

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

A Public Document

|   |                          |  |                            |
|---|--------------------------|--|----------------------------|
| <b>1. Agency Name</b>                           |                          | Date Stamp   | <b>California Form 802</b> |
| County of Los Angeles                           |                          |  | For Official Use Only      |
| 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                   | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) |                            |
| 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 ☐

Event Description: Los Angeles County Museum of Art  
*Provide Title/Explanation*

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐

Face Value of Each Ticket/Pass \$ 25.00

Date(s) 12/31/2020

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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><i>If checking "Ceremonial Role" or "Other" describe below:</i> |
|   |                              |  |
|   |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><i>If checking "Ceremonial Role" or "Other" describe below:</i> |
|   |                              |  |
| 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 | 7/14/2019                 |
| <i>Signature of Agency Head or Designee</i>   | <i>Print Name</i> | <i>Title</i>         | <i>(Month, Day, Year)</i> |

Comment:

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| County of Los Angeles                           |                          |  |   |
| Division, Department, or Region (If Applicable) |                          |  |   |
| Board of Supervisor, First District             |                          |  |   |
| Designated Agency Contact (Name, Title)         |                          |  |   |
| Barbara Garcia, Ticket Administrator            |                          | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.)<br>Date of Original Filing: _____<br>(Month, Day, Year) |   |
| 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 ☐

Event Description: Los Angeles County Museum of Art  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐

Face Value of Each Ticket/Pass \$ 25.00

Date(s) \_\_\_\_\_ 12 / 31 / 2020

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<br><small>(Last, First)</small> | Number of Ticket(s)/Pass(es) | Identify one of the following:   |
|---|------------------------------|--|
|   |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
|   |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
|   |                              |  |

  

| C. Name of Outside Organization<br><small>(Include address and description)</small> | 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 | 7/14/2019                         |
| <small>Signature of Agency Head or Designee</small>                                 | <small>Print Name</small> | <small>Title</small> | <small>(Month, Day, Year)</small> |

Comment:

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

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| Board of Supervisor, First District             |                          |  |                            |
| Designated Agency Contact (Name, Title)         |                          |  |                            |
| Barbara Garcia, Ticket Administrator            |                          |  |                            |
| Area Code/Phone Number                          | E-mail                   | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) |                            |
| 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 \$ 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: Los Angeles County Museum of Art  
Name of SourceWas 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below: |
|   |                              |   |
|   |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>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 | 7/14/2019          |
| Signature of Agency Head or Designee  | Print Name     | Title                | (Month, Day, Year) |

Comment:

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

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|---|--------------------------|--|----------------------------|
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| Designated Agency Contact (Name, Title)         |                          |  |                            |
| Barbara Garcia, Ticket Administrator            |                          |  |                            |
| Area Code/Phone Number                          | E-mail                   | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) |                            |
| 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 ☐

Event Description: Los Angeles County Museum of Art  
*Provide Title/Explanation*

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐

Face Value of Each Ticket/Pass \$ 25.00

Date(s) 12/31/2020

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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><i>If checking "Ceremonial Role" or "Other" describe below:</i> |
|   |                              |  |
|   |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><i>If checking "Ceremonial Role" or "Other" describe below:</i> |
|   |                              |  |
| 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           |
| Signature of Agency Head or Designee  | Print Name     | Title                | (Month, Day, Year) |

Comment:



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

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| County of Los Angeles                           |                          |   |   |
| Division, Department, or Region (If Applicable) |                          |   |   |
| Board of Supervisor, First District             |                          |   |   |
| Designated Agency Contact (Name, Title)         |                          | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.)<br>Date of Original Filing: <span style="border: 1px solid black; padding: 2px;">(Month, Day, Year)</span> |   |
| 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 \$ 25.00Event Description Los Angeles County Museum of Art  
Provide Title/ExplanationDate(s) 12 / 31 / 2020Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒If no: Los Angeles County Museum of Art  
Name of SourceWas 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
|   |                              |  |
|   |                              |  |
|   |                              |  |
| 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 | 1/7/2019                          |
| <small>Signature of Agency Head or Designee</small>                                 | <small>Print Name</small> | <small>Title</small> | <small>(Month, Day, Year)</small> |

Comment:

