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

1.	Agency Name					Date Stamp	California OOO	
	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					Amendment (Must Pro	vido Evolonation in Dort 3.1	
	Area Code/Phone Number	E-mail				Amendment (wast F10)	vide Explanation in Part 3.)	
	(213) 974-4444	nherrera@bo	os.lacou	ınty.gov	¥1	Date of Original Filing:(month, day, year)		
2.	Function or Event Inform	mation						
	Does the agency have a tick	ket policy?	Yes 🗵	No □ F	ace Value of I	Each Ticket/Pass \$ 45		
	Event Description: Dodgers	Tickets			Date(s)09/			
	Event Description.	Provide Tit	tle/ Explana	ation				
	Ticket(s)/Pass(es) provided	by agency?	Yes 🗆	No⊠ I	f no: Los Ange			
	Man tinket distribution was de	- 4 4 4			f yes:	Name of Source		
	Was ticket distribution made of agency official?	at the benest	Yes L	I No⊠ '	i yes	Official's Name (Last, First)		
	or agency official?							
3.	Recipients		72525 X					
	• Use Section A to identify the agen-	cy's department or	unit. • U	se Section B to	identify an individ	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 pursu	ant to the agency's policy	
	Board of Supervisors			2	Ticket Policy	Sec 5.3(k)		
	B. Name of India (Last, Firs			Number of Ticket(s)/ Passes		Identify one of the follo	owing:	
	*				1	onial Role Other ing "Ceremonial Role" or "Other" descri	Income Income	
				27	1	onial Role Other Officer Officer or "Other" descrip	Income De below:	
	C. Name of Outside Or (include address and			Number of Ticket(s)/ Passes	Describe the	public purpose made pursua	ant to the agency's policy	
	Verification							
	I have read and understand FPF	PC Regulations	18944.1	and 18942.	l have verified th	hat the distribution set fortl	h above, is in accordance	
an appeared to	with the requirements.	(273)					en en anema e estado por en el constituir en pero el Colo Colo Colo Colo Colo Colo Colo	
	Maneix Herre	ch	Nancy	Herrera		Ticket Administrator	10/27/17	
200	Signature of Agency Head or Designe	ee		t Name	33	Title	(month, day, year)	
	Comment:							

Agency Report of:

	-							
C	eren	non	ial	Role	Events	and	Ticket/Pass	Distributions

			A CHARLES				
1.	Agency Name					Date Stamp	California 802
	Los Angeles County		***				Form OUZ For Official Use Only
	Division, Department, or Reg					a a	1 of Official Use Offiy
	Board of Supervisors, Fourt				· · · · · · · · · · · · · · · · · · ·		
	Designated Agency Contact	(Name,Title)				ÿ	
	Nancy Herrera		22.11			Amendment (Must Pr	rovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail					2 **
	(213) 974-4444	nherrera@bo	s.lacou	nty.gov		Date of Original Filing: _	(month, day, year)
2.	Function or Event Infor	mation					
	Does the agency have a tick	ket policy?	Face Value of I	Each Ticket/Pass \$ 45			
	Event Description: Dodgers	s Tickets	411564 1-111		Date(s)09/		
	Event Description.	Provide Titl	e/ Explana	tion	Date(s)		
	Ticket(s)/Pass(es) provided	by agency?	Yes 🗌	No ⊠	If no: Los Ange		
		2				Name of Source	
	Was ticket distribution made	e at the behest	Yes 🗌	No ⊠	If yes:	Official's Name (Last, First)	
	of agency official?						
3.	Recipients			-			
7	• Use Section A to identify the agen	cy's department or	unit. • Us	se Section B to	identify an individ	ual. • Use Section C to identi	fy an outside organization.
	A. Name of Agency, Depa	artment or Unit		Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy
	Board of Supervisors			2	Ticket Policy	Sec 5.3(k)	
	B. Name of Indi (Last, Firs			Number of Ticket(s)/ Passes		Identify one of the fo	flowing:
						onial Role Other or "Other" description of the control of the co	Income In
						onial Role Other ing "Ceremonial Role" or "Other" desc	Income Income
	C. Name of Outside Or (include address and			Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy
l.	Verification						
	I have read and understand FP	PC Regulations	18944.1	and 18942.	I have verified th	hat the distribution set for	th above, is in accordance
	with the requirements.						
	Money Her	nera		Ticket Administrator	10/27/17		
	Signature of Agency Head or Designo	ee		Herrera Name		Title	(month, day, year)
	Comment:	2.00					

