A Public Document	an.	~	. 1 1		-				
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1.	Agency Name				Date Stamp	California Q02	
	Los Angeles County			Form OUZ			
	Division, Department, or Reg	ion (if applicable)		For Official Use Only			
	Fourth District, Board of Su						
	Designated Agency Contact	(Name, Title)					
	Nancy Herrera, Ticket Adm				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				\$240 and \$400	
	Does the agency have a tick	ket policy? Yes	■ No□	Face Value of	Each Ticket/Pass \$ _	\$219 and \$109	
	Event Description: NAS		[Date(s) 05	, 01 , 22		
		Provide Title/Expl	anation		narmonic/Walt Disney Concert Hall		
	Ticket(s)/Pass(es) provided	by agency? Yes	No 🔳	T no	Name of Source	Contonerian	
	Was ticket distribution made	at the behest Yes	□ No ■ 1	fyes:	Official's Name (Last, First)		
	of agency official?				Official's Name (Last, First)		
2	Pacinianta		1000				
3.	Recipients Use Section A to Identify the agen	cv's department or unit	• Use Section B to i	identify an Individu	al +Ise Section C to identi	fy an outside organization	
			Number		***		
	A. Name of Agency, Depa	rtment or Unit	of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy			
		12	4				
	Board of Supervisors		4	Pursuant to	Ticket Policy Sec 5.3	3(K)	
	B. Name of India		Number of Ticket(s)/		Identify one of the I	following:	
	(Last, Firs	,	Passes			-	
					onial Role		
		W		Cereme	onial Role Other	Income	
					ng "Ceremonial Role" or "Other" de		
	C Name of Outside Or	ganization	Number of Ticket(s)/	Describe the	public purpose made pur	suant to the agency's policy	
	(include address and	description)	Passes				
	THE RESERVE OF THE PERSON OF T						
medicina	\/= \(\frac{1}{2} = \frac{1}{2} = \frac{1}{2						
	Verification	DC Poquiations 1904	1 1 and 19042	I have verified the	and the distribution and fo	orth above is in an and as	
	I have read and understand FPI with the requirements.	o Regulations 10944	r. i aliu 10942.	r nave venned (f	iai ine uisinpullon sel lo	our above, is in accordance	
n	anew HUNEL	Nancy Herre	ra	Ticket	: Administrator	06/1/2022	
,	Signature of Agency Head or Designe		rint Name		Title	(month, day, year)	
		ets (\$219) and 2 Ter	rance (\$109)				
	Comment:				W	+	

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1.	Agency Name	*			Date Stamp	California 202	
	Los Angeles County			Form OUZ			
	Division, Department, or Reg	ion (if applicable)		For Official Use Only			
	Fourth District, Board of Su						
	Designated Agency Contact	(Name, Title)					
	Nancy Herrera, Ticket Admi				Amendment (Must)	Provide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail	and the second		D / / / / / / / / / / / / / / / / / / /		
	(213) 974-4444	nherrera@bos.lad	county.gov		Date of Original Filing:	(month, day, year)	
2.	Function or Event Infor	mation					
	Does the agency have a tick	ret policy? Yes	No □ F	ace Value of I	Each Ticket/Pass \$ _	\$240	
	Event Description: Otriz, Vil	la-Lobos & The Fire	ebird w/D	Date(s)05	12 , 22		
		Provide Title/ Exp	lanation		narmonic/Walt Disney Concert Hall		
	Ticket(s)/Pass(es) provided	by agency? Yes	No 🔳	no: LATINI	Name of Source	Concert i all	
	Was ticket distribution made	at the behest Yes	□ No ■ If	f yes:	Official's Name (Last, First)		
	of agency official?				Official's Name (Last, First)		
2	Desirients						
3.	Recipients • Use Section A to identify the agen	al •Ise Section C to identi	fy an outside organization				
			I acritiny an insurince	ui. Ose Section e to identifi	y an outside organization.		
	A. Name of Agency, Depa	rtment or Unit	of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy			
		•				***	
	Board of Supervisors		2	Pursuant to	Ticket Policy Sec 5.3	(K)	
					,		
	B. Name of India (Last, Firs	Number of Ticket(s)/		Identify one of the f	ollowing:		
	(1001, 1110	,	Passes	Corre	onial Role Other	1	
					onial Role Other or "Other" de		
		(n)	1	Ceremo	onial Role Other	Income	
				If checks	ng "Ceremonial Role" or "Other" des	scribe below:	
	C. Name of Outside Organization Of Ticke (include address and description)			Describe the public purpose made pursuant to the agency's polic			
	(include address and	description)	Passes		4		
	Verification						
	I have read and understand FPI	PC Regulations 1894	4.1 and 18942. I	have verified th	at the distribution set fo	orth above, is in accordance	
	with the requirements /	3				as a very feath accordance	
Y	John Hem	lancy Herre	ra	Ticket	Administrator	06/1/2022	
1	Signature of Agency Head or Designe	e F	Print Name	Value	Title	(month, day, year)	
	Comment:					and a	
	COMMINGIA.		<u> </u>			+	

