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 $ 25.00
   Event Description Los Angeles County Museum of Art
   Date(s) 12 31 2020
   Ticket(s)/Pass(es) provided by agency? Yes ❑ No ❑ If no: Los Angeles County Museum of Art
   If yes: Los Angeles County Museum of Art
   Official’s Name (Last, First)
   Was ticket distribution made at the behest of agency official? No ❑ 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, Fst) 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 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: Barbara Garcia
   Title: Ticket Administrator
   Date: 1/21/2019
   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
   - 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 $25.00
   - 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: 
   - 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

<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:

<table>
<thead>
<tr>
<th>Ceremonial Role</th>
<th>Other</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ceremonial Role</th>
<th>Other</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   **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

<table>
<thead>
<tr>
<th>Name of Outside Organization</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 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
   - [ ]
   - Print Name
   - TIN
   - (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
   - Amendment (Must provide explanation in Part 1): No
   - 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:** $25.00
   - **Event Description:** Los Angeles County Museum of Art
   - **Date(s):** 12 31 2020
   - **Ticket(s)/Pass(es) provided by agency?** Yes [X] 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):** 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 [ ] 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 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:**
   - **Title:** Ticket Administrator
   - **Date (Month, Day, Year):** 1/30/2019
   - **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

Face Value of Each Ticket/Pass $ 25.00

2. Function or Event Information
Does the agency have a ticket policy? Yes X No ☐
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
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>A. 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:

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 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  Ticket Administrator
Print Name
Title
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 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 $25.00
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:
If yes:
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)/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 19644.1 and 19642. I have verified that the distribution set forth above, is in accordance with the requirements.

Barbara Garcia Ticket Administrator 1/27/2019
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)
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/Pas $25.00
   Event Description: Los Angeles County Museum of Art
   Provide Title/Explanations
   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)

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 19642. 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 [ ]

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 855/ASK-FPPC (855/275-7772)
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 $ 25.00
   Date(s) 12 31 2020
   Event Description Los Angeles County Museum of Art
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes [X] 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
   (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 [ ]
(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**
- **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**: $25.00
- **Date(s)**: 12 31 2020
- **Ticket(s)/Pass(es) provided by agency?** No [X] Yes [ ]
- **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)** 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
  - [ ] 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
- **Signature of Agency Head or Designee**: Barbara Garcia
- **Print Name**: Ticket Administrator
- **Date (Month, Day, Year)**: 1/7/2019

**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[X]
   Face Value of Each Ticket/Pass $ 25.00
   Event Description
   Los Angeles County Museum of Art
   Provide Title/Explaination
   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, [Signature of Agency Head or Designee] 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
   Ticket Administrator
   [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/Pass $25.00
   Event Description Los Angeles County Museum of Art
   Date(s) 12 31 2020
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Name of Venue 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:

      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 Ticket Administrator
   Title

   Comment:

   (Month, Day, Year)

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