Agency Report of:

0	eremonial	Rola	Evente a	and Tick	ot/Page	Distributions
u	eremoniai	Role	Events	anu ncr	eurass	Distributions

1.	Agency Name					Date Stamp	California Q02	
	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					Amendment (Must Pr	ovide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail					ovide Explanation III T art 6.,	
	(213) 974-4444	nherrera@bo	os.lacou	inty.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 I	Each Ticket/Pass \$ 45		
	Event Description: Dodgers	Tickets			Date(s)09/			
	Event Description.	Provide Tit	le/ Explana	tion	Date(s)			
	Ticket(s)/Pass(es) provided	by agency?	Yes □	No ⊠	If no: Los Ange	eles Dodgers		
				2000	16	Name of Source		
	Was ticket distribution made	at the behest	Yes 🗆	No 🗵	If yes:	Official's Name (Last, First)		
	of agency official?							
3.	Recipients							
	• Use Section A to identify the agen	cy's department or	unit. • U	se Section B to	identify an individ	ual. • Use Section C to identi	fy an outside organization.	
	A. Name of Agency, Depa	rtment or Unit		Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy	
	Board of Supervisors			2	Ticket Policy	Sec 5.3(k)		
	B. Name of India (Last, First			Number of Ticket(s)/ Passes		Identify one of the fo	llowing:	
						onial Role Other Initial of the description of the	Income In	
					70	onial Role Other ing "Ceremonial Role" or "Other" desc	Income Income	
	C. Name of Outside Or (include address and	•		Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy	
1.	Verification							
	I have read and understand FP with the requirements.	PC Regulations	18944.1	and 18942.	I have verified th	hat the distribution set for	th above, is in accordance	
/	Norman Llemes	a	Nancv	Herrera		Ticket Administrator	10/27/17	
V	Signature of Agency Head or Designature Comment:	ee		t Name		Title	(month, day, year)	

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

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1.	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							
	Designated Agency Contact ((Name,Title)						
	Nancy Herrera					Amendment (Must Pro	vide Explanation in Part 3)	
	Area Code/Phone Number	de/Phone Number E-mail]		
	(213) 974-4444	nherrera@bo	s.lacou	ınty.gov		Date of Original Filing:	(month, day, year)	
2.	Function or Event Infor	mation						
	Does the agency have a tick	cet policy?	Yes 🗵	No ☐ F	ace Value of I	Each Ticket/Pass \$ <u>⁴⁵ </u>		
	Event Description: Dodgers	Tickets					1 1	
		Provide Title	/Explana	ation				
	Ticket(s)/Pass(es) provided	by agency?	Yes [] No⊠ I	f no: Los Ang	eles Dodgers		
	AAA - Alalaak allakulla akta a aa aala	-4.41 114	-	1	fuce	Name of Source		
	Was ticket distribution made	at the benest	Yes L	J No⊠'	i yes	Official's Name (Last, First)		
	of agency official?							
3.	Recipients			- (10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -				
-	• Use Section A to identify the agen-	cy's department or u	nit. • U	se Section B to	identify an individ	ual. • Use Section C to identify	y an outside organization.	
	A. Name of Agency, Depa	rtment or Unit		Number of Ticket(s)/ Passes	Describe the	e public purpose made pursu	uant to the agency's policy	
	Board of Supervisors			2	Ticket Policy	Sec 5.3(k)		
	B. Name of India (Last, Firs			Number of Ticket(s)/ Passes		Identify one of the foll	lowing:	
						onial Role Other Officer or "Other" description of the control of	Income In	
						onial Role Other Ing "Ceremonial Role" or "Other" descri	Income Income ibe below:	
	C. Name of Outside Or (include address and			Number of Ticket(s)/ Passes	Describe the	e public purpose made pursu	ant to the agency's policy	
	Verification							
	I have read and understand FPI with the requirements,	PC Regulations 1	8944.1	and 18942.	l have verified ti	hat the distribution set fort	h above, is in accordance	
1	Moran Ameri	a	Nancy	Herrera		Ticket Administrator	10/27/17	
	Signature of Agéncy Head or Designe			t Name		Title	(month, day, year)	
	Comment:							

