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

| 1.                   | Agency Name   |                         |  |                               | Date Stamp  | California 202   |  |
|----------------------|---|-------------------------|--|-------------------------------|---|--|--|
|                      | Los Angeles County  |                         |  | Form OUZ                      |   |  |  |
|                      | Division, Department, or Region (if applicable)                   |                         |  |                               | 1   | For Official Use Only  |  |
|                      | Board of Supervisors, Fourt                                       | h District              |  |                               |   |  |  |
|                      | Designated Agency Contact (Name, Title)                           |                         |  |                               | 1   | 2  |  |
|                      | Nancy Herrera   |                         |  |                               | Amendment (Must                                       | Provide Explanation in Part 3.)  |  |
|                      | Area Code/Phone Number E-mail                                     |                         |  |                               | / / / / / / / / / / / / / / / / / / /                 | Tovide Explandion III art 6.7  |  |
|                      | (213) 974-4444  | nherrera@bos.           | lacounty.gov                             |                               | Date of Original Filing:                              | (month, day, year)   |  |
| 2.                   | Function or Event Infor   | nation                  | HARAWAYAH                                |                               |   |  |  |
|                      | Does the agency have a ticl                                       |                         | ∕es⊠ No□                                 | Face Value of                 | Each Ticket/Pass \$ $\frac{2}{}$                      | 0  |  |
|                      | Event Description: Los Ange                                       | eles County Fair        | Tickets                                  |                               | , 01 , 17   | 09 , 24 , 17   |  |
|                      |   | Provide Title/          | Explanation                              | ır Los Δnα                    | eles County Fairpley                                  |  |  |
|                      | Ticket(s)/Pass(es) provided                                       | by agency?              | ′es □ No 🗵 □                             | f no: Los Ang                 | eles County Fairplex  Name of Source                  |  |  |
|                      | Was ticket distribution made                                      | e at the behest         | /es□ No⊠                                 | If yes:                       |   |  |  |
|                      | of agency official?   |                         | C3 NO E                                  | •                             | Official's Name (Last, First)                         |  |  |
| District of the last |   |                         |  |                               |   |  |  |
| 3.                   | Recipients  |                         |  |                               |   |  |  |
| 67                   | Use Section A to identify the agen                                | cy's department or un   |  | identify an individ           | ual. • Use Section C to iden                          | tify an outside organization.  |  |
|                      | A. Name of Agency, Department or Unit                             |                         | Number<br>of Ticket(s)/<br>Passes        | Describe th                   | e public purpose made pursuant to the agency's policy |  |  |
|                      | Board of Supervisors  |                         | 213                                      | Ticket Policy                 | Sec 5.3(k)  |  |  |
|                      | B. Name of Indi   | Number<br>of Ticket(s)/ |  | Identify one of the           | following:  |  |  |
|                      | (200, 17)   |                         | Passes                                   |                               | onial Role Other Cing "Ceremonial Role" or "Other" de |  |  |
|                      |   |                         |  | (500,000,000                  | onial Role Other Cing "Ceremonial Role" or "Other" de | The state of the s |  |
|                      | C. Name of Outside Organization (include address and description) |                         | Number<br>of Ticket(s)/<br>Passes        | Describe the                  | e public purpose made pu                              | rsuant to the agency's policy  |  |
|                      |   |                         |  |                               |   |  |  |
| 4                    | Verification  |                         |  |                               |   |  |  |
|                      | I have read and understand FP                                     | PC Regulations 19       | 8044 1 and 18042                         | I have verified t             | hat the distribution set f                            | orth above is in accordance  |  |
|                      | with the requirements, /  | r o Negulations 16      | กละ เกษ นารเกมน์แบก 500 โ                | orar above, is ill accordance |   |  |  |
| -                    |   |                         |  |                               | Ticket Administrator                                  | 10/27/17   |  |
|                      | Signature of Agency Head or Designee Print Name                   |                         |  | Title                         | 10/27/17<br>(month, day, year)                        |  |  |
|                      |   |                         | 10 (10 (10 (10 (10 (10 (10 (10 (10 (10 ( |                               | nima:   | (, 66), 166./  |  |
|                      | Comment: Fourth District S  | staff                   |  |                               |   |  |  |

## Agency Report of:

| C  | eremonial Role Even                           | ts and Ticket/F                   | Pass Distr   | ibutions              | AP   | ublic Document                                     |
|----|---|-----------------------------------|--|-----------------------|--|--|
| ١. | Agency Name                                   |                                   |  |                       | Date Stamp   | California 802                                     |
|    | Los Angeles County                            |                                   |  |                       |  | Form OUZ   |
|    | Division, Department, or Reg                  | ion (if applicable)               |  | For Official Use Only |  |  |
|    | Board of Supervisors, Fourt                   | h District                        |  |                       |  |  |
|    | Designated Agency Contact (Name, Title)       |                                   |  |                       |  |  |
|    | Nancy Herrera                                 |                                   |  |                       |  |  |
|    | Area Code/Phone Number                        | E-mail                            |  |                       | Amendment (Must Prov   | ide Explanation in Part 3.)                        |
|    | (213) 974-4444                                | nherrera@bos.lace                 | ounty.gov  |                       | Date of Original Filing:                                     | (month, day, year)                                 |
| 2. | Function or Event Infor                       | mation                            | 11 10 10 10 10 10 10 10 10 10 10 10 10 1                         |                       |  |  |
|    | Does the agency have a tick                   | ket policy? Yes                   | ⊠ No □ F   | Face Value of I       | Each Ticket/Pass \$ 20                                       |  |
|    |   |                                   |  |                       |  | 00 04 47   |
|    | Event Description: Los Ange                   | Provide Title/ Expla              | unation [  | Date(s)               | <u>, 01 , 17                                  </u>           | 09 / 24 / 17                                       |
|    | Ticket(s)/Pass(es) provided                   |                                   |  | fno. Los Ang          | eles County Fairplex   |  |
|    | Hokel(a)/H das(es) provided                   | by agency: 163                    |  |                       | Name of Source   |  |
|    | Was ticket distribution made                  | at the behest Yes                 |  | f yes:                | Official's Name (Last, First)                                |  |
|    | of agency official?                           |                                   |  |                       | Official's Name (Last, First)                                |  |
|    |   |                                   |  |                       |  | 100  |
| 3. | Recipients                                    |                                   |  |                       |  |  |
|    | Use Section A to identify the agen            | cy's department or unit.          | Use Section B to   | identify an individ   | ual. • Use Section C to identify                             | an outside organization.                           |
|    | A. Name of Agency, Depa                       | Number<br>of Ticket(s)/<br>Passes | Describe the public purpose made pursuant to the agency's policy |                       |  |  |
|    |   |                                   |  |                       |  |  |
|    |   |                                   |  |                       |  |  |
|    |   | <del></del>                       |  |                       |  |  |
|    |   |                                   |  |                       |  |  |
|    |   | Number                            |  |                       |  |  |
|    | B. Name of Indi                               |                                   | of Ticket(s)/<br>Passes  |                       | Identify one of the follo                                    | owing:   |
|    |   |                                   |  | Cerem                 | onial Role Other   | Income [   |
|    |   |                                   |  | VV.C.V                | ing "Ceremonial Role" or "Other" describ                     |  |
|    |   |                                   |  | 1                     |  |  |
|    |   |                                   |  |                       | onial Role Other   | Income _   |
|    |   |                                   |  | I                     | onial Role Other<br>ing "Ceremonial Role" or "Other" describ |  |
|    |   |                                   |  |                       |  |  |
|    |   |                                   | Number   |                       |  | rovenius nelie i e e e e e e e e e e e e e e e e e |
|    | C. Name of Outside Or<br>(include address and | •                                 | of Ticket(s)/  | Describe the          | e public purpose made pursua                                 | ant to the agency's policy                         |
|    |   |                                   | Passes   | Ti I (D)              | 0 5 0 (1)  |  |
|    | Johnnie L. Cochran, Jr. Mi                    |                                   | 20   | Ticket Policy         | Sec 5.3(i)   |  |
|    | 4066 Johnnie Cochran Vis                      | ta, LA, CA 90019                  |  |                       |  |  |
|    | committed to student achie                    | vement and                        |  |                       |  |  |
|    | excellence.                                   |                                   |  |                       |  |  |
|    | Verification                                  |                                   |  |                       |  |  |
|    | I have read and understand FP.                | PC Regulations 18944              | 1.1 and 18942.   | I have verified to    | hat the distribution set forth                               | n above, is in accordance                          |
| _  | with the requirements.                        |                                   |  |                       |  |  |
|    | I man Her                                     | cy Herrera                        |  | Ticket Administrator  | 10/27/17   |  |
|    | Signature of Agency Head or Design            |                                   | rint Name  |                       | Title  | (month, day, year)                                 |
|    |   |                                   |  |                       |  |  |
|    | Comment:                                      |                                   |  |                       |  |  |

## **Agency Report of:**

| C  | eremonial Role Even   | ts and Ticket/P                   | ass Distr               | ibutions                         | A  | Public Document                 |
|----|---|-----------------------------------|-------------------------|----------------------------------|--|---------------------------------|
| 1. | Agency Name   |                                   |                         |                                  | Date Stamp   | California 802                  |
|    | Los Angeles County  |                                   |                         |                                  |  | Form OUZ For Official Use Only  |
|    | Division, Department, or Reg  |                                   |                         |                                  |  | To official osc offig           |
|    | Board of Supervisors, Fourt  Designated Agency Contact                            |                                   |                         |                                  |  |                                 |
|    | Nancy Herrera   | Ivaine, nuej                      |                         |                                  |  |                                 |
|    | Area Code/Phone Number  | E-mail                            |                         |                                  | Amendment (Must F  | Provide Explanation in Part 3.) |
|    | (213) 974-4444  | nherrera@bos.laco                 | unty.gov                |                                  | Date of Original Filing:   | (month, day, year)              |
| 2. | Function or Event Infor   | mation                            |                         |                                  |  |                                 |
|    |   |                                   |                         | Each Ticket/Pass \$ $\frac{2}{}$ | 0  |                                 |
|    | Event Description: Los Angeles County Fair Tickets Date(s) 09                     |                                   |                         |                                  |  | 09 , 24 , 17                    |
|    | Ticket(s)/Pass(es) provided   |                                   |                         | f no: Los Ang                    | eles County Fairplex   | 2                               |
|    | Was ticket distribution made  | at the behest Voc F               | J Nord I                | f yes:                           |  |                                 |
|    | Was ticket distribution made at the behest Yes ☐ No ☒ If yes: of agency official? |                                   |                         |                                  | Official's Name (Last, First)  |                                 |
| 3. | Recipients  |                                   |                         |                                  |  |                                 |
|    | • Use Section A to identify the agen  | cy's department or unit.          | Number                  | identity an individ              | ual. • Use Section C to iden   | tity an outside organization.   |
|    | A. Name of Agency, Depa   | ertment or Unit                   | of Ticket(s)/<br>Passes | Describe the                     | e public purpose made pu   | rsuant to the agency's policy   |
|    |   |                                   | Number                  |                                  |  |                                 |
|    | B. Name of Indi   |                                   | of Ticket(s)/<br>Passes |                                  | Identify one of the  | following:                      |
|    |   |                                   |                         |                                  | onial Role Other of the Other o |                                 |
|    | : «   |                                   |                         |                                  | onial Role Other ing "Ceremonial Role" or "Other" de   |                                 |
|    | C. Name of Outside O  | Number<br>of Ticket(s)/<br>Passes | Describe the            | e public purpose made pur        | rsuant to the agency's policy  |                                 |
|    | Long Beach Branch NAAC<br>200 Nieto Suite, #210, Lon                              | 11                                | Ticket Policy           | Sec 5.3(i)                       |  |                                 |
|    | Provides services to familie victims of domestic violence                         | Valencia                          |                         |                                  |  |                                 |
| 1. | Verification  |                                   |                         |                                  |  | ···                             |
|    | I have read and understand FP with the requirements                               | PC Regulations 18944.             | 1 and 18942.            | I have verified t                | hat the distribution set f   | orth above, is in accordance    |
|    | Signature of Agency Head or Design  |                                   | y Herrera<br>int Name   |                                  | Ticket Administrator   | 10/27/17<br>(month, day, year)  |

Comment:

| 1. | eremonial Role Events and Ticket/F  | ass Distr                                     | ibutions                |  | Public Document  |
|----|---|---|-------------------------|--|--|
|    | Agency Name   |   |                         | Date Stamp   | California 802   |
|    | Los Angeles County  Division, Department, or Region (if applicable)   |   |                         |  | For Official Use Only  |
|    |   |   |                         |  |  |
|    | Board of Supervisors, Fourth District   |   |                         |  |  |
|    | Designated Agency Contact (Name, Title)   |   |                         |  |  |
|    | Nancy Herrera   |   |                         | Amendment (Must P  | rovide Explanation in Part 3.)   |
|    | Area Code/Phone Number E-mail   |   |                         | Data of Ovininal Fillians  |  |
|    | (213) 974-4444 nherrera@bos.lacc  | ounty.gov                                     |                         | Date of Original Filing: .   | (month, day, year)   |
| 2. | Function or Event Information   |   |                         |  |  |
|    | Does the agency have a ticket policy? Yes   | ⊠ No □ F                                      | ace Value of            | Each Ticket/Pass \$ $\frac{20}{100}$   | )  |
|    | Event Description: Los Angeles County Fair Tick   | kets r  | Data(s) 09              | <u>, 01 , 17 </u>  | 09 , 24 , 17   |
|    | Provide Title/ Expla  | nation  |                         |  |  |
|    | Ticket(s)/Pass(es) provided by agency? Yes  | □ No⊠ I                                       | f no: Los Ang           | eles County Fairplex   |  |
|    |   |   |                         | Name of Source   |  |
|    | Was ticket distribution made at the behest Yes  | □ No⊠ <sup>1</sup>                            | f yes:                  | Official's Name (Last, First)  |  |
|    | of agency official?   |   |                         |  |  |
| 3. | Recipients  • Use Section A to identify the agency's department or unit.  A. Name of Agency, Department or Unit | Use Section B to  Number of Ticket(s)/ Passes |                         |  | ify an outside organization.   |
|    | B. Name of Individual (Last, First)   | Number<br>of Ticket(s)/                       |                         | Identify one of the fo   |  |
|    |   | Passes  |                         | onial Role Other   | Income   |
|    |   |   |                         |  | Income   |
|    |   |   | If check                | onial Role Other   | Income In |
|    | C. Name of Outside Organization (include address and description)   |   | If check Cerem If check | onial Role Other cing "Ceremonial Role" or "Other" des   | Income In |
|    |   | Passes  Number of Ticket(s)/                  | If check Cerem If check | onial Role Other ing "Ceremonial Role" or "Other" designal Role Other ing "Ceremonial Role" or "Other" designs "Ceremonial Role" or "Ceremonial R | Income In |

Nancy Herrera Print Name

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

10/27/17 (month, day, year)

Ticket Administrator

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

| Δ | Pu  | h | ic | Do | CII      | me   | nt     |
|---|-----|---|----|----|----------|------|--------|
|   | ı u | v |    | -  | <b>u</b> | 1115 | 71 I U |

| 1. | Agency Name   |                          |  |                     | Date Stamp   | California 202   |
|----|---|--------------------------|--|---------------------|--|--|
|    | Los Angeles County  |                          |  |                     |  | Form OUZ   |
|    | Division, Department, or Reg  | ion (if applicable)      | N. SOMETHING   |                     |  | For Official Use Only  |
|    | Board of Supervisors, Fourt   | h District               |  |                     |  |  |
|    | Designated Agency Contact (   | Name, Title)             |  |                     |  |  |
|    | Nancy Herrera   |                          |  |                     | Amendment (Must Pro  | vide Explanation in Part 3.)   |
|    | Area Code/Phone Number  | E-mail                   | The same of the sa |                     |  | vido Explanation III i art o.)   |
|    | (213) 974-4444  | nherrera@bos.lace        | ounty.gov  |                     | Date of Original Filing:   | (month, day, year)   |
| 2. | Function or Event Inform  | mation                   |  |                     |  |  |
|    | Does the agency have a tick   | cet policy? Yes          | ⊠ No □ F   | ace Value of        | Each Ticket/Pass \$ 20   |  |
|    | Event Description: Los Ange   |                          | kets   | Date(s)09           | , 01 , 17  | 09 / 24 / 17   |
|    | Ticket(s)/Pass(es) provided   |                          |  | f no: Los Ang       | eles County Fairplex  Name of Source   |  |
|    | Was ticket distribution made of agency official?  | at the behest Yes        | □ No⊠ <sup>II</sup>  | f yes:              | Official's Name (Last, First)  |  |
| 3  | Recipients  | W. 25                    |  |                     |  |  |
|    | • Use Section A to identify the agen  | cy's department or unit. | Use Section B to   | identify an individ | ual. • Use Section C to identif  | y an outside organization.   |
|    | A. Name of Agency, Depa   |                          | Number<br>of Ticket(s)/<br>Passes  |                     | e public purpose made pursu  |  |
|    | -   |                          |  |                     |  |  |
|    | B. Name of Indi<br>(Last, Firs  |                          | Number<br>of Ticket(s)/<br>Passes  |                     | Identify one of the fol  | lowing:  |
|    | æ   |                          |  |                     | onial Role Other Initial online on the control of t | Income In |
|    |   |                          |  | 1                   | onial Role Other ing "Ceremonial Role" or "Other" descri   | Income Income  |
|    | C. Name of Outside Or (include address and  |                          | Number<br>of Ticket(s)/<br>Passes  | Describe the        | e public purpose made pursu  | ant to the agency's policy   |
|    | Latinos In Action<br>Long Beach, CA 90804   |                          | 11   | Ticket Policy       | Sec 5.3(i)   |  |
|    | Provides services to low-in-<br>crisis and victims of domes   |                          |  |                     |  |  |
| ١. | Verification  |                          |  |                     |  |  |
|    | I have read and understand FPPC Regulations 18944.1 and 18942. I have with the requirements.  Nancy Herrera |                          |  | I have verified t   | hat the distribution set fort Ticket Administrator   | th above, is in accordance   |
|    | Signature of Agency Head or Designation   |                          | rint Name  |                     | Title  | (month, day, year)   |
|    | Comment:  |                          |  |                     |  |  |