Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions **A Public Document**

	Agency Name		Date Stamp	California 802		
	County of Los Angeles			Tom SSS		
	Division, Department, or Reg	ion (if applicable)]	For Official Use Only		
	Board of Supervisor, First D	istrict				
	Designated Agency Contact (Name, Title)				
	Barbara Garcia, Ticket Adm	inistrator			Amendment (Must 6	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			Amendment (Mast P	Tovide Explanation III Falt 3.)
	213-974-4111	bgarcia@bos.lacοι	inty.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				25.00
	Does the agency have a tick			ace Value of	Each Ticket/Pass \$ _	25.00
	Event Description: Los Ange	eles County Museun	n of Art D	ate(s)	//	12 , 31 , 2025
		Provide Title/ Expla	nation	no. Los And	geles County Museum	of Art
	Ticket(s)/Pass(es) provided	by agency? Yes	□ No ■ If	110:	Name of Source	
	Was ticket distribution made	at the behest Yes	Π No ■ If	yes:		
	of agency official?	100			Official's Name (Last, First)	
3.	Recipients					60 100 P. W
	Use Section A to identify the agen	icy's department or unit.	Jai. Use Section C to identi	ry an outside organization.		
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy
	Staff		2	Per Ticket p	policy 5.3 (k)	
	B. Name of Indi (Last, Fire		Number of Ticket(s)/ Passes	Ceren	Identify one of the f	
	Ta	CONTROL (2000) - 101 - 100000			king "Ceremonial Role" or "Other" de	
					nonial Role Other C king "Ceremonial Role" or "Other" de	
	C. Name of Outside O		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pui	suant to the agency's policy
١.	Verification					
	I have read and understand FP	PPC Regulations 18944	1.1 and 18942.	have verified	that the distribution set f	orth above, is in accordance
	with the requirements.	~				
	Market	Barbara Gard	cia	Ticke	et Administrator	08/10/2023
	Signature of Agency Head or Design	ee P	rint Name		Title	(month, day, year)
	Comment					
	Comment:					

Print

Clear

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

Ceremonial Role E	vents and Ticket/	Pass Distri	butions		Public Document
1. Agency Name				Date Stamp	California 802
County of Los Angeles					THE RESIDENCE OF THE PARTY OF T
Division, Department, or	Region (if applicable)		For Official Use Only		
Board of Supervisor, Fi	rst District				
Designated Agency Con	tact (Name, Title)				
Barbara Garcia, Ticket	Administrator			☐ Amendment /Must P	rovide Explanation in Part 3.)
Area Code/Phone Numb	er E-mail			Amendment (Mastr	Tovide Explanation III Fait 3.)
213-974-4111	bgarcia@bos.lacc	unty.gov		Date of Original Filing: .	(month, day, year)
2. Function or Event I	nformation				
Does the agency have	a ticket policy? Yes	No □ F	ace Value of I	Each Ticket/Pass \$	25.00
Event Description: Los	Angeles County Museu)ate(s)	//	12 , 31 , 2025
	Provide Title/ Exp	lanation			of Art
Ticket(s)/Pass(es) prov	ided by agency? Yes	□ No ■ If	no: Los Ang	geles County Museum	OFAIT
Was ticket distribution r	made at the behest Yes	If	yes:		
of agency official?	nade at the benest Yes	I No ■ "	you	Official's Name (Last, First)	
or agency official:					
3. Recipients • Use Section A to identify th	e agency's department or unit.	• Use Section B to i	dentify an individu	ıal. Use Section C to identif	y an outside organization.
A. Name of Agency	, Department or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
Staff		2	Per Ticket p	policy 5.3 (k)	
	of Individual	Number of Ticket(s)/		Identify one of the fo	ollowing:
(La	st, First)	Passes	Cerem	nonial Role Other	Income
			If check	ing "Ceremonial Role" or "Other" des	scribe below:
			A. O CONTRACTOR	onial Role Other cing "Ceremonial Role" or "Other" des	
	side Organization ss and description)	Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
4. Verification I have read and understar	nd FPPC Regulations 1894	4.1 and 18942.	l have verified t	hat the distribution set fo	orth above, is in accordance
with the requirements.					
MIN	Barbara Gai	cia	Ticke	t Administrator	08/10/2023
Signature of Agency Head or	Designee	Print Name		Title	(month, day, year)

