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

1. Agency Name
   Los Angeles County
   Division, Department, or Region (if applicable)
   Board of Supervisors, Fourth District
   Designated Agency Contact (Name, Title)
   Nancy Herrera
   Area Code/Phone Number
   (213) 974-4444
   E-mail
   nherrera@bos.lacounty.gov
   Date Stamp

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 168 & $99
   Event Description: LA Philharmonic
   Event Date(s) 03 / 03 / 18
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Walt Disney Concert Hall
   Name of Source
   Was ticket distribution made at the behest of agency official? Yes ☐ No ☒
   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)/Passes | Describe the public purpose made pursuant to the agency's policy
   Board of Supervisors | 4 | Ticket Policy Sec 5.3(k)

   B. Name of Individual (Last, First) | Number of Ticket(s)/Passes
   Identify one of the following:
   Ceremonial Role ☐ Other ☐ 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
   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.
   Signature of Agency Head or Designee
   Nancy Herrera
   Print Name
   Ticket Administrator
   Title
   Date of Filing 3/30/18
   Comment: Two Orchestra at $168 and two Terrace at $99
Agency Name:
Los Angeles County
Division, Department, or Region (if applicable)
Board of Supervisors, Fourth District
Designated Agency Contact (Name, Title)
Nancy Herrera
Area Code/Phone Number: (213) 974-4444
E-mail: nherrera@bos.lacounty.gov

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $168
Event Description: LA Philharmonic
Provide Title/Explanation
Date(s): 03 / 23 / 18
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Walt Disney Concert Hall
Name of Source
Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board of Supervisors</td>
<td>4</td>
<td>Ticket Policy Sec 5.3(k)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
</table>

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.

Signature of Agency Head or Designee: Nancy Herrera
Print Name: Ticket Administrator
Title: 3/30/18
(month, day, year)

Comment: __________________________
1. **Agency Name**
   Los Angeles County

   **Division, Department, or Region (if applicable)**
   Board of Supervisors, Fourth District

   **Designated Agency Contact (Name, Title)**
   Nancy Herrera

   **Area Code/Phone Number**
   (213) 974-4444

   **E-mail**
   nherrera@bos.lacounty.gov

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes ☑ No ☐
   - **Event Description:** LA Philharmonic
   - **Face Value of Each Ticket/Pass:** $168
   - **Date(s):** 03 / 29 / 18
   - **Ticket(s)/Pass(es) provided by agency?** Yes ☑ No ☐
   - **If no:** Walt Disney Concert Hall
   - **Name of Source:**
   - **Was ticket distribution made at the behest of agency official?** Yes ☑ No ☐

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)/Passes**
   - **Describe the public purpose made pursuant to the agency's policy**
     - Board of Supervisors
     - **Number:** 2
     - **Ticket Policy Sec 5.3(k)**

   **B. Name of Individual (Last, First)**
   - **Number of Ticket(s)/Passes**
   - **Identify one of the following:**
     - **Ceremonial Role**
     - **Other**
     - **Income**
     - If checking "Ceremonial Role" or "Other" describe below:

   **C. Name of Outside Organization**
   - **Number of Ticket(s)/Passes**
   - **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.*
   
   **Signature of Agency Head or Designee:** Nancy Herrera

   **Print Name:**

   **Title:**

   **Ticket Administrator:**

   **Date:** 3/30/18

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

1. Agency Name  
Los Angeles County

Division, Department, or Region (if applicable)  
Board of Supervisors, Fourth District

Designated Agency Contact (Name, Title)  
Nancy Herrera

Area Code/Phone Number  
(213) 974-4444

Email  
herrerra@bos.lacounty.gov

Date Stamp

2. Function or Event Information  

Does the agency have a ticket policy?  
Yes ☑ No ☐  

Face Value of Each Ticket/Pass $  
168

Event Description:  
LA Philharmonic

Date(s)  
03 / 30 / 18

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

If no:  
Walt Disney Concert Hall

Name of Source  

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

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.

<table>
<thead>
<tr>
<th>A.</th>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Board of Supervisors</td>
<td>4</td>
<td>Ticket Policy Sec 5.3(k)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B.</th>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C.</th>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

Signature of Agency Head or Designee  
Nancy Herrera

Print Name  
Ticket Administrator

Title  
3/30/18

(month, day, year)

Comment:  

FPPC Form 602 (2/2016)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)