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 E-mail
(213) 974-4444 nherrera@bos.lacounty.gov

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $ 45
Event Description: Dodgers Tickets
Provide Title/Explanation
Date(s) 09 / 04 / 17
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Los Angeles Dodgers
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.

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

Comment: ___________________________

FPPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Agency Report of:
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Ticket Administrator
Print Name Title
10/27/17 (month, day, year)

Comment:

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(213) 974-4444 nherrera@bos.lacounty.gov

Date Stamp California Form 802
For Official Use Only

 Amendment (Must Provide Explanation in Part 3.)
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 $ 45
Event Description: Dodgers Tickets Date(s) 09/07/17
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Los Angeles Dodgers
Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ Official's Name (Last, First)

3. Recipients
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Ticket Administrator
10/27/17 (month, day, year)

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Designated Agency Contact: Nancy Herrera
Area Code/Phone Number: (213) 974-4444
E-mail: nherrera@bos.lacounty.gov

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Does the agency have a ticket policy? Yes ☒ No ☐
Event Description: Dodgers Tickets
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Was ticket distribution made at the behest of agency official? Yes ☐ No ☒
Face Value of Each Ticket/Pass: $45
Date(s): 09/10/17
If no: Los Angeles Dodgers
Name of Source:
If yes: ______________________________________
Official's Name (Last, First): ____________________________

3. Recipients
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______________________________
Signature of Agency Head or Designee

Nancy Herrera
Print Name

Ticket Administrator
Title

10/27/17 (Month, Day, Year)

Comment: ________________________________________________________________

FPPC Form 802 (2/2016)
FPPC Toll-Free Holpline: 866/ASK-FPPC (866/275-3772)
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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 $ 45
Event Description: Dodgers Tickets
Date(s): 09/22/17
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Los Angeles Dodgers
Name of Source:
If yes: Official's Name (Last, First)

3. Recipients
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Print Name: Ticket Administrator: 10/27/17
Title: (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

2. **Function or Event Information**
   - Does the agency have a ticket policy? Yes ☒ No ☐
   - Face Value of Each Ticket/Pass: $45
   - Event Description: Dodgers Tickets
   - Date(s): 09/23/17
   - Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   - Name of Source: Los Angeles Dodgers
   - Was ticket distribution made at the behest of agency official? Yes ☐ No ☒

3. **Recipients**
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   (month, day, year)

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Date Stamp California Form 802
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☐ Amendment (Must Provide Explanation in Part 3.)
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 $ 45
Event Description: Dodgers Tickets
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Los Angeles Dodgers
Name of Source
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If yes: Official's Name (Last, First)

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

Event Description: Dodgers Tickets

Face Value of Each Ticket/Pass $45

Date(s) 09 / 26 / 17

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

If no: Los Angeles Dodgers

Name of Source

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

If yes: ____________________________

Official’s Name (Last, First)

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Ticket Administrator Print Name

Title

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   (month, day, year)

   Comment: ___________________________________________