Comment: ___

Clear

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

١.	Agency Name	Date Stamp	California 802				
	County of Los Angeles					Form OUZ	
	Division, Department, or Region	on (if applicable)	1	For Official Use Only			
	Board of Supervisor, First Di	strict					
	Designated Agency Contact (/	Vame, Title)	1				
	Barbara Garcia, Ticket Admi	nistrator			Amendment /Must P	rovide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail		With the View	Americanica (Masci Tovide Explanation in Tart 6.)		
	213-974-4111	bgarcia@bos.lace	ounty.gov		Date of Original Filing:	(month, day, year)	
2.	Function or Event Inform	nation		05.00			
	Does the agency have a tick	et policy? Yes	s■ No□ F	ace Value of	Each Ticket/Pass \$	25.00	
	Event Description: Los Ange	les County Museu	ım of Art)ate(s)	//_	12 , 31 , 2025	
		Provide Title/ Exp	Janatian		geles County Museum	of Art	
	Ticket(s)/Pass(es) provided by	by agency? Yes	s □ No ■ If	no:	Name of Source		
	Was ticket distribution made	at the behest Yes	s□ No■ If	yes:			
	of agency official?	10.			Official's Name (Last, First)		
3.	Recipients						
	Use Section A to identify the agence	y's department or unit.		dentify an individi	ual. Use Section C to identif	y an outside organization.	
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pur	suant to the agency's policy	
	Staff		2	Per Ticket p	policy 5.3 (k)		
	B. Name of Individual		Number of Ticket(s)/		Identify one of the f	ne of the following:	
	(Last, Firs	0	Passes		nonial Role Other C		
					nonial Role Other Cking "Ceremonial Role" or "Other" de		
	C. Name of Outside Ord (include address and		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pur	suant to the agency's policy	

Signature of Agency Head or Designee

Comment: _

Clear

Print Name

Barbara Garcia

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

08/10/2023

(month, day, year)

Ticket Administrator

Title

Agency Report of:

	eremonial Role Even	ts and Ticket/Pass Dis	A F	Public Document	
1.	Agency Name			Date Stamp	California 802
	County of Los Angeles			*	Tellii SS
	Division, Department, or Reg	ion (if applicable)		1	For Official Use Only
	Board of Supervisor, First District				
	Designated Agency Contact (Name, Title)			1	
	Barbara Garcia, Ticket Adm		☐ Amendment (Must Provide Explanation in Part 3.)		
	Area Code/Phone Number	E-mail		7 (2000) (100 (100 (100 (100 (100 (100 (100	
	213-974-4111	bgarcia@bos.lacounty.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation			
	Does the agency have a tick	ket policy? Yes ■ No □	Face Value of	Each Ticket/Pass \$	25.00
	Event Description: Los Ang		Date(s)	<i></i>	12 , 31 , 2025
	Ticket(s)/Pass(es) provided	Provide Title/ Explanation by agency? Yes □ No ■	If no: Los Ang	geles County Museum o	of Art
				Name of Source	

	Dients ction A to identify the agency's department or uni	t. • Use Section B to i	dentify an individual. Use Section C to identify an outside organization.
A.	Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Staff		2	Per Ticket policy 5.3 (k)
В.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
			Ceremonial Role Other Income 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)/ Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

Comment: __

3.

I have read and understand	FPPC Regulations	18944.1 and 18942.	I have verified that the	distribution set forth	above. is in accordance
-d-la \(\lambda \)	3				,
with the requirements.					

