Name of Sou	
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (La	est, First)
Recipients • Use Section A to identify the agency's department or un	nit allea Sa	action R to identify an Individu	allos Sostian C to identi	5
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	the state of the s	lic purpose made pursuant t	NUMBER OF STREET STREET
Staff	2	Per Ticket policy 5.3	(k)	
B. Name of Individual	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremoni	Identify one of the followin Other Other al Role" or "Other" describe below:	ig: Income
		Ceremonial Role If checking "Ceremonial	Other ai Role" or "Other" describe below:	Income [
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant t	o the agency's policy
Verification				
I have read and understand IPPC Regulations 18944.1 and 1 Barbara Signature of Agency Head or Designee	Garcia	Ticket	Administrator	the requirements.
Comment:	Print Nan	ne	Title	(Month, Day, Year)

1	Agency Name			T Data Stamp	A Public Document
•	County of Los Angeles			Date Stamp	California 802
	Division, Department, or Region (If Applicable	9)		4	For Official Use Only
	The state of the s	Z.	onomo esta anuma como comuna acua de comuna de	1	
	Board of Supervisor, First District Designated Agency Contact (Name, Title)			4 .	
	Barbara Garcia, Ticket Administrator				
	Area Code/Phone Number E-mail			Amendment (Must pro	ovide explanation in Part 3.)
	213-974-4111 bgarcia@bos	.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information			25	5.00
	Does the agency have a ticket policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$	7.00
	Event Description Los Angeles County Mus	The second secon	Date(s)		12 31 2020
	Ticket(s)/Pass(es) provided by agency?	Yes□ No	✓ If no: Los Ar	ngeles County Museum	
	Was ticket distribution made at the behest	No⊠ Yes		Name of Soul	CCA
	of agency official?	No Yes	lf yes:	Official's Name (La	ast, First)
3.	Recipients				
•	Use Section A to identify the agency's department or it.	ınit. • Use Se	ction B to identify an individ	ual. • Use Section C to identif	fy an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuant t	o 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 followin	g:
			Ceremonial Role If checking "Ceremon	Other ial Role" or "Other" describe below:	Income 🔲
			Ceremonial Role	Other _	Income
1			If checking "Ceremon	ial Role" or "Other" describe below:	
		Number of :			
	C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)		lic purpose made pursuant to	the agency's policy
				and the same transfer of the s	

				The composition of the control of th	The second secon	
ification read କୁମସ୍ understanୁଣ ମନ୍ନ୍ରPC Regulations 1	18 <u>944,1 and 1</u> 8	3942. I have v	erified that t	he distribution set for	th above. is in accordance wi	th the requirements
ification read and understand FIPC Regulations 1	18 <u>944, 1 and 18</u> Barbara (rerified that t		th above, is in accordance wi Administrator	th the requirements.

Ceremonial Role Events and Tic	ket/Pass	s Distributions		A Public Document
. Agency Name			Date Stamp	California QA2
County of Los Angeles			Section Assessed Section 1	Form 802
Division, Department, or Region (If Applicable)			For Official Use Only
Board of Supervisor, First District		IO TO STATE OF THE BUILDING STATE OF THE STA		
Designated Agency Contact (Name, Title)				
Barbara Garcia, Ticket Administrator				
Area Code/Phone NumberE-mail			Amendment (Must p	rovide explanation in Part 3.)
213-974-4111 bgarcia@bos	.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
. Function or Event Information				
Does the agency have a ticket policy?	Yes⊠ No	Face Value o	f Each Ticket/Pass \$	5.00
Event Description Los Angeles County Mus	eum of Art	Date(s)		12 31 2020
Provide Title/Expl	anation		and a Country Manager	
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: LOS An	geles County Museum	Urce
Was ticket distribution made at the behest of agency official?	No⊠ Yes	s If yes:	Official's Name (L	.ast, First)
Recipients				
Use Section A to identify the agency's department or to	ınit. • Use Se	ection B to identify an individu	al. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
Staff	2	Per Ticket policy 5.3	(k)	
	Number of		Standard Commission Commission Commission Commission Commission Commission Commission Commission Commission Co	
B. Name of Individual	Ticket(s)/ Pass(es)		Identify one of the followi	ng:
		Ceremonial Role If checking "Ceremonial	Other Dal Role" or "Other" describe below:	Income
		Ceremonial Role If checking "Ceremonia	Other al Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy
Verification				
I hare read and understand FPPC Regulations 18944.1 and	18942. I have ve	erified that the distribution set fo	rth above, is in accordance with	the requirements
Barbara			: Administrator	7/14/2019
Signature of Agency Head or Designee	Print Nam		Title	
			THE	(Month, Day, Year)
Comment:				