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goods	-			1.71.7				

1.	Agency Name				Date Stamp	California 802	
	Los Angeles County			Form OUZ			
	Division, Department, or Reg	ion (if applicable)		For Official Use Only			
	Fourth District, Board of Su	pervisors					
	Designated Agency Contact	(Name, Title)					
	Nancy Herrera, Ticket Adm				Amendment (Must	Provide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail			The state of the s	Tridinaka (1984-1990) - Millio (Millio (1990) - Millio (1980) - Millio (1990) - Millio (1990) - Millio (1990)	
	(213) 974-4444	nherrera@bos.lac	county.gov		Date of Original Filing:	(month, day, year)	
2.	Function or Event Infor	mation					
	Does the agency have a tick	ket policy? Yes	No D	ace Value of I	Each Ticket/Pass \$ _	\$142	
	Event Description: Otriz, Vi	lla-Lobos & The Fire	ebird w/D	Date(s)05	15 , 22		
				LA Phill	narmonic/Walt Disney	Concert Hall	
	Ticket(s)/Pass(es) provided	by agency? Yes	No 🔳	no:	Name of Source	Concertial	
	Was ticket distribution made	at the behest Yes	No I	yes:	Official's Name (Last, First)		
	of agency official?	100	140		Official's Name (Last, First)		
3.	Paginianta						
٥,	Recipients Use Section A to identify the agen	cv's department or unit.	• Use Section B to i	dentify an individu	al. Use Section C to identi	fy an outside organization.	
			Number				
	A. Name of Agency, Depa	rtment or Unit	of Ticket(s)/ Passes	Describe the	public purpose made pur	suant to the agency's policy	
			2				
	Board of Supervisors	-	Pursuant to Ticket Policy Sec 5.3(K)				
	B. Name of Indi	Number of Ticket(s)/		Identify one of the f	ollowing:		
	(Last, Firs	Passes		identity one of the f	ollowing.		
					onial Role Other Onial Role or "Other" de		
			O. A. C.			CONTROL ACCOUNTS	
				Cereme	onial Role Other C	Income	
			-		ng "Ceremonial Role" or "Other" de		
		,					
	C. Name of Outside Or (include address and	Number of Ticket(s)/	Describe the	public purpose made pur	suant to the agency's policy		
	(more dual out and	acomption	Passes		A		
	porter						
	Verification						
	I have read and understand FPI	PC Regulations 1894	4.1 and 18942. I	have verified th	at the distribution set fo	orth above, is in accordance	
7	with the requirements.	Noney Herre	· mo	Tieles	A dissiplication	00/4/0000	
V	Signature of Agency Head or Designature	Nancy Herre	era Print Name	I ICKet	Administrator	06/1/2022	
	Signature of ngolicy freat or Designa	~	THE PROPERTY.		1116	(month, day, year)	
	Comment:	W-12-11-11-11-11-11-11-11-11-11-11-11-11-			The second secon	+	

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1.	Agency Name Los Angeles County				Date Stamp	California 802
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Fourth District, Board of Su	1 10 10 E				
	Designated Agency Contact			**************************************		
	Nancy Herrera, Ticket Adm Area Code/Phone Number	TE-mail			Amendment (Must F	Provide Explanation in Part 3.)
	(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 tick		■ No □ F	ace Value of I	Each Ticket/Pass \$	\$286
		. , , ,	1 4 0			
	Event Description: Dudame	Provide Title/ Expla	reation [Date(s)	29 / 22	
	Ticket(s)/Pass(es) provided		□ No ■ I1	fno. LA Philh	narmonic/Walt Disney	Concert Hall
	Hokel(5)// ass(cs) provided	by agency: 165	140	110.	Name of Source	
	Was ticket distribution made	at the behest Yes	□ No ■ It	yes:	Official's Name (Last. First)	A
	of agency official?				Official's Name (Last. First)	
3.	Recipients					
	Use Section A to Identify the agen	cy's department or unit.	Use Section B to i	dentify an Individu	al. Use Section C to Identif	y an outside organization.
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe the	public purpose made pur	suant to the agency's policy
	Board of Supervisors	2	Pursuant to	Ticket Policy Sec 5.3	(K)	
			Number			
	B. Name of Indi		of Ticket(s)/ Passes		Identify one of the fo	ollowing:
				1	onial Role Other ng "Ceremonial Role" or "Other" des	
		The state of the s			onial Role Other on "Other" des	Income Income
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	public purpose made pur	suant to the agency's policy
	Verification I have read and under s tand FPI	^D C Regulations 18944	.1 and 18942. I	have verified th	aat the distribution set fo	rth above, is in accordance
X	with the requirements.					
()	my Tleve	Nancy Herrer	a	Ticket	Administrator	06/1/2022
)	Signature of Agency/Head or Designation Comment:	P. P.	rint Name		Title	(month, day, year)