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 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 \$ 168 Does the agency have a ticket policy? Yes⊠ No □ Event Description: LA Philharmonic Date(s) 01 / 22 / Provide Title/ Explanation If no: Walt Disney Concert Hall Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: _ Official's Name (Last, First) of agency official? 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 Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy 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 the	distribution set forth	above, is in accordance
with the requirements.				

V Signature of Agency Head or Designee Print Name	Title	(month, day, year)

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 \$ 99 Does the agency have a ticket policy? Yes⊠ No□ Event Description: LA Philharmonic Date(s) __01 24 Provide Title/ Explanation If no: Walt Disney Concert Hall Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🗵 Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: _ Official's Name (Last, First) of agency official? 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 4 Board of Supervisors Ticket Policy Sec 5.3(k) Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other Income _ If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other \square Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

4. Verification

Comment:

1 /Ia	ve read and understar	ia FPPC Regulations	18944.1 and	1 18942. I nave	verified that the i	aistribution set iorth	above, is in accordant	Ce
with	the requirements.	1						
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	Signature of Agend	cy Head or Designee

Nancy Herrera

Ticket Administrator

2/28/19

Print Name

Title

(month, day, year)

	eremonial Role Even	to and moreon	ass Disti	ibulions	A	Public Document
1.	Agency Name				Date Stamp	California 802
	Los Angeles County	i (f			1	For Official Use Only
	Division, Department, or Reg					To official osc only
	Board of Supervisors, Fourt				_	
	Designated Agency Contact (Name, Title)					
	Nancy Herrera	1=	Amendment (Must Pro	ovide Explanation in Part 3.)		
	Area Code/Phone Number (213) 974-4444	E-mail nherrera@bos.laco	ounty.gov		Date of Original Filing: _	(month, day, year)
2.	Function or Event Infor	mation			The same should be	Alternative Control of the Control o
	Does the agency have a ticl	ket policy? Yes [⊠ No □ F	ace Value of	Each Ticket/Pass \$ 99	
	Event Description: LA Phill		eres Resident Emilia			/ /
	Event Description:	Provide Title/ Explai	nation	Date(s)	<u>, 26 , 19</u>	
	Ticket(s)/Pass(es) provided			f no: Walt Dis	ney Concert Hall Name of Source	
	Was ticket distribution made	at the behest Yes F	I No 🗵	f yes:	Official's Name (Last, First)	
	of agency official?	100 2	_ 110		Official's Name (Last, First)	
3.	Pacinianta					
J.	Recipients • Use Section A to identify the agen	cv's department or unit.	Use Section B to	identify an individ	ual. • Use Section C to identif	v an outside organization.
			Number			
A. Name of Agency, Department or Unit			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 Individual (Last, First)			Number of Ticket(s)/		Identify one of the fol	lowing:
	(Last, Fils	50	Passes			
		*			onial Role Other ing "Ceremonial Role" or "Other" desc	Income L
	·		5		onial Role Other ing "Ceremonial Role" or "Other" descri	Income Income
	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
ļ.	Verification					
	I have read and understand FPI with the requirements.	PC Regulations 18944.	1 and 18942. I	l have verified ti	hat the distribution set for	th above, is in accordance
0	March 1/20	A Blad None	y Herrera		Ticket Administrator	2/28/19
	Signature of Agency Head or Designo		nt Name		Ticket Administrator	(month, day, year)

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

Seremonial Role Events and Ticket/Pass Distributions					A Public Document		
1. Agency Nan				*	Date Stamp	California 802	
Los Angeles (County						
Division, Depa	rtment, or Reg	ion (if applicable)				For Official Use Only	
Board of Supe	Board of Supervisors, Fourth District				"	9	
Designated Ag	Designated Agency Contact (Name, Title)						
Nancy Herrera				Amendment (Must P	rovide Explanation in Part 3.)		
Area Code/Pho	ne Number	E-mail				and Expension my array	
(213) 974-444	14	nherrera@bos.la	county.gov		Date of Original Filing: .	(month, day, year)	
2. Function or	Event Infor	mation					
Does the ager	ncy have a ticl	ket policy? Yes	s⊠ No□ F	ace Value of I	Each Ticket/Pass \$ _99)	
Event Descrip	tion: LA Phill			Date(s)01/			
Event Descrip	uon	Provide Title/ Exp	olanation				
Ticket(s)/Pass	(es) provided	by agency? Yes	s□ No⊠ I	f no: Walt Dis	ney Concert Hall Name of Source		
Was ticket dist	tribution made	at the behest Yes	s□ No⊠ ^{If}	f yes:	Official's Name (Last, First)		
of agency off	icial?				Sindard Hamo (East, 1 hot)		
3. Recipients							
		cy's department or unit.	• Use Section B to i	identify an individ	ual. • Use Section C to ident	ify an outside organization.	
	A Section 1		Number of Ticket(s)/				
A. Name	A. Name of Agency, Department or Unit			Describe the	cribe the public purpose made pursuant to the agency's policy		
Board of Sup	Board of Supervisors		2	Ticket Policy	cy Sec 5.3(k)		
•		DV-1805-01-1		•	()		
			Number				
В.	Name of Indi (Last, Fir		of Ticket(s)/ Passes		Identify one of the fo	ollowing:	
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					onial Role Other on "Other on "Other" des		
	ame of Outside O		Number of Ticket(s)/ Passes	Describe the	public purpose made purs	suant to the agency's policy	
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l. Verification		DO D	(4.4 1.466.46)			with about in in account	
I have read and with the requirer		PC Regulations 1894	14.1 and 18942. I	have verified th	nat the distribution set fo	rth above, is in accordance	
Man 4 -	\sim			,	Tipleat Administrate	2/28/19	
Signature of Ager	ncý Head or Design		ncy Herrera Print Name		Ticket Administrator	(month, day, year)	
	•	0.1	20000000 TCST"				
Comment:							