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

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1.	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						
	Designated Agency Contact	(Name, Title)					
	Nancy Herrera				Amendment (Must	Provide Explanation in Part 3.)	
	Area Code/Phone Number						
	(213) 974-4444	nherrera@bos.la	county.gov		Date of Original Filing:(month, day, year)		
2.	Function or Event Infor	mation					
	Does the agency have a tick	ket policy? Ye	s⊠ No□ F	ace Value of I	Each Ticket/Pass \$ $\frac{4}{2}$		
	Event Description: Dodgers	s Tickets	Date(s)09	, 22 , 17	T I		
	Event Description.	Provide Title/ Exp					
	Ticket(s)/Pass(es) provided	by agency? Ye	s□ No⊠ I	f no: Los Ange			
				•	Name of Source		
	Was ticket distribution made	e at the behest Ye	s□ No⊠ ^I	f yes:	Official's Name (Last, First)		
	of agency official?						
3.	Recipients						
٥.	• Use Section A to identify the agen	cv's department or unit.	• Use Section B to	identify an individ	ual. • Use Section C to ider	ntify an outside organization.	
	A. Name of Agency, Depa		Number of Ticket(s)/ Passes			rsuant to the agency's policy	
	Board of Supervisors	2	Ticket Policy	Sec 5.3(k)			
	B. Name of Indi (Last, Firs		Number of Ticket(s)/ Passes		Identify one of the	following:	
					onial Role Other I ing "Ceremonial Role" or "Other" do		
					onial Role Other [ing "Ceremonial Role" or "Other" do		
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	e public purpose made pu	rsuant to the agency's policy	
_	Verification			-			
1	I have read and understand FPI with the requirements;	PC Regulations 1894	14.1 and 18942.	I have verified ti	hat the distribution set t	orth above, is in accordance	
X	Ima Herr	era Na	ncy Herrera		Ticket Administrator	10/27/17	
V	Signature of Agency Head or Design		Print Name		Title	(month, day, year)	
	Comment						

	gency Report of: eremonial Role Even	ts and Ticket/P	ass Distr	ibutions	AI	Public Document
1.	Agency Name				Date Stamp	California 802
	Los Angeles County					101111 000
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only
	Board of Supervisors, Fourt	h District				
	Designated Agency Contact	Name, Title)			1	ì
	Nancy Herrera				Amendment (Must Pro	ovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			Amendment (Mast 176	ovide Explanation III Fait 3.)
	(213) 974-4444	nherrera@bos.lacc	ounty.gov		Date of Original Filing: _	(month, day, year)
2.	Function or Event Inform	mation				
	Does the agency have a tick	ket policy? Yes [⊠ No □ F	ace Value of	Each Ticket/Pass \$ 45	
	Event Description: Dodgers	Tickets Provide Title/ Explai	[Date(s)09	, 23 , 17	
	Ticket(s)/Pass(es) provided			f no: Los Ang	eles Dodgers Name of Source	
	Was ticket distribution made of agency official?	at the behest Yes [f yes:	Official's Name (Last, First)		
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 identif	y an outside organization.
	A. Name of Agency, Depa	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy	
	Board of Supervisors	2	Ticket Policy Sec 5.3(k)			
	B. Name of Indi	vidual	Number of Ticket(s)/		Identify one of the fol	llowing:

Passes

Number

of Ticket(s)/

Passes

A	Varificati	00

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.	
7/2	

men	Henrica	-
Signature of Age	ncy Head or Designee	

(Last, First)

Name of Outside Organization

(include address and description)

Nancy Herrera

Ticket Administrator

Ceremonial Role

Ceremonial Role

Other

Other

Describe the public purpose made pursuant to the agency's policy

If checking "Ceremonial Role" or "Other" describe below:

If checking "Ceremonial Role" or "Other" describe below:

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

Income

Income

Comment:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions	A Public Docume		
1. Agency Name	Date Stamp	California 802	
Los Angeles County		Form OUZ	
Division, Department, or Region (if applicable)		For Official Use Only	