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

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| <b>1. Agency Name</b>                           |                          | Date Stamp   | California Form <b>802</b> |
| County of Los Angeles                           |                          |  | For Official Use Only      |
| 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                   | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) |                            |
| 213-974-4111                                    | bgarcia@bos.lacounty.gov | Date of Original Filing: <input type="text"/> (Month, Day, Year)         |                            |

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$

Event Description  Date(s)     
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no:   
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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below: |
|                                     |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>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 | 1/17/2019                         |
| <small>Signature of Agency Head or Designee</small>                                 | <small>Print Name</small> | <small>Title</small> | <small>(Month, Day, Year)</small> |

Comment:

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| Designated Agency Contact (Name, Title)         |                          |  |                            |
| Barbara Garcia, Ticket Administrator            |                          |  |                            |
| Area Code/Phone Number                          | E-mail                   | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) |                            |
| 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 ☐

Event Description: Los Angeles County Museum of Art  
*Provide Title/Explanation*

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐

Face Value of Each Ticket/Pass \$ 25.00

Date(s) 12/31/2020

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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><i>If checking "Ceremonial Role" or "Other" describe below:</i> |
|   |                              |  |
|   |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><i>If checking "Ceremonial Role" or "Other" describe below:</i> |
|   |                              |  |
| 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   |
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**4. Verification**

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|   |                   |                      |                           |
|---|-------------------|----------------------|---------------------------|
|  | Barbara Garcia    | Ticket Administrator | 7/14/2019                 |
| <i>Signature of Agency Head or Designee</i>   | <i>Print Name</i> | <i>Title</i>         | <i>(Month, Day, Year)</i> |

Comment:



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| 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 \$ 25.00

Event Description Los Angeles County Museum of Art

Date(s) 12/31/2020

Provide Title/Explanation

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  |
|---|------------------------------|---|
| 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> |
|   |                              | If checking "Ceremonial Role" or "Other" describe below:  |
|   |                              |   |
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|   |                              | 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  |
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**4. Verification**

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|   |                |                      |                    |
|---|----------------|----------------------|--------------------|
|  | Barbara Garcia | Ticket Administrator | 7/1/2019           |
| Signature of Agency Head or Designee  | Print Name     | Title                | (Month, Day, Year) |

Comment:



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| Division, Department, or Region (If Applicable) |                          |   |   |
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| Designated Agency Contact (Name, Title)         |                          |   |   |
| Barbara Garcia, Ticket Administrator            |                          | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.)<br>Date of Original Filing: <span style="border: 1px solid black; padding: 2px;">(Month, Day, Year)</span> |   |
| 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 ☐

Event Description Los Angeles County Museum of Art  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐

Face Value of Each Ticket/Pass \$ 25.00

Date(s) 12/31/2020

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<br><small>(Last, First)</small> | Number of Ticket(s)/Pass(es) | Identify one of the following:   |
|---|------------------------------|--|
|   |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
|   |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
|   |                              |  |

  

| C. Name of Outside Organization<br><small>(Include address and description)</small> | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy |
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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 | 7/14/2019                         |
| <small>Signature of Agency Head or Designee</small>                                 | <small>Print Name</small> | <small>Title</small> | <small>(Month, Day, Year)</small> |

Comment:



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

A Public Document

|   |                          |  |   |
|---|--------------------------|--|---|
| <b>1. Agency Name</b>                           |                          | Date Stamp   | <b>California Form 802</b><br>For Official Use Only |
| County of Los Angeles                           |                          |  |   |
| Division, Department, or Region (If Applicable) |                          |  |   |
| Board of Supervisor, First District             |                          |  |   |
| Designated Agency Contact (Name, Title)         |                          |  |   |
| Barbara Garcia, Ticket Administrator            |                          | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.)<br>Date of Original Filing: _____<br>(Month, Day, Year) |   |
| 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 ☐

Event Description: Los Angeles County Museum of Art  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐

Face Value of Each Ticket/Pass \$ 25.00

Date(s) \_\_\_\_\_ 12/31/2020

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<br><small>(Last, First)</small> | Number of Ticket(s)/Pass(es) | Identify one of the following:   |
|---|------------------------------|--|
|   |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
|   |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
|   |                              |  |

  

| C. Name of Outside Organization<br><small>(Include address and description)</small> | 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 | 1/17/2019                         |
| <small>Signature of Agency Head or Designee</small>                                 | <small>Print Name</small> | <small>Title</small> | <small>(Month, Day, Year)</small> |

Comment: