## Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp **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 Face Value of Each Ticket/Pass \$ \_ Does the agency have a ticket policy? Yes No 🗆 Event Description: Los Angeles County Museum of Art 31 2025 Provide Title/ Explanation If no: Los Angeles County Museum of Art Ticket(s)/Pass(es) provided by agency? Yes No No Was ticket distribution made at the behest Yes ☐ No ■ 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 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** Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below Income Ceremonial Role Other \_ 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

		The state of the s
4.	Verification	

(include address and description)

I have verified that the distribution set forth above, is in accordance

Signature of Agency Head or Designee

with the requirements.

Comment:

Barbara Garcia

Ticket Administrator

10/31/2023

Print Name

of Ticket(s)/

Passes

(month, day, year)

**Print** 

Clear

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

•	Aganay Nama		****		Date Stamp	California OOO
١.	Agency Name				Date Stamp	Form 802
	County of Los Angeles  Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Board of Supervisor, First D  Designated Agency Contact					
	Barbara Garcia, Ticket Adm Area Code/Phone Number	Inistrator IE-mail			Amendment (Must	Provide Explanation in Part 3.)
	213-974-4111	bgarcia@bos.lacou	nty.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				25.00
	Does the agency have a tic			ace Value of	Each Ticket/Pass \$ _	25.00
	Event Description: Los Ang	eles County Museum	of Art	ato(s)	//	12 , 31 , 2025
	Event Description.	Provide Title/ Explar				
	Ticket(s)/Pass(es) provided	by agency? Yes [	] No ■ If	no: Los Ang	geles County Museun	n of Art
			1.6		Name of Source	
	Was ticket distribution made	e at the behest Yes [	□ No ■ IT	yes:	Official's Name (Last, First)	
	of agency official?					
3.	Recipients • Use Section A to identify the ager	ncy's department or unit. •	Use Section B to i	dentify an individ	ual. Use Section C to ident	ify an outside organization.
	A. Name of Agency, Dep	artment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant to the agency's policy
	Staff		2	Per Ticket	policy 5.3 (k)	
	B. Name of Ind		Number of Ticket(s)/		Identify one of the	following:
	(LdSt, r ii	ay .	Passes		monial Role  Other  Other  or "Other" o	Terresentes in Europe
					monial Role  Other  Other  or "Other" of	- CARROTTING
	C. Name of Outside C		Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	ursuant to the agency's policy
			1	4		
Δ	Verification					

Barbara Garcia

Ticket Administrator

10/31/2023

Comment: \_\_

Print Name

(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document Date Stamp California 1. Agency Name **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 Date of Original Filing: bgarcia@bos.lacounty.gov 213-974-4111 (month, day, year) 2. Function or Event Information 25.00 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes No 🗆 Event Description: Los Angeles County Museum of Art 12 31 2025 Provide Title/ Explanation If no: Los Angeles County Museum of Art Ticket(s)/Pass(es) provided by agency? Yes No No 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 Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit A. of Ticket(s)/ **Passes** Per Ticket policy 5.3 (k) Staff 2 Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes Income Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below. Income Ceremonial Role Other \_ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

4. Verification

verincation			
have read and understand FPPC R	egulations 18944.1 and 18942. I	have verified that the distribution set fort	h above, is in accordance
MAS	Barbara Garcia	Ticket Administrator	10/31/2023
Ignature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Print

Clear

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

## Agency Report of: 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 Date of Original Filing: -213-974-4111 bgarcia@bos.lacounty.gov (month, day, year) 2. Function or Event Information 25.00 Face Value of Each Ticket/Pass \$ \_ Does the agency have a ticket policy? Yes No 🗆 Event Description: Los Angeles County Museum of Art 12 31 2025 Provide Title/ Explanation If no: Los Angeles County Museum of Art Ticket(s)/Pass(es) provided by agency? Yes No No Was ticket distribution made at the behest Yes ☐ No ■ 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 Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit A. of Ticket(s)/ **Passes** Per Ticket policy 5.3 (k) Staff 2 Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Income Ceremonial Role Other 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.	ficati	

1	1		a contract to	10.000.000.000.000					
f	ha	ve read/and understa	nd FPPC Regulations	18944.1 and	18942. I have	verified that the	distribution set to	rth above, i	is in accordance
			The state of the s					•	
١	with	the rehuirements I							