	Los Angeles County				5000 SECONO SECONO	Form 8UZ
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Board of Supervisors, Fourt	h District				
	Designated Agency Contact	(Name, Title)		N TO BE WELL TO THE TAXABLE PARTY.	题	
	Nancy Herrera				Amendment (Must Pro	vide Explanation in Part 3.)
	Area Code/Phone Number	E-mail	*****	- 100 South		ovide Explanation in Fait 6.)
	(213) 974-4444	nherrera@bos.lac	ounty.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 \$ 45	
	Event Description: Dodgers	s Tickets		Date(s)09	, 24 , 17	
		Provide Title/ Expla	anation			
	Ticket(s)/Pass(es) provided	by agency? Yes	□ No 🖾	If no: Los Ang	Name of Source	
	Was ticket distribution made	at the behest Ves		If yes:		
	of agency official?	163		•	Official's Name (Last, First)	
3.	Recipients					
<i>,</i> .	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	fy an outside organization.
	A. Name of Agency, Depar	urtment or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy
	Board of Supervisors		2	Ticket Policy	Sec 5.3(k)	
	B. Name of Indi (Last, Firs		Number of Ticket(s)/ Passes		Identify one of the fo	
					onial Role Other Iiing "Ceremonial Role" or "Other" desc	Income Income
					onial Role Other Other on "Other" descriptions of the control of t	Income
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	public purpose made purs	uant to the agency's policy
.10		*				
	Verification	The course of the second	1.000 var ez eza 1.000.0	100000	10 100 10 10 10 10 10 10 10 10 10 10 10	
	I have read and understand FP with the requirements.	PC Regulations 18944	1.1 and 18942.	I have verified to	hat the distribution set for	th above, is in accordance
34	Morey Lev	W-	cy Herrera		Ticket Administrator	10/27/17
	Signature of Agency Head or Designation Comment:	ee P	rint Name	N.	Title	(month, day, year)
	Comment.			- Walterson		

Agency Report of:

Ceremonial	Role	Events	and	Ticket/Pass	Distributions	
	1					

1.	Agency Name					Date Stamp	California 202
	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		Amendment (Must Pr	ovide Explanation in Part 3.)			
	Area Code/Phone Number	E-mail					evide Explaination in Values,
	(213) 974-4444	nherrera@bo	os.lacou	ınty.gov		Date of Original Filing: _	(month, day, year)
2.	Function or Event Infor	mation					
	Does the agency have a tick	cet policy?	Yes 🗵	No □ I	ace Value of I	Each Ticket/Pass \$ $\frac{45}{}$	
	Event Description: Dodgers	Tickets		1	Date(s)	, 26 , 17	1 1
	Event Description.	Provide Tit	le/ Explana	ition			
	Ticket(s)/Pass(es) provided	by agency?	Yes □	No⊠ I	f no: Los Ang		
			2009E 50_00E	1	£	Name of Source	
	Was ticket distribution made	at the behest	Yes 🗌	No⊠ '	f yes:	Official's Name (Last, First)	
	of agency official?						
3.	Recipients			per la maria			
	• Use Section A to identify the agen	cy's department or	unit. • U	se Section B to	identify an individ	ual. • Use Section C to identi	fy an outside organization.
	A. Name of Agency, Depa	rtment or Unit		Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy
	Board of Supervisors			2	Ticket Policy	Sec 5.3(k)	
					**		
	B. Name of Indi (Last, Firs			Number of Ticket(s)/ Passes		Identify one of the fo	llowing:
						onial Role Other Other ing "Ceremonial Role" or "Other" desc	Income In
						onial Role Other of "Other" descriptions of the control of the con	Income Income
	C. Name of Outside Or (include address and			Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy
	Verification						
	I have read and understand FP	PC Regulations	18944.1	and 18942.	I have verified to	hat the distribution set for	rth above, is in accordance
	with the requirements.	n 01 -	Nancy	Herrera		Ticket Administrator	10/27/17
	Signature of Agency Head or Design	ee e		t Name		Title	(month, day, year)
	Comment:						

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp **Form** Los Angeles County For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, Fourth District Designated Agency Contact (Name, Title) Nancy Herrera Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (213) 974-4444 nherrera@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 45 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: Dodgers Tickets Date(s) 09 / 27 / Provide Title/ Explanation If no: Los Angeles Dodgers Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🗵 Name of Source 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 Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes 2 **Board of Supervisors** Ticket Policy Sec 5.3(k) Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other 🗌 Income If checking "Ceremonial Role" or "Other" describe below. Other Π Income Ceremonial Role 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. Verification

Comment:

I have read and understand FPPC Regulations	18944.1 and 18942. I have verified that th	ne distribution set forth above,	is in accordance
with the requirements.		(A)	

Mm Huren	Nancy Herrera	Ticket Administrator	
Signature of Agency Head or Designee	Print Name	Title	

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