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

	a monder acc	Distributions		A Public Documer
Agency Name			Date Stamp	California 802
County of Los Angeles				Form OU2
Division, Department, or Region (If A	pplicable)		1	For Official Use Only
Board of Supervisor, First District				
Designated Agency Contact (Name, T	itle)]	
Barbara Garcia, Ticket Administrato	r		Amendment (Must	provide explanation in Part 3.)
Area Code/Phone Number E-mai				
	ia@bos.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
Function or Event Information				25.00
Does the agency have a ticket policy			of Each Ticket/Pass \$	
Event Description	nty Museum of Art Title/Explanation	Date(s)		12 31 2020
Ticket(s)/Pass(es) provided by agence	9400-1-0-0-1-0-1-0-1-0-1-0-1-0-1-0-1-0-1-	⋉ If no: Los An	ngeles County Museur	
Was ticket distribution made at the be	1000 000 000 000 000 000 000 000 000 00		Name of So	Durce
of agency official?	ehest No Yes	If yes:	Official's Name (Last, First)
Recipients			-	
Use Section A to identify the agency's depart	tment or unit. • Use Se	ction B to identify an individu	ual. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Department or Un	it Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	t to the agency's policy
Staff	2	Per Ticket policy 5.3	(k)	
B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	ing:
	Pass(es)	Ceremonial Role If checking "Ceremoni	Other I	Income [
		Ceremonial Role If checking "Ceremoni	Other Interest of the control of the	Income [
	Number of	Describe the pub	lic purpose made pursuant	to the agency's policy
C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)			
C. Name of Outside Organization (include address and description)				
(include address and description) Verification	Pass(es)			
Verification I have read and understand FIFPC Regulations 188	Pass(es)		orth above, is in accordence wit t Administrator	

cer	emonial Role Events and Tic	ket/Pass	Distributions		A Public Documen
1A	gency Name			Date Stamp	California OA2
C	ounty of Los Angeles				Form 802
D	ivision, Department, or Region (If Applicable)			For Official Use Only
В	oard of Supervisor, First District	CALCADA AND CONTRACTOR OF THE			
ם	esignated Agency Contact (Name, Title)				
Ва	arbara Garcia, Ticket Administrator				
Ā	rea Code/Phone Number E-mail] Amendment (Must pro	ovide explanation in Part 3.)
21	3-974-4111 bgarcia@bos	.lacounty.g	Da Da	ate of Original Filing:	(Month, Day, Year)
2. F	unction or Event Information			5.6	5.00
D	oes the agency have a ticket policy?	Yes⊠ No	Face Value of Ea	nch Ticket/Pass \$	5.00
E,	vent Description Los Angeles County Mus Provide Title/Expla	The second secon	Date(s)		12 31 2020
Ti	cket(s)/Pass(es) provided by agency?	Yes No	✓ If no: Los Angele	es County Museum Name of Sou	
	as ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (La	ast, First)
	ecipients Use Section A to identify the agency's department or u	mit allse Se	ction R to identify an individual	a Usa Saction C to identi	fu an autaida arranization
A		Number of Ticket(s)/ Pass(es)	promise stranger of the first Africa a	urpose made pursuant t	NUMBER OF STREET
St	aff	2	Per Ticket policy 5.3 (k)		
В	Name of Individual (Lest, First)	Number of Ticket(s)/ Pass(es)	lde	ntify one of the followin	g:
			Ceremonial Role If checking "Ceremonial Role	Other Other" describe below:	Income
			Ceremonial Role If checking "Ceremonial Role	Other Other describe below:	Income
	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public pu	rpose made pursuant to	o the agency's policy
<u> </u>					
Ve	erification	18942 have ve	died that the distribution set fach as	your is in accordance with	the requirements
	erification Peread and understand PPC Regulations 18944.1 and Barbara		1 1	pove, is in accordance with ministrator	the requirements.

