

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

A Public Document

| | | | |
|--|---------------------------|--|--|
| 1. Agency Name | | Date Stamp | California Form 802 <small>For Official Use Only</small> |
| Los Angeles County | | | |
| Division, Department, or Region <i>(if applicable)</i> | | | |
| Board of Supervisors, Fourth District | | | |
| Designated Agency Contact <i>(Name, Title)</i> | | | |
| Nancy Herrera | | <input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i> | |
| Area Code/Phone Number | E-mail | Date of Original Filing: _____ <small>(month, day, year)</small> | |
| (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 \$ 165

Event Description: LA Philharmonic Date(s) 12 / 1 / 18
Provide Title/Explanation

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.

| 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 | 2 | Ticket Policy Sec 5.3(k) |
| | | |
| B. Name of Individual <small>(Last, First)</small> | Number of Ticket(s)/ Passes | Identify one of the following: |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| | | |
| C. Name of Outside Organization <small>(include address and description)</small> | 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 <small>Print Name</small> | Ticket Administrator <small>Title</small> |
| | | <u>12/15/19</u> <small>(month, day, year)</small> |

Comment: _____

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

A Public Document

| | | | |
|--|--|--|---|
| 1. Agency Name Los Angeles County Division, Department, or Region <i>(if applicable)</i> Board of Supervisors, Fourth District Designated Agency Contact <i>(Name, Title)</i> Nancy Herrera Area Code/Phone Number E-mail (213) 974-4444 nherrera@bos.lacounty.gov | | Date Stamp | California Form 802 For Official Use Only |
| | | <input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i> Date of Original Filing: _____ <small><i>(month, day, year)</i></small> | |

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 165

Event Description: LA Philharmonic Date(s) 12 / 19 / 18 _____/_____/_____
Provide Title/Explanation

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.

| 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 <small>(Last, First)</small> | | |
| | Number of Ticket(s)/ Passes | Identify one of the following: |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small><i>If checking "Ceremonial Role" or "Other" describe below:</i></small> |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small><i>If checking "Ceremonial Role" or "Other" describe below:</i></small> |
| C. Name of Outside Organization <small>(include address and description)</small> | | |
| | 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.

Nancy Herrera
Ticket Administrator
1/15/19
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____

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

A Public Document

| | | | |
|--|-------------------------------------|--|----------------------------|
| 1. Agency Name | | Date Stamp | California Form 802 |
| 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 | | | |
| Area Code/Phone Number (213) 974-4444 | E-mail nherrera@bos.lacounty.gov | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small> | |

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 165

Event Description: LA Philharmonic Date(s) 12 / 20 / 18 _____/_____/_____

Provide Title/ Explanation

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.

| 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| | | |
| 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.

| | | | |
|--------------------------------------|---------------|----------------------|--------------------|
| | Nancy Herrera | Ticket Administrator | 1/15/19 |
| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |

Comment: _____

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

A Public Document

| | | | |
|---|-------------------------------------|---|--|
| 1. Agency Name Los Angeles County | | Date Stamp | California Form 802 |
| Division, Department, or Region <i>(if applicable)</i> Board of Supervisors, Fourth District | | | For Official Use Only |
| Designated Agency Contact <i>(Name, Title)</i> Nancy Herrera | | | <input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i> |
| Area Code/Phone Number (213) 974-4444 | E-mail nherrera@bos.lacounty.gov | Date of Original Filing: _____ <i>(month, day, year)</i> | |

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 165

Event Description: LA Philharmonic Date(s) 12 / 21 / 18 _____/_____/_____
Provide Title/Explanation

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.

| 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 <i>(Last, First)</i> | Number of Ticket(s)/ Passes | Identify one of the following: |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> |
| | | |
| C. Name of Outside Organization <i>(include address and description)</i> | 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 <small>Print Name</small> | Ticket Administrator <small>Title</small> | 1/15/19 <small>(month, day, year)</small> |
|--------------------------------------|--|--|--|

Comment: _____

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

A Public Document

| | | | |
|--|--|---|---|
| 1. Agency Name Los Angeles County Division, Department, or Region <i>(if applicable)</i> Board of Supervisors, Fourth District Designated Agency Contact <i>(Name, Title)</i> Nancy Herrera Area Code/Phone Number E-mail (213) 974-4444 nherrera@bos.lacounty.gov | | Date Stamp | California Form 802 For Official Use Only |
| | | <input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i> 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 \$ 99

Event Description: LA Philharmonic Date(s) 12 / 22 / 18
Provide Title/ Explanation

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.

| 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 | 2 | Ticket Policy Sec 5.3(k) |
| | | |
| B. Name of Individual <i>(Last, First)</i> | Number of Ticket(s)/ Passes | Identify one of the following: |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| | | |
| C. Name of Outside Organization <i>(include address and description)</i> | 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 | 1/15/19 (month, day, year) |
|--------------------------------------|-----------------------------|-------------------------------|-------------------------------|

Comment: _____

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

A Public Document

| | | | |
|---|-------------------------------------|--|---|
| 1. Agency Name Los Angeles County | | Date Stamp | California Form 802 For Official Use Only |
| Division, Department, or Region <i>(if applicable)</i> Board of Supervisors, Fourth District | | | |
| Designated Agency Contact <i>(Name, Title)</i> Nancy Herrera | | | |
| Area Code/Phone Number (213) 974-4444 | E-mail nherrera@bos.lacounty.gov | <input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i> Date of Original Filing: _____ <small><i>(month, day, year)</i></small> | |

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 165

Event Description: LA Philharmonic Date(s) 12 / 31 / 18 _____/_____/_____
Provide Title/Explanation

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.

| 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 <small><i>(Last, First)</i></small> | Number of Ticket(s)/ Passes | Identify one of the following: |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small><i>If checking "Ceremonial Role" or "Other" describe below:</i></small> |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small><i>If checking "Ceremonial Role" or "Other" describe below:</i></small> |
| | | |
| C. Name of Outside Organization <small><i>(include address and description)</i></small> | 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.

Nancy Herrera
Ticket Administrator
1/15/19
Signature of Agency Head or Designee Print Name Title *(month, day, year)*

Comment: _____