Barbara Garcia

Ticket Administrator

08/10/2023

Signature of Agency Head or Designee

Print Name

Title

(month, day, year)

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Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions 1. Agency Name

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	Agency Name		Date Stamp California			
	County of Los Angeles			Form OUZ		
	Division, Department, or Reg	on (if applicable)				For Official Use Only
	Board of Supervisor, First D	istrict				
•	Designated Agency Contact (Name, Title)]	
	Barbara Garcia, Ticket Administrator				☐ Amendment (Must 5	Provide Explanation in Part 3.)
į	Area Code/Phone Number	E-mail			Amendment (wastr	Tovide Explanation III Falt 3.)
7	213-974-4111	bgarcia@bos.lac	ounty.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				05.00
	Does the agency have a tick	et policy? Ye	es∎ No□ F	ace Value of B	Each Ticket/Pass \$ _	25.00
	Event Description: Los Ange	eles County Muse	um of Art D	ate(s)/		12 , 31 , 2025
	Ticket(s)/Pass(es) provided		es 🔲 No 🔳 If	no: Los Ang	eles County Museum	of Art
	Was ticket distribution made	at the behest vo	s □ No ■ If	yes:		
	of agency official?	at the periost 46	S I NO II	,	Official's Name (Last, First)	
3.	Recipients					
	Use Section A to identify the agen	cy's department or unit	al. Use Section C to identif	ry an outside organization.		
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made pur	suant to the agency's policy
	Staff	4	2	Per Ticket p	policy 5.3 (k)	
	B. Name of Indi (Last, Fire		Number of Ticket(s)/ Passes		Identify one of the f	
					onial Role Other Cing "Ceremonial Role" or "Other" de	
					onial Role Other Cing "Ceremonial Role" or "Other" de	
	C. Name of Outside O		Number of Ticket(s)/ Passes	Describe the	e public purpose made pur	suant to the agency's policy
	Verification I have read and understand FP	PC Regulations 189)44.1 and 18942. I	have verified t	hat the distribution set fo	orth above, is in accordance
	with the requirements.	335097				
	Malder	Barbara Ga	arcia	Ticke	t Administrator	08/10/2023
	Signature of Agency Head or Design	ee	Print Name		Title	(month, day, year)

A	Duch	lic	Doci	Ima	mt
-				JUING:	111

Agency Name			Date Stamp California	75	
County of Los Angeles			Date Stamp Galifornia Form	3. 60.23.	
Division, Department, or Region (if applicable)			For Official Use On	ly	
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	Sec. (1820) 10 10 10 10 10 10 10 10 10 10 10 10 10				
213-974-4111 bgarcia@bos.lac	ounty.gov		Date of Original Filing: (month, day, year)		
Function or Event Information					
Does the agency have a ticket policy?	s∎ No□ F	ace Value of I	Each Ticket/Pass \$25.00	<u> </u>	
Event Description: Los Angeles County Muse	SAC A. THE CONTRACT OF THE CON	late(s)		5	
Provide Title/ Ex	nlanation			_	
Ticket(s)/Pass(es) provided by agency? Ye	s 🗌 No 🔳 If	no: Los Ang	geles County Museum of Art		
Was ticket distribution made at the behest Ye	s□ No■ If	ves:	Official's Name (Last, First)		
of agency official?	2 NO	•	Official's Name (Last, First)		
Recipients		r cor in a sin			
Use Section A to identify the agency's department or unit		dentify an individu	ual. Use Section C to identify an outside organization.		
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made pursuant to the agency's po	licy	
Staff	2	Per Ticket p	policy 5.3 (k)		
B. Name of Individual	Number of Ticket(s)/		Identify one of the following:		
(Last, First)	Passes				
			nonial Role	ome L	
			nonial Role Other Incoming "Ceremonial Role" or "Other" describe below:	ome [
AT SAME TO SECURE A PROPERTY OF THE SECURITY O	Number of Ticket(s)/ Passes	Describe the	e public purpose made pursuant to the agency's po	licy	
C. Name of Outside Organization (include address and description)	200				
		I have verified t	that the distribution set forth above, is in accor	danc	
Verification have read and understand FPPC Regulations 189	044.1 and 18942.		that the distribution set forth above, is in accordet Administrator 08/10/20		

