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

A	Public	Doc	um	ent
	Califo	rnio		

	Agency Name					Form 802
	County of Los Angeles					For Official Use Only
	Division, Department, or Regi	ion (if applicable)				1 of Official Use Offiy
	Board of Supervisors				a a	
	Designated Agency Contact (Name,Title)		20		
	Nancy Herrera				Amendment (Must Pi	rovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			8	
	(213) 974-4444	nherrera@bos.lac	county.gov		Date of Original Filing: _	(month, day, year)
2.	Function or Event Inform	944 955	B a		16	
	Does the agency have a tick			ace Value of I	Each Ticket/Pass \$ <u>16</u>	
	Event Description: LA Philha	armonic Performan	ce	Date(s)04	<u>, 08 , 17 </u>	
	Ticket(s)/Pass(es) provided	Provide Title/Exp.		f no. Walt Dis	ney Concert Hall	
	ricket(3)/r ass(es) provided	by agency: Tes	I NOM I	1110.	Name of Source	
	Was ticket distribution made	at the behest Yes	□ No□ I	f yes:	Official's Name (Last, First)	
	of agency official?				Cinciai S Ivaille (Last, 1 list)	
3.	Recipients					
	• Use Section A to identify the agen	cy's department or unit.	• Use Section B to	identify an individ	ual. • Use Section C to identi	ify an outside organization.
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	suant to the agency's policy
	Board of Supervisors		4	Ticket Policy	Sec 5.3(k)	
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:
				CONTROL CONTRO	nonial Role Other Carloin on the Carloin of the Car	ED DO DE DE LA CONTRACTOR DEL CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR DE LA CONTRACTOR
					nonial Role Other Cining "Ceremonial Role" or "Other" des	
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	suant to the agency's policy
	Verification	AND THE RESIDENCE TO SEE MANDERS		Targe males was	12 ORDS 10 St 500 200 25 T	
	I have read and understand FP with the requirements.	PC Regulations 1894	4.1 and 18942.	I have verified t	that the distribution set fo	orth above, is in accordance
	Maney This	OLA Nar	ncy Herrera		Ticket Administrator	05/12/17
	A MILLION PRICE NO PRICE	I VOI				11.11.12.11.1

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions **A Public Document** 1. Agency Name California Q02 Date Stamp

	County of Los Angeles				Form OUZ For Official Use Only	
	Division, Department, or Region (if applicable) Board of Supervisors Designated Agency Contact (Name, Title)					1 of Official Oct Offic
	Area Code/Phone Number	Nancy Herrera Area Code/Phone Number E-mail				vide Explanation in Part 3.)
	(213) 974-4444	nherrera@bos.la	county.gov		Date of Original Filing:	(month, day, year)
_						(monar, day, year)
2.	Function or Event Inform					3
	Does the agency have a tick	107.0 VEN 10103			Each Ticket/Pass \$ 168	
Event Description: LA Philharmonic Perform			planation	Date(s)		
	Ticket(s)/Pass(es) provided	by agency? Ye	s □ No ⊠	If no: Walt Dis	ney Concert Hall	
	Was ticket distribution made	at the behest Ye	s□ No□	If yes:		
	of agency official?		- HOL		Official's Name (Last, First)	
3.	Recipients					
	• Use Section A to identify the agen-	cy's department or unit	• Use Section B to	o identify an individ	ual. • Use Section C to identif	y an outside organization.
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	Describe th	e public purpose made pursu	uant to the agency's policy
	Board of Supervisors		4	Ticket Policy Sec 5.3(k)		
	B. Name of India (Last, Firs		Number of Ticket(s)/ Passes		Identify one of the fol	lowing:
					onial Role Other Other Other Other Other description "Ceremonial Role" or "Other" descriptions	Income In
					onial Role Other I	Income In
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made pursu	uant to the agency's policy
_	No wifi a aki a m					
	Verification I have read and understand FP.	PC Regulations 189	44.1 and 18942	2. I have verified t	hat the distribution set for	th above, is in accordance
	with the requirements,					
	Ulray Hen		ncy Herrera		Ticket Administrator	05/12/17
	Signature of Agency Head or Design Comment:	ee	Print Name		Title	(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions 1. Agency Name

A Public Document

1.	Agency Name			40 400 400		Date Stamp	California 802		
	County of Los Angeles						For Official Use Only		
	Division, Department, or Reg	ion (if applicable)					Tor Official Ose Offig		
	Board of Supervisors								
	Designated Agency Contact	Name, Title)							
	Nancy