Agency Report of: Ceremonial Role Eve	ents and Ticket/I	Pass Distri	ibutions	A	Public Document		
County of Los Angeles Division, Department, or R Board of Supervisor, Firs Designated Agency Conta	legion (if applicable) t District			Date Stamp	California 802 For Official Use Only		
Barbara Garcia, Ticket Administrator Area Code/Phone Number E-mail			Amendment (Must Provide Explanation in Part 3.)				
213-974-4111	bgarcia@bos.laco	unty.gov		Date of Original Filing: .	(month, day, year)		
2. Function or Event Inf Does the agency have a Event Description: Los A Ticket(s)/Pass(es) provid Was ticket distribution may of agency official?	ticket policy? Yes ngeles County Museur Provide Title/ Expl ed by agency? Yes	m of Art Canation No I	Date(s)	Each Ticket/Pass \$ yeles County Museum Name of Source Official's Name (Last, First)	12 , 31 , 2025		
3. Recipients • Use Section A to identify the a		• Use Section B to i Number of Ticket(s)/			y an outside organization.		
Staff	A. Name of Agency, Department or Unit Staff			Per Ticket policy 5.3 (k)			
	Individual First)	Number of Ticket(s)/ Passes	Ceren	Identify one of the formula Role Other			
			Ceren	ing "Ceremonial Role" or "Other" des	Income [
C. Name of Outsid (include address		Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy		
4. Verification I have read and understand with the requirements.	FPPC Regulations 1894 Barbara Gar			hat the distribution set fo			
Signature of Agency Head or De		Print Name		Title	(month, day, year)		
Comment:							

Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form 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 Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number 213-974-4111 bgarcia@bos.lacounty.gov Date of Original Filing: . (month, day, year) 2. Function or Event Information 25.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ ___ Yes No 🗆 Event Description: Los Angeles County Museum of Art 2025 Date(s) ____/___ Provide Title/ Explanation If no: Los Angeles County Museum of Art Ticket(s)/Pass(es) provided by agency? Yes 🔲 No 🔳 Name of Source Was ticket distribution made at the behest Yes ☐ No ■ If yes: Official's Name (Last, First) of agency official? 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. Number Name of Agency, Department or Unit A. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Staff Per Ticket policy 5.3 (k) 2 Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes 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 02/28/2023 Signature of Agency Head or Designee Print Name Title (month, day, year) Comment:

> FPPC Form 802 (2/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

-	eremonial Role Even	its and nicketh	455 DISTI	butions		Public Document		
	Agency Name			Date Stamp	California 802			
	County of Los Angeles					Form For Official Use Only		
		Division, Department, or Region (if applicable)				1 or omolar ose omy		
	Board of Supervisor, First District							
	Designated Agency Contact (Name, Title)							
	Barbara Garcia, Ticket Adm				Amendment (Must Pr	ovide Explanation in Part 3.)		
	Area Code/Phone Number	E-mail						
	213-974-4111	bgarcia@bos.laco	unty.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 , 2025		
	Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes □ No ■ If no: Los Ang			geles County Museum of Art				
	Was ticket distribution made of agency official?	e at the behest Yes	□ No ■ If	yes:	Official's Name (Last, First)			
	Recipients • Use Section A to identify the ager	ncy's department or unit.	·r	dentify an individu	al. Use Section C to identify	an outside organization.		
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	Describe the	Describe the public purpose made pursuant to the agency's policy			
	Staff		2	Per Ticket p	olicy 5.3 (k)			
	B. Name of Ind		Number of Ticket(s)/ Passes		Identify one of the fo	llowing:		
					onial Role Other on "Other" des	Income		
					onial Role Other of "Other" design "Ceremonial Role" or "Other" design	Income I		
	C. Name of Outside O		Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy		
	(
	Verification I have read and understand FF with the requirements.	PPC Regulations 18944	1.1 and 18942.	have verified to	hat the distribution set fo	rth above, is in accordanc		
	Signature of Agency Head or Design	Barbara Gard	rint Name	Ticke	t Administrator	02/28/2023 (month, day, year)		