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

A Public Document

1.	Agency Name			0.00	Date Stamp	California 802	
	County of Los Angeles					Form 002	
	Division, Department, or Regi	on (if applicable)			1	For Official Use Only	
	Board of Supervisor, First Di	strict					
	Designated Agency Contact (
	Barbara Garcia, Ticket Admi	nistrator			Amendment /Must l	Provide Explanation in Part 3.)	
	Area Code/Phone Number			Amendment (Mast)	TOVIGE Explanation in Fart 5.)		
	213-974-4111	bgarcia@bos.lac	ounty.gov		Date of Original Filing:	(month, day, year)	
2.	Function or Event Inform	nation					
	Does the agency have a tick	et policy? Ye	es No 🗆 F	ace Value of	Each Ticket/Pass \$ _	25.00	
	Event Description: Los Ange	eles County Muse	um of Art	ate(s)	<i></i>	12 , 31 , 2025	
	Ticket(s)/Pass(es) provided	Provide Title/ Ex	rplanation		geles County Museum	of Art	
	ricket(s)/r ass(es) provided	by agency: Ye	es 🗌 No 🔳 If	110.	Name of Source		
	Was ticket distribution made	at the behest Ye	s∏ No∎ lf	yes:	Official's Name (Last, First)		
	of agency official?				Official's Name (Last, First)		
3.	Recipients						
	Use Section A to identify the agent	cy's department or unit	ual. Use Section C to identi	fy an outside organization.			
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe th	e the public purpose made pursuant to the agency's policy		
	Staff		2	Per Ticket p	policy 5.3 (k)		
	B. Name of Indiv (Last, Firs		Number of Ticket(s)/ Passes		Identify one of the formal Role ☐ Other ☐ Cher' de king "Ceremonial Role" or "Other" de	Income	
	(*			nonial Role Other Citing "Ceremonial Role" or "Other" de		
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy	
A	Vouifination						
+.	Verification I have read and understand FPI	PC Regulations 189	144.1 and 18942. I	have verified t	that the distribution set f	orth above, is in accordance	
	with the requirements.	Barbara Ga	arcia	Ticke	t Administrator	08/10/2023	
	Signature of Agency Head or Designation	- William Marketon	Print Name		Title	(month, day, year)	
1	, table 2 2 30 g in	900	200 - 1880 000 000 NO 10 00 0 1 50 0 0			(month, day, year)	
	Comment:		Comment:				

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions 1. Agency Name

A Public Document

1. Agency Name	State of the state					
County of Los Angeles				Form OUZ		
Division, Department, or Region (if applicable)				For Official Use Only		
Board of Supervisor, First District						
Designated Agency Contact (Name, Title)	Designated Agency Contact (Name, Title)					
Barbara Garcia, Ticket Administrator			Amondment (tout	Provide Contended in Ded 21		
Area Code/Phone Number E-mail			Amendment (Must	Provide Explanation in Part 3.)		
213-974-4111 bgarcia@bos.la	Date of Original Filing: (month, day, year)					
2. Function or Event Information	***					
Does the agency have a ticket policy?	∕es∎ No□ F	ace Value of I	Each Ticket/Pass \$ _	25.00		
Event Description: Los Angeles County Mus	eum of Art	lato(s)	//_	12 , 31 , 2025		
Provide Title/ I						
Ticket(s)/Pass(es) provided by agency?	∕es 🔲 No 📕 If	no: Los Ang	geles County Museum	of Art		
			Name of Source			
Was ticket distribution made at the behest Yes No If yes:						
of agency official?						
3. Recipients						
 Use Section A to identify the agency's department or un 	ual. Use Section C to identi	fy an outside organization.				
	Number	of the state of the				
A. Name of Agency, Department or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy		
Staff		Per Ticket p	policy 5.3 (k)			
	2		(.,			

	Number	100 500 100 100				
B. Name of Individual (Last, First)	of Ticket(s)/ Passes		Identify one of the	following:		
		Cerem	nonial Role Other	Income		
		The same of the sa	king "Ceremonial Role" or "Other" de			
		Caram	nonial Role Other	Income		
			king "Ceremonial Role" or "Other" de			
Name of Outside Organization	Number					
C. Name of Outside Organization (include address and description)	of Ticket(s)/ Passes	Describe the	e public purpose made pu	rsuant to the agency's policy		
THE RELEGIES AND ACTION COMMENTS OF THE MEDITINE SERVICE OF THE PROPERTY OF TH						
4 V						
4. Verification						
I have read and understand FPPC Regulations 18 with the requirements.	3944.1 and 18942. I	nave verified t	nat the distribution set f	orth above, is in accordance		
Barbara G	Paroja	Tielce	t Administrator	00/40/2022		
Signature of Agency Head or Designee	Print Name			08/10/2023		
Signature of Agency Flead of Designee	rını мате		Title	(month, day, year)		
Comment:						