Barbara Garcia

Signature of Agency Head or Designee

Print Name

Title

Title

t Administrator 10/31/2023

Comment: \_\_\_\_\_

(month, day, year)

## Agency Report of:

Ceremonial Role Ev	ents and Ticket/	Pass Distri	butions	AI	Public Document
. Agency Name				Date Stamp	California 802
County of Los Angeles					101111
Division, Department, or	Region (if applicable)				For Official Use Only
Board of Supervisor, Fire	1000 1000 1000 1000 1000				
Designated Agency Cont	act (Name,Title)				
Barbara Garcia, Ticket A				Amendment (Must Pro	ovide Explanation in Part 3.)
Area Code/Phone Numbe	30 a - 1 construction (1)				
213-974-4111	bgarcia@bos.lace	ounty.gov		Date of Original Filing:	(month, day, year)
2. Function or Event In	formation				25.00
Does the agency have a			ace Value of	Each Ticket/Pass \$	25.00
Event Description: Los /	Angeles County Museu	um of Art D	ate(s)	//	12 , 31 , 2025
Ticket(s)/Pass(es) provid	20 AND B	s □ No ■ If	no: Los Ang	geles County Museum o	of Art
				Name of Source	
Was ticket distribution m	ade at the behest Ye	s□ No■ <sup>If</sup>	yes:	Official's Name (Last, First)	
of agency official?					
B. Recipients  • Use Section A to identify the	agency's department or unit.	• Use Section B to ic	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 th	e public purpose made purs	uant to the agency's policy
Staff		2	Per Ticket p	policy 5.3 (k)	
	<sup>f</sup> Individual t, First)	Number of Ticket(s)/ Passes		Identify one of the fo	
				nonial Role Other Other Chang "Ceremonial Role" or "Other" descriptions	Income
	4			nonial Role Other of the other description of the other	Income Income
	de Organization and description)	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy
l. Verification					
I have read and understand with the requirements.	d FPPC Regulations 189	44.1 and 18942. I	have verified t	that the distribution set for	th above, is in accordance
Signature of Agency Head or D	Barbara Ga	rcia Print Name	Ticke	et Administrator	10/31/2023
Comment:	o signice	rant ivaine		nue	(month, day, year)

1.	Agency Name				Date Stamp	California 802
	County of Los Angeles					Form OUZ
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only
	Board of Supervisor, First D	istrict				
	<b>Designated Agency Contact</b>	(Name, Title)	3 SECTION 1	The second secon	1	
	Barbara Garcia, Ticket Adm	ninistrator				L
	Area Code/Phone Number	E-mail			Amendment (Must Pro	ovide Explanation in Part 3.)
	213-974-4111	bgarcia@bos.lacou	inty.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				05.00
	Does the agency have a tic	ket policy? Yes	■ No 🗆 F	ace Value of	Each Ticket/Pass \$	25.00
	Event Description: Los Ang	eles County Museum	n of Art	)ato(s)		12 , 31 , 2025
	Event Description.	Provide Title/ Expla	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes	□ No ■ If	no: Los Ang	geles County Museum of	of Art
					Name of Source	
	Was ticket distribution made	e at the behest Yes [	□ No ■ li	f yes:	Official's Name (Last, First)	
	of agency official?					
3.	Recipients • Use Section A to identify the ager	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	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant 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:
					nonial Role Other L king "Ceremonial Role" or "Other" desc	Income Income
					nonial Role Other king "Ceremonial Role" or "Other" desc	Income Income
	C. Name of Outside C		Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy
	( <del>************************************</del>					
4.	Verification					
	I have read and understand FF	PPC Regulations 18944	.1 and 18942.	I have verified	that the distribution set for	th above, is in accordance
	with the requirements.					
	MNIXCH	Barbara Gard	ia	Ticke	et Administrator	10/31/2023

Print

Comment:

Clear

Print Name

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

(month, day, year)

