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 Yes ☑ No ☐ Face Value of Each Ticket/Pass \$ 45 Does the agency have a ticket policy? Event Description: Dodgers Tickets Date(s) __05 / 06 / Provide Title/ Explanation If no: Los Angeles Dodgers 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 A. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes 2 Board of Supervisors Ticket Policy Sec 5.3(k) Number B. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Income Ceremonial Role Other 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	
	I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in	accordance

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

Comment:

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Verification			
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I max Henen	Nancy Herrera	Ticket Administrator	July 1, 2019
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

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4. Verification

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

Thave read and understand FPFC Regula	tions 10944. I and 10942. I have	vermed that the distribution set forth a	above, is in accordance
with the requirements.			
non Herem	Nancy Herrera	Ticket Administrator	July 1, 2019
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

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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

Nancy Herrera

Print Name

with the requirements.

Comment:

Signature of Agency/Head or Designee

FPPC Form 802 (2/2016)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

July 1, 2019

(month, day, year)

Ticket Administrator

Title

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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.

Signature of Agericy Head or Designee

Nancy Herrera

Ticket Administrator

July 1, 2019 (month, day, year)

Comment:

4. Verification

Agency Report of:

C	erem	on	iial	Role	Events	and	Ticket/Pass	Distributions	

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	The state of the s						
1.	Agency Name					Date Stamp	California 802
	Los Angeles County						Form OUZ
	Division, Department, or Reg	ion (if applicable)					For Official Use Only
	Board of Supervisors, Fourt						
	Designated Agency Contact	(Name, Title)	32				
	Nancy Herrera					Amendment (Must Pr	ovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail		10 10 10 10 10 N			
	(213) 974-4444	nherrera@bo	s.lacou	nty.gov		Date of Original Filing: _	(month, day, year)
2.	Function or Event Infor	mation					
	Does the agency have a tick	ket policy?	Yes 🗵	No 🗆	Face Value of I	Each Ticket/Pass \$ $\frac{45}{}$	
	Event Description: Dodgers	s Tickets			Date(s)05		1 1
	Event Description.	Provide Tit	le/ Explana	tion			
	Ticket(s)/Pass(es) provided	by agency?	Yes 🗌	No ⊠	If no: Los Ange		
						Name of Source	
	Was ticket distribution made	at the behest	Yes 🗌	No 🗵	If yes:	Official's Name (Last, First)	
	of agency official?						
3.	Recipients						
٠.	• Use Section A to identify the agen	cv's department or	unit. • Us	se Section B to	identify an individ	ual. • Use Section C to identi	fy an outside organization.
	- Control of the superior		1	Number	1		-, -, -, -, -, -, -, -, -, -, -, -, -, -
	A. Name of Agency, Depa	artment or Unit		of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy
	Board of Supervisors			2	Ticket Policy	Sec 5.3(k)	
				N			
	B. Name of Indi (Last, Fir.			Number of Ticket(s)/ Passes		Identify one of the fo	llowing:
						onial Role Other Ing "Ceremonial Role" or "Other" desc	Income Income
		-				onial Role Other Ing "Ceremonial Role" or "Other" desc	Income Income
	C. Name of Outside O (include address and			Number of Ticket(s)/ Passes	Describe the	public purpose made purs	uant to the agency's policy
							v (See See See See See See See See See Se
١.	Verification						
	I have read and understand FP	PC Regulations	18944.1	and 18942.	I have verified th	hat the distribution set for	rth above, is in accordance
1	with the requirements.						
X	man Kerse	V	Nancy	Herrera		Ticket Administrator	July 1, 2019
V	Signature of Agency Head or Design	ee	Print	Name		Title	(month, day, year)
	Q						
	Comment:						

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I man Lemoh	Nieron III emenie	Tistest Astrobalanahan	L-L-4 0040
	Nancy Herrera	Ticket Administrator	July 1, 2019

Signature of Agency Head or Designee Print Name Title

(month, day, year)

Comment:

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		-	
4. Verification			
I have read and understand FPPC Regulation with the requirements.		have verified that the distribution set forth a Ticket Administrator	
Signature of Agency Head or Designee	 Herrera Name	Title	July 1, 2019 (month, day, year)
July 4	 		, , , , , , , , , , , , , , , , , , , ,
Comment:	 		

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Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
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4. Verification

Comment:

with the requirements.			
1 mus Henere	Nancy Herrera	Ticket Administrator	July 1, 2019
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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Print Name

Signature of Agency/Head or Designee

Comment:

(month, day, year)

Title