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

A Public Document

1.	Agency Name			Date Stamp	California 802	
	Los Angeles County		Form OUZ			
	Division, Department, or Region (if applicable)		For Official Use Only			
	Fourth District, Board of Supervisors					
	Designated Agency Contact (Name, Title)					
	Nancy Herrera, Ticket Administrator			Amendment (Must Pr	ovide Explanation in Part 3.)	
	Area Code/Phone Number E-mail					
	(213) 974-4444 nherrera@bos.laco	unty.gov		Date of Original Filing: _	(month, day, year)	
2.	Function or Event Information					
	Does the agency have a ticket policy? Yes	■ No□ F	ace Value of	Each Ticket/Pass \$	\$95	
	Event Description: LA Philharmonic		Date(s)	, 10 , 21	1	
	Provide Title/ Explai					
	Ticket(s)/Pass(es) provided by agency? Yes [□ No 🔳 It	f no: Walt Dis	sney Concert Hall		
			•	Name of Source		
	Was ticket distribution made at the behest Yes [□ No 🔳 🖽	ryes:	Official's Name (Last, First)	and the second s	
	of agency official?					
3.	Recipients	D- EV D- CD				
	Use Section A to identify the agency's department or unit.	Use Section B to i	dentify an individu	ial. Use Section C to identify	an outside organization.	
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	suant to the agency's policy	
	Board of Supervisors	2	Ticket Polic	olicy Sec 5.3(k)		
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the fo	bllowing:	
				onial Role Other on "Other of the other" des	North Control of the	
				onial Role Other on "Other" des	Income Cribe below:	
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy	
4.	Verification					
	I have read and understand FPPC Regulations 18944. with the requirements.	hat the distribution set fo	rth above, is in accordance			
_	Mancy Herrera Signally of Agree Head of Positions Nancy Herrera			t Administrator	1/21/2022	
	Signature of Agency Head or Designee Pri	nt Name		riue	(month, day, year)	

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1.	Agency Name				Date Stamp	California 202	
	Los Angeles County			Form OUZ			
	Division, Department, or Region (if applicable)					For Official Use Only	
	Fourth District, Board of Su	•					
	Designated Agency Contact (Name, Title)						
	Nancy Herrera, Ticket Adm	inistrator	Amendment (Must Provide Explanation in Part 3.)				
	Area Code/Phone Number	E-mail					
	(213) 974-4444	nherrera@bos.lac	ounty.gov		Date of Original Filing:	(month, day, year)	
2.	Function or Event Infor	mation					
	Does the agency have a ticket policy? Yes ■ No □ Face Value of				Each Ticket/Pass \$	\$66	
	Event Description: LA Philh		, 18 , 21				
	Event Description:	Provide Title/ Expla					
					sney Concert Hall		
				-1	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						
٠.	 Use Section A to identify the ager 	ncv's department or unit.	· Use Section B to i	dentify an individu	al. Use Section C to identif	v an outside organization.	
	A. Name of Agency, Depa		Number of Ticket(s)/		J 100	suant to the agency's policy	
			Passes				
	Board of Supervisors		6	Ticket Polic	tet Policy Sec 5.3(k)		
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the following:		
		Anna e en e			Ceremonial Role Other Inc If checking "Ceremonial Role" or "Other" describe below:		
					onial Role Other		
				If check	ing "Ceremonial Role" or "Other" de	scribe below:	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe the	ne public purpose made pursuant to the agency's policy		
4	Verification						
₹.	I have read and understand FP with the requirements.	PC Regulations 18944	1.1 and 18942. I	have verified to	hat the distribution set fo	orth above, is in accordance	
_	Mancy Herrera			Ticke	t Administrator	1/21/2022	
l	Signature of Agency Head or Designee Print Name			Title	(month, day, year)		
	Comment:						

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Los Angeles County		FOIII					
Division, Department, or Region (if applicable)		For Official Use Only					
Fourth District, Board of Supervisors							
Designated Agency Contact (Name, Title)							
Nancy Herrera, Ticket Administrator	Amendment (Must Provide Explanation in Part 3.)						
Area Code/Phone Number E-mail			Amendment (Must Pro	ovide Explanation in Part 3.)			
(213) 974-4444 nherrera@bos.la	county.gov		Date of Original Filing: _	(month, day, year)			
. Function or Event Information							
Does the agency have a ticket policy?	s■ No□ F	ace Value of I	Each Ticket/Pass \$	\$209 and \$143			
Event Description: LA Philharmonic	CALLED STATE OF THE STATE OF	Date(s)	. 31 . 21				
Event Description:	planation						
	s No 🔳 II	f no: Walt Dis	sney Concert Hall				
			Name of Source				
Was ticket distribution made at the behest Ye	s 🗌 No 🔳 🏻	f yes:	Official's Name (Last, First)				
of agency official?			,				
Daginianta							
	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.						
- Ose Section A to identify the agency's department of unit.	Number		ai. Ose section c to identify	arroutside organization.			
A. Name of Agency, Department or Unit	of Ticket(s)/ Passes	t(s)/ Describe the public purpose made pursuant to the ager		uant to the agency's policy			
Board of Supervisors	4	Ticket Policy Sec 5.3(k)					
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the following:				
		Ceremonial Role Other Inc					
			onial Role Other of "Other" descriptions of "Other" descriptions of "Other" descriptions of the control of the	Income Income			
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's		uant to the agency's policy			

Verification							
I have read and understand FPPC Regulations 189- with the requirements.	44.1 and 18942.	I have verified to	hat the distribution set for	rth above, is in accordance			
Mancy Herr	era	Ticke	t Administrator	1/21/2022			
Signature of Agency Head or Designee	Print Name		Title	(month, day, year)			

Print

Comment: Orchestra Seats Valued at \$209 and Terrace Seats Valued at \$143

Clear

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