Title

# Agency Report of:

_	monial Role Even	ts and Ticket/I	Pass Distri	butions		A Public Document
l. Ag	ency Name		II		Date Stamp	California 802
	unty of Los Angeles					·Com
Divi	sion, Department, or Regi	on (if applicable)				For Official Use Only
	ard of Supervisor, First D					
Des	ignated Agency Contact (	Name, Title)				
-	bara Garcia, Ticket Adm				Amendment (Musi	t Provide Explanation in Part 3.)
	a Code/Phone Number	E-mail				
213	3-974-4111	bgarcia@bos.laco	unty.gov		Date of Original Filing	(month, day, year)
2. Fu	nction or Event Infor	mation				25.00
Do	es the agency have a tick	et policy? Yes	■ No□ F	ace Value of	Each Ticket/Pass \$ .	25.00
Eve	ent Description: Los Ange	eles County Museu	m of Art D	ate(s)	'	12 , 31 , 2025
Ticl	ket(s)/Pass(es) provided	2000 CONTRACTOR OF THE PROPERTY OF THE PROPERT	□ No ■ If	no: Los Ang	eles County Museu	m of Art
Wa	s ticket distribution made	at the behest Voc	□ No ■ If	yes:		
	agency official?	at the periodic 162	□ NO ■	,	Official's Name (Last, First	()
3. R	ecipients					
• (	Ise Section A to identify the agen	cy's department or unit.	<ul> <li>Use Section B to id</li> </ul>	dentify an individu	al. Use Section C to iden	tify an outside organization.
A	Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made p	ursuant to the agency's policy
S	taff		2	Per Ticket p	policy 5.3 (k)	
_ _ B	Name of Indi	vidual	Number		Identify one of the	o following:
	(Last, Fir		of Ticket(s)/ Passes		identity one of the	e tollowing.
					onial Role Other ing "Ceremonial Role" or "Other"	
					nonial Role Other ting "Ceremonial Role" or "Other"	
C	Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made p	ursuant to the agency's policy
1 Ve	rification					
l ha	^	PC Regulations 1894	4.1 and 18942.	I have verified t	hat the distribution set	forth above, is in accordance
_(	MENT	Barbara Gar		Ticke	t Administrator	10/31/2023
S	signature of Agency Head or Design	ee	Print Name		Title	(month, day, year)
Со	mment:					

	Agency Name		2011000000		Date Stamp	California 802
	County of Los Angeles					
	Division, Department, or Reg	ion (if applicable)		×		For Official Use Only
	Board of Supervisor, First D	District				
	Designated Agency Contact	(Name, Title)				
	Barbara Garcia, Ticket Adm	ninistrator			Amendment /Must	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail		ter and the same	Amendment (mast	r Tovide Explanation in Fart 5.)
	213-974-4111	bgarcia@bos.laco	unty.gov		Date of Original Filing	(month, day, year)
	Function or Event Infor	mation				25.00
	Does the agency have a tic			ace Value of	Each Ticket/Pass \$ _	25.00
	Event Description: Los Ang	eles County Museu	m of Art	late(e)	<i></i>	12 , 31 , 2025
	Event Description.	Provide Title/ Expl	anation			
	Ticket(s)/Pass(es) provided	by agency? Yes	□ No ■ If	no: Los Ang	geles County Museur	n of Art
					Name of Source	
	Was ticket distribution made	e at the behest Yes	□ No ■ If	yes:	Official's Name (Last, First	)
	of agency official?					
i.	Recipients  • Use Section A to identify the ager	ocv's department or unit	• Use Section R to it	dentify an individu	ual Mise Section C to iden	tify an outside organization
			Number	CONTROL OF THE SEC		
	A. Name of Agency, Department	artment or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made pu	ursuant 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	following:
			1 44000	10.000.000.000	nonial Role  Other of the control of	
					nonial Role  Other or "Other" or	
	C. Name of Outside C		Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	ursuant to the agency's policy

Print

Comment: \_\_\_\_

Clear

Print Name

Barbara Garcia

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

10/31/2023

(month, day, year)

Ticket Administrator

Title

1.	Agency Name				Date Stamp	California OOO
	County of Los Angeles				COSCIONAS SERVICIOS (C. P.	California 802
	Division, Department, or Reg	gion (if applicable)		***************************************	1	For Official Use Only
	Board of Supervisor, First [	District			¥	
	Designated Agency Contact			4-89-4-	1	
	Barbara Garcia, Ticket Adn	ninistrator				
	Area Code/Phone Number	E-mail			Amendment (Must Pr	ovide Explanation in Part 3.)
	213-974-4111	bgarcia@bos.lacou	ınty.gov		Date of Original Filing: _	(month, day, year)
2.	Function or Event Info	rmation				
	Does the agency have a tic	ket policy?	■ No□ F	Face Value of	Each Ticket/Pass \$	25.00
	Event Description: Los Ang					12 , 31 , 2025
	Event Description:	Provide Title/ Expla	nation	Date(s)	<i>/</i> .	12 01 2020
	Ticket(s)/Pass(es) provided		□ No ■ □	f no: Los Ang	geles County Museum	of Art
					Name of Source	
	Was ticket distribution mad	e at the behest Yes	□ No ■ <sup>1</sup>	f yes:	Official's Name (Last, First)	
	of agency official?				Oniciais Name (Last, First)	
3.	Recipients  • Use Section A to identify the age		Use Section B to	identify an individu	ual. Use Section C to identify	an outside organization.
	A. Name of Agency, Dep	eartment or Unit	of Ticket(s)/ Passes		ne public purpose made purs	suant to the agency's policy
	Staff		2	Per Ticket p	policy 5.3 (k)	12000
	B. Name of Inc.		Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:
					nonial Role Other Ming "Ceremonial Role" or "Other" des	
					nonial Role Other Dking "Ceremonial Role" or "Other" des	Income C
	C. Name of Outside O		Number of Ticket(s)/ Passes	Describe th	ne public purpose made purs	suant to the agency's policy
4.	Verification		-			
	I have read and understand Fi with the requirements	PPC Regulations 18944	1.1 and 18942.	I have verified	that the distribution set fo	rth above, is in accorda
	MANDOW	Barbara Gard	cia	Ticke	et Administrator	10/31/2023

Print

Comment: \_\_\_\_

Clear

Print Name

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

(month, day, year)

Title

. Agency Name			Date Stamp	California OOO
County of Los Angeles	8			Form 802
Division, Department, o				For Official Use Only
Board of Supervisor, F	First District			
Designated Agency Co				
Barbara Garcia, Ticke	t Administrator			
Area Code/Phone Numl			Amendment (Musi	t Provide Explanation in Part 3.)
213-974-4111	bgarcia@bos.lac	ounty.gov	Date of Original Filing	(month, day, year)
2. Function or Event	Information			05.00
Does the agency have	e a ticket policy? Ye	s■ No□ F	ace Value of Each Ticket/Pass\$.	25.00
Event Description: Los	s Angeles County Muse	nlanation	ate(s)/	12 , 31 , 2025
Ticket(s)/Pass(es) pro		s □ No ■ If	no: Los Angeles County Museu	m of Art
( )	, , , ,		Name of Source	
Was ticket distribution	made at the behest Ye	s□ No■ If	yes: Official's Name (Last, Firs	t)
of agency official?			Oo. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	7
	The Contract of the Contract o			
<ul><li>Recipients</li><li>Use Section A to identify t</li></ul>	he agency's department or unit.		lentify an individual. Use Section C to ider	ntify an outside organization.
A. Name of Agend	ey, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made p	ursuant to the agency's policy
Staff		2	Per Ticket policy 5.3 (k)	
	of Individual	Number		
		of Ticket(s)/	Identify one of the	e following:
	.ast, First)	of Ticket(s)/ Passes	Ceremonial Role Other	Income [
			Ceremonial Role  Other	Income C
C Name of Ou			Ceremonial Role Other  If checking "Ceremonial Role" or "Other"  Ceremonial Role Other	describe below:
C Name of Ou	Last, First)	Number of Ticket(s)/	Ceremonial Role Other  If checking "Ceremonial Role" or "Other"  Ceremonial Role Other  If checking "Ceremonial Role" or "Other"	describe below:
C. Name of Ou (include address)  Name of Ou (include address)	tside Organization	Number of Ticket(s)/	Ceremonial Role Other  If checking "Ceremonial Role" or "Other"  Ceremonial Role Other  If checking "Ceremonial Role" or "Other"	Income describe below:  Income describe below:
C. Name of Ou (include address)	tside Organization	Number of Ticket(s)/ Passes	Ceremonial Role  Other  If checking "Ceremonial Role" or "Other"  Ceremonial Role  Other  If checking "Ceremonial Role" or "Other"  Describe the public purpose made p	Income describe below:  Income describe below:

Clear

Comment: \_\_\_\_