Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California 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.) E-mail 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 \$ 45 Does the agency have a ticket policy? Yes⊠ No□ Event Description: Dodgers Tickets Date(s) __06 01 Provide Title/ Explanation If no: Los Angeles Dodgers Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ 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 Describe the public purpose made pursuant to the agency's policy A. Name of Agency, Department or Unit of Ticket(s)/ Passes 2 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: Other 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

| with the requirements! | | | |
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| I chan Klessera | Nancy Herrera | Ticket Administrator | July 1, 2019 |
| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

Comment:

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

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| 1. | Agency Name | | | | *** | Date Stamp | California 802 |
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| | Los Angeles County | | | | | | Form OUZ |
| | Division, Department, or Region (if applicable) | | | | | For Official Use Only | |
| | Board of Supervisors, Fourth District | | | | | | |
| | Designated Agency Contact | (Name, Title) | | | | | |
| | Nancy Herrera | | | | | Amendment (Must Pro | ovide Explanation in Part 3.) |
| | Area Code/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 tic | ket policy? | Yes 🛛 | No□ | Face Value of I | Each Ticket/Pass \$ 45 | |
| | | | | | Date(s)06 | | 1 1 |
| | Event Description: Dodger | Provide Titi | e/ Explana | ntion | Date(s) | | |
| | Ticket(s)/Pass(es) provided | | | | If no: Los Ang | eles Dodgers | |
| | | | | | | 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 • Use Section A to identify the ager | ncy's department or | unit. • U | se Section B to | identify an individ | ual. • Use Section C to identif | v an outside organization. |
| | A. Name of Agency, Dep. | | | Number of Ticket(s)/ Passes | | e public purpose made pursu | |
| | Board of Supervisors | | | 2 | Ticket Policy | Sec 5.3(k) | |
| | B. Name of Ind (Last, Fir | | | Number of Ticket(s)/ Passes | Cerem | Identify one of the fol | lowing: |
| | | | | | | ing "Ceremonial Role" or "Other" descr | |
| | | | | | | onial Role Other Other ing "Ceremonial Role" or "Other" descri | Income |
| | C. Name of Outside O (include address and | | | Number of Ticket(s)/ Passes | Describe the | e public purpose made pursu | uant to the agency's policy |
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| ۳. | | DC Dogulations | 10011 1 | and 10012 | I have varified th | hat the distribution sat for | th above is in asserdance |
| 1 | I have read and understand FF with the requirements. | r c regulations | 10944.1 | anu 16942. | i riave veriīled ti | iai irie uistribuiion set ton | ur above, is in accordance |
| - | mas 1/040 | 14 | Mana: | Llorrers | | Tieket Administrates | lub 4 2040 |
| | Signature of Agency/Head or Design | <u> </u> | | Herrera Name | | Ticket Administrator | July 1, 2019 (month, day, year) |
| * | Signature of Agency/Head of Design | | FIIII | i i vallie | | nue | (monui, uay, year) |
| | Comment: | | | | | | |

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| 4. Verificat | tion | | | |
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| | d and understand FPPC Regulation | ons 18944.1 and 18942. I have | verified that the distribution set forth a | above, is in accordanc |
| Im | us Hurely | Nancy Herrera | Ticket Administrator | July 1, 2019 |
| | of Agency Head or Designee | Print Name | Title | (month, day, year) |
| Commen | t: <u>~</u> | | | |

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| | I have read and unders | tand FPPC Regulations | s 18944.1 and 18942. | I have verified that the distribution set forth | above, is in accordance |
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| | with the requirements | | | | |
| 77 | 1 min | 110011 | Nancy Herrora | Ticket Administrator | luly 1 2019 |

| ma Linea | Nancy Herrera | Ticket Administrator | July 1, 2019 |
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| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |

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| C | with the requirements. | | | |
| | My Herrem | Nancy Herrera | Ticket Administrator | July 1, 2019 |
| | VSignature of Agency Head or Designee | Print Name | Title | (month, day, year) |

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Nancy Herrera Ticket Administrator July 1, 2019
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment:

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| Ones Henera | Nancy Herrera | Ticket Administrator | July 1, 2019 |
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| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |

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| V | Signature of Agency Flead or Designee | Print Name | Title | (month, day, year) |
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| 1 my Glenera | Nancy Herrera | Ticket Administrator | July 1, 2019 |
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| 1 mus / Usslin | Nancy Herrera | Ticket Administrator | July 1, 2019 |
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Nancy Herrera

Print Name

with the requirements.

Comment

Signature of Agency/He'ad or Designee

Ticket Administrator

Title

July 1, 2019

(month, day, year)

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