

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

**A Public Document**

|  |                           |   |  |
|--|---------------------------|---|--|
| <b>1. Agency Name</b>                                  |                           | Date Stamp  | <b>California Form 802</b><br><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>         |                           | <input type="checkbox"/> <b>Amendment</b> <i>(Must Provide Explanation in Part 3.)</i><br><br>Date of Original Filing: _____<br><small>(month, day, year)</small> |  |
| 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 \$ 168

Event Description: LA Philharmonic    Date(s) 04 / 14 / 19  
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>B. Name of Individual (Last, First)</b>                               |                             |  |
|  | Number of Ticket(s)/ Passes | Identify one of the following:   |
|  |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
|  |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| <b>C. Name of Outside Organization (include address and description)</b> |                             |  |
|  | 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*

|   |  |  |   |
|---|--|--|---|
| <br><small>Signature of Agency Head or Designee</small> | Nancy Herrera<br><small>Print Name</small> | Ticket Administrator<br><small>Title</small> | 6/7/19<br><small>(month, day, year)</small> |
|---|--|--|---|

Comment: \_\_\_\_\_

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| Division, Department, or Region <i>(if applicable)</i><br>Board of Supervisors, Fourth District |                                     |  |   |
| Designated Agency Contact <i>(Name, Title)</i><br>Nancy Herrera                                 |                                     | <input type="checkbox"/> <b>Amendment</b> <i>(Must Provide Explanation in Part 3.)</i><br><br>Date of Original Filing: _____<br>(month, day, year) |   |
| Area Code/Phone Number<br>(213) 974-4444  | E-mail<br>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 Date(s) 04 / 26 / 19  
Provide Title/ Explanation

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Name of Source

Was ticket distribution made at the behest of agency official? Yes  No  If yes: \_\_\_\_\_  
Official's Name (Last, First)

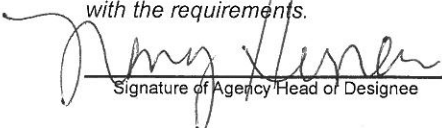
**3. Recipients**

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

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*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
6/7/19  
Signature of Agency Head or Designee
Print Name
Title
(month, day, year)

Comment: \_\_\_\_\_