

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

**A Public Document**

|  |                           |   |               |                |                           |            |   |                            |                       |
|--|---------------------------|---|---------------|----------------|---------------------------|------------|---|----------------------------|-----------------------|
| <b>1. Agency Name</b><br>Los Angeles County<br><hr/> <b>Division, Department, or Region</b> <i>(if applicable)</i><br>Board of Supervisors, Fourth District<br><hr/> <b>Designated Agency Contact</b> <i>(Name, Title)</i><br>Nancy Herrera<br><hr/> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"><b>Area Code/Phone Number</b></td> <td style="width:50%; border: none;"><b>E-mail</b></td> </tr> <tr> <td style="border: none;">(213) 974-4444</td> <td style="border: none;">nherrera@bos.lacounty.gov</td> </tr> </table> |                           | <b>Area Code/Phone Number</b>                                       | <b>E-mail</b> | (213) 974-4444 | nherrera@bos.lacounty.gov | Date Stamp | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><b>California Form 802</b></td> </tr> <tr> <td style="text-align: center; font-size: small;">For Official Use Only</td> </tr> </table> | <b>California Form 802</b> | For Official Use Only |
| <b>Area Code/Phone Number</b>  | <b>E-mail</b>             |   |               |                |                           |            |   |                            |                       |
| (213) 974-4444   | nherrera@bos.lacounty.gov |   |               |                |                           |            |   |                            |                       |
| <b>California Form 802</b>   |                           |   |               |                |                           |            |   |                            |                       |
| For Official Use Only  |                           |   |               |                |                           |            |   |                            |                       |
| <input type="checkbox"/> <b>Amendment</b> <i>(Must Provide Explanation in Part 3.)</i>   |                           | Date of Original Filing: _____<br><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 \$ 99

Event Description: LA Philharmonic    Date(s) 06 / 02 / 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   | 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"/><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 <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 | 7/1/19             |
| Signature of Agency Head or Designee | Print Name    | Title                | (month, day, year) |

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