	gency Report of: eremonial Role Ever	nts and Ticket/P	ass Distri	butions	Δ	Public Document
	Agency Name			Date Stamp	California 802	
	County of Los Angeles					
	Division, Department, or Region (if applicable)				1	For Official Use Only
	Board of Supervisor, First District				*	
	Designated Agency Contact (Name, Title)				1	
	Barbara Garcia, Ticket Adm	ninistrator			Amendment (Must Pro	ovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				evide Explanation in various
	213-974-4111	bgarcia@bos.lacou	inty.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 , 2025
		Provide Title/ Expla	nation			of Art
	Ticket(s)/Pass(es) provided	l by agency? Yes [□ No ■ If	no: Los Ang	geles County Museum o	or Art
	Was ticket distribution made	e at the behest Ves I	¬ No ■ If	ves:	Official's Name (Last, First)	
	of agency official?	163	NO	•	Official's Name (Last, First)	
_						
3.	Recipients • Use Section A to identify the age	ncy's department or unit. •	Use Section B to i	dentify an individu	ual. Use Section C to identify	an outside organization.
	A. Name of Agency, Dep	Number of Ticket(s)/ Passes		Describe the public purpose made pursuant to the agency's policy		
	Staff		2	Per Ticket p	policy 5.3 (k)	
	B. Name of Ind		Number of Ticket(s)/ Passes		Identify one of the fo	llowing:
				0.000,000,000	nonial Role Other Minimum Other Minimum Other description of the Control of the C	Income Income
					nonial Role Other or "Other" descriptions of the control of the	Income C
	C. Name of Outside C (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy
<u> </u>	Verification					
	I have read and understand FF with the requirements.	PPC Regulations 18944	.1 and 18942. I	I have verified	that the distribution set for	th above, is in accordance
	in Driken	Barbara Garc	ia	Ticke	et Administrator	02/28/2023
	Signature of Agency Head or Design	nee Pr	rint Name		Title	(month, day, year)
	Comment:					

Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** 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 ■ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number 213-974-4111 bgarcia@bos.lacounty.gov Date of Original Filing: . (month, day, year) 2. Function or Event Information 25.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ __ Yes No 🗆 Event Description: Los Angeles County Museum of Art 12 2025 Date(s) ___ Provide Title/ Explanation If no: Los Angeles County Museum of Art Ticket(s)/Pass(es) provided by agency? Yes 🔲 No 🔳 Name of Source Was ticket distribution made at the behest Yes ☐ No ■ If yes: _ Official's Name (Last, First) of agency official? 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. Number A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Staff Per Ticket policy 5.3 (k) 2 Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other Income ___ If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes 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** 02/28/2023 Signature of Agency Head or Designee Print Name Title (month, day, year) Comment:

Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** County of Los Angeles Division, Department, or Region (if applicable) For Official Use Only Board of Supervisor, First District Designated Agency Contact (Name, Title) Barbara Garcia, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 213-974-4111 Date of Original Filing: _ bgarcia@bos.lacounty.gov (month, day, year) 2. Function or Event Information 25.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ ___ Yes No 🗆 Event Description: Los Angeles County Museum of Art 12 31 2025 Date(s) _____/___ Provide Title/ Explanation If no: Los Angeles County Museum of Art Ticket(s)/Pass(es) provided by agency? Yes No No Name of Source Was ticket distribution made at the behest Yes ☐ No ■ Official's Name (Last, First) of agency official? 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. Number A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Staff Per Ticket policy 5.3 (k) 2 Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes 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** 02/28/2023 Signature of Agency Head or Designee Print Name Title (month, day, year) Comment: _