Agency Report of: Ceremonial Role Ever	nts and Ticket/P	ass Distri	butions	A	Public Document	
1. Agency Name		Date Stamp	California 802			
County of Los Angeles			reim oo-			
Division, Department, or Reg	gion (if applicable)		For Official Use Only			
Board of Supervisor, First D	District					
Designated Agency Contact (Name, Title)				-		
Barbara Garcia, Ticket Adn	ninistrator	☐ Amendment (Must F	Provide Explanation in Part 3.)			
Area Code/Phone Number	E-mail					
213-974-4111	bgarcia@bos.lacou	nty.gov		Date of Original Filing:	(month, day, year)	
2. Function or Event Info	mation					
Does the agency have a tic	ket policy?	■ No□ F	ace Value of	Each Ticket/Pass \$	25.00	
Event Description: Los Ang					12 , 31 , 2025	
Event Description:	Provide Title/ Explai	nation D	oate(s)	<u> </u>	12 31 2023	
Ticket(s)/Pass(es) provided			no. Los Ang	eles County Museum	of Art	
11011011(0),1 200(00) provided	i by agonoy. Test			Name of Source		
Was ticket distribution mad	e at the behest Yes [7 No ■ If	yes:	Official's Name (Last, First)		
of agency official?				Official's Name (Last, First)		
B. Recipients • Use Section A to identify the age	ncy's department or unit. •		dentify an individu	ıal. Use Section C to identi	fy an outside organization.	
A. Name of Agency, Dep	Number of Ticket(s)/ Passes	Describe th	e the public purpose made pursuant to the agency's policy			
Staff	2	Per Ticket p	Per Ticket policy 5.3 (k)			
B. Name of Inc		Number of Ticket(s)/		Identify one of the t	ollowing:	
(Last, First)		Passes		remonial Role Other Income cecking "Ceremonial Role" or "Other" describe below:		
1				nonial Role Other Cing "Ceremonial Role" or "Other" de		
C. Name of Outside C	Number of Ticket(s)/ Passes	Describe th	Describe the public purpose made pursuant to the agency's policy			
I. Verification I have read and understand FI	PPC Regulations 18944	.1 and 18942.	I I have verified i	hat the distribution set fo	orth above, is in accordanc	
with the requirements.						
MANA,	Barbara Gard	ia	Ticke	t Administrator	08/10/2023	
Signature of Agency Head or Desig	nee Pi	rint Name		Title	(month, day, year)	

Comment: __

Clear

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

Agency Report of: Ceremonial Role Events and Tid	cket/Pass Distri	butions	AP	ublic Document		
1. Agency Name County of Los Angeles Division, Department, or Region (if applicable) Board of Supervisor, First District Designated Agency Contact (Name, Title)	Da	te 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@bo	os.lacounty.gov	Date of C	Date of Original Filing:			
2. Function or Event Information Does the agency have a ticket policy? Event Description: Los Angeles County I Provide Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behave of agency official?	Museum of Art Title/ Explanation Yes No l	Face Value of Each Tick Pate(s)/	nty Museum of	25.00 12 , 31 , 2025 Art		
3. Recipients • Use Section A to identify the agency's department	or unit. • Use Section B to i	dentify an individual. Use Se	ction C to identify ar	n outside organization.		
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public pu	he public purpose made pursuant to the agency's policy			
Staff	2	Per Ticket policy 5.3	Per Ticket policy 5.3 (k)			
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Iden Ceremonial Role	itify one of the follo	wing:		
		If checking "Ceremonia Ceremonial Role	al Role" or "Other" describe	e below:		
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes		Describe the public purpose made pursuant to the agency's policy			
 Verification I have read and understand FPPC Regulation with the requirements. 	ns 18944.1 and 18942.	I have verified that the dis	tribution set forth	above, is in accordance		
	ra Garcia	Ticket Adminis	trator	08/10/2023		
Signature of Agency Head or Designee	Print Name		Title	(month, day, year)		

Comment: _

Clear

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