1/	Agency Name			Date Stamp	A Public Document
C	County of Los Angeles				Form OUZ
Ţ	Division, Department, or Region (If Applicable)		1	For Official Use Only
В	Board of Supervisor, First District		dina dia 30 meninanya mpikambana dia 30 meninanya mpikamba	1	
7	Designated Agency Contact (Name, Title)			1	
В	Barbara Garcia, Ticket Administrator				
Æ	Area Code/Phone Number E-mail			Amendment (Must	provide explanation in Part 3.)
2	13-974-4111 bgarcia@bos	.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
2. F	Function or Event Information				25.00
	Ooes the agency have a ticket policy?	Yes No	Face Value of	of Each Ticket/Pass \$	25.00
Е	Event Description Los Angeles County Mus		Date(s)	/ /	12 31 2020
	Provide Title/Expl	anation	l os Ar	ngeles County Museur	m of Art
Т	cicket(s)/Pass(es) provided by agency?	Yes No	,⊠ If no: □037€	Name of Si	
	Vas ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name	(Last, First)
3. F	Recipients				
•	Use Section A to identify the agency's department or	1	ection B to identify an Individ	ual. • Use Section C to ider	ntify an outside organization.
=	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuan	it to the agency's policy
S	taff	2	Per Ticket policy 5.3	(k)	
L	Name of Individual	Number of			
_	(Last, First)	Ticket(s)/ Pass(es)		Identify one of the follow	/ing:
			Ceremonial Role If checking "Ceremon	Other ial Role" or "Other" describe below:	income
			Ceremonial Role If checking "Ceremon	Other ial Role" or "Other" describe below:	Income
C	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
				THE STATE OF THE S	
_					

erification	as 18 <u>944.1 and 18942. I have verified that the</u>	e distribution set forth above, is in accordance with	the requirements.
higher	Barbara Garcia	Ticket Administrator	1 /1 4 /2019
			(Month, Day, Yea

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

, 6	eremoniai Role Even	is and no	KevPass	Distributions		A Public Documer
	Agency Name				Date Stamp	California 802
	County of Los Angeles					Form OU2
4	Division, Department, or Reg	ion (If Applicabl	(e)		For Official Us	
	Board of Supervisor, First Dis	trict				
_	Designated Agency Contact (Name, Title)				
Source of the last	Barbara Garcia, Ticket Admir	nistrator				
	Area Code/Phone Number	E-mail			Amenament (Must	provide explanation in Part 3.)
_	213-974-4111	bgarcia@bo	s.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
	Function or Event Infor					25.00
Į	Does the agency have a ticke	t policy?	Yes 🗵 No	Face Value o	of Each Ticket/Pass \$	25.00
I	Event Description Los Angele	es County Mu Provide Title/Exp		Date(s)		12 31 2020
1000	Ticket(s)/Pass(es) provided by	y agency?	Yes No	If no: Los An	geles County Museur	
١	Was ticket distribution made a	t the behest	No⊠ Yes	If yes:	mental de la companya	Comment of the Commen
	of agency official?			il yes.	Official's Name	(Last, First)
	Recipients					
	Use Section A to identify the agency Name of Agency, Departme		Number of Ticket(s)/	Commence of the Commence of th	ial. • Use Section C to ider lic purpose made pursuan	Note that the second
-			Pass(es)	1		
The second second	Staff		2	Per Ticket policy 5.3	(k)	
	B. Name of Individua		Number of Ticket(s)/ Pass(es)		Identify one of the follow	lng:
				Ceremonial Role If checking "Ceremoni	Other Other or "Other" describe below:	Income
WANTED WATER				Ceremonial Role	Other	Income I
		and the second s		TO SERVICE SER	al Role" or "Other" describe below:	mome [
-	Name of Outside Organi (include address and des		Number of Ticket(s)/	Describe the publ	lic purpose made pursuani	to the agency's policy
			Pass(es)			
	Verification have read and understand FPPC/Regula	ations 18 <u>944,1 and</u>	i 18942. I have ve	erified that the distribution set fo	orth above, is in accordance wi	th the requirements
	landurch.	A STATE OF THE STA	a Garcia		t Administrator	1/14/2019