	eremonial Role Ever	its and licket/F	ass Disti	ributions	A	Public Documen	
-	Agency Name				Date Stamp	California 802	
	County of Los Angeles					Form OU2	
	Division, Department, or Region (if applicable)					For Official Use Only	
	Board of Supervisor, First D	District		İ			
	Designated Agency Contact	(Name, Title)					
	Barbara Garcia, Ticket Adn	ninistrator		├ -	7 Amendment (44 45	1. 5	
	Area Code/Phone Number	E-mail			Amendment (Must Pi	rovide Explanation in Part 3.)	
	213-974-4111	bgarcia@bos.laco	unty.gov	1	Date of Original Filing: .	(month, day, year)	
	Function or Event Info	rmation					
	Does the agency have a tic	ket policy? Yes	■ No □	Face Value of Ea	ich Ticket/Pass \$	25.00	
	Event Description: Los Ang	geles County Museur	m of Art	Date(s)/_	/	12 , 31 , 2025	
	T. I. (/ \/D. / \ \	Provide Title/ Expla	anation		es County Museum	of Art	
	Ticket(s)/Pass(es) provided	by agency? Yes	□ No ■	If no:	Name of Source	or Ait	
	Was ticket distribution made	e at the behest Voc	□ No ■	If yes:			
	of agency official?	e at the beliest 168	□ NO	,	Official's Name (Last, First)		
	- agency emolar.						
	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, Dep		Number			suant to the agency's policy	
			of Ticket(s)/ Passes			suant to the agency's policy	
	Staff		2	Per Ticket pol	icy 5.3 (k)		
	B. Name of Ind		Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:	
	(Fasses		ial Role Other C		
	-				al Role Other C		
	C. Name of Outside C		Number of Ticket(s)/ Passes	Describe the p	ublic purpose made purs	suant to the agency's policy	
			. 3333				
_	Verification						
	I have read and understand FF with the requirements.	PPC Regulations 1894	1.1 and 18942.	I have verified tha	t the distribution set fo	rth above, is in accordant	
	0 2 41 -						
1	VALO DAN	Barbara Gard	cia	Ticket A	Administrator	02/28/2023	

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Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form 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 Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 213-974-4111 bgarcia@bos.lacounty.gov Date of Original Filing: _ (month, day, year) 2. Function or Event Information 25.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ ___ Yes No 🗆 Event Description: Los Angeles County Museum of Art 12 31 2025 Date(s) ____/___ Provide Title/ Explanation If no: Los Angeles County Museum of Art Ticket(s)/Pass(es) provided by agency? Yes 🔲 No 🔳 Name of Source Was ticket distribution made at the behest Yes ☐ No ■ Official's Name (Last, First) of agency official? 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. Number Name of Agency, Department or Unit A. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Staff Per Ticket policy 5.3 (k) 2 Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income ___ If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income | If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes 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 02/28/2023 Signature of Agency Head or Designee Print Name Title (month, day, year) Comment:

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۱.	Agency Name	-			Date Stamp	California 802
	County of Los Angeles					Term
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	Designated Agency Contact	(Name, Title)				
	Barbara Garcia, Ticket Adn	ninistrator			Amendment (Must P)	ovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				- · · · · · · · · · · · · · · · · · · ·
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	Event Description: Los Ang	geles County Museun	of Art	Date(s)	//	12 , 31 , 2025
		Provide Title/ Expla	nation			of Art
	Ticket(s)/Pass(es) provided	I by agency? Yes	□ No ■ If	f no: Los Ang	geles County Museum Name of Source	OI AIL
	Was ticket distribution mad	e at the behest Yes I	¬ No ■ If	f yes:	Official's Name (Last, First)	
	of agency official?	103			Official's Name (Last, First)	
3.	· · · · · · · ·					
	Use Section A to identify the agency's department or unit. Use Section B to identify the agency's department or unit.		·	dentify an individu	ual. Use Section C to identify	an outside organization.
	A. Name of Agency, Dep	partment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	suant to the agency's policy
	Staff		2	Per Ticket p	policy 5.3 (k)	
	B. Name of Inc		Number of Ticket(s)/		Identify one of the fo	ollowing:
	(Last, Fi	rst)	Passes			
				0.407830000	nonial Role Other Other or "Other" des	s sometimes and a
					nonial Role Other Other des	
	C. Name of Outside C (include address an		Number of Ticket(s)/ Passes	If chec.		cribe below:
			of Ticket(s)/	If chec.	king "Ceremonial Role" or "Other" des	cribe below:
<u>.</u>	Verification I have read and understand Fi	d description)	of Ticket(s)/ Passes	If chec.	e public purpose made purs	cribe below:
I.	Verification	d description)	of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy

Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form 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 Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number 213-974-4111 bgarcia@bos.lacounty.gov Date of Original Filing: _ (month, day, year) 2. Function or Event Information 25.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ __ Yes No 🗆 Los Angeles County Museum of Art 12 2025 **Event Description:** Date(s) ____/___/__ Provide Title/ Explanation If no: Los Angeles County Museum of Art Ticket(s)/Pass(es) provided by agency? Yes No Name of Source Was ticket distribution made at the behest Yes ☐ No ■ Official's Name (Last, First) of agency official? 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. Number A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Staff Per Ticket policy 5.3 (k) 2 Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income ___ If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes 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** 02/28/2023 Signature of Agency Head or Designee Print Name Title (month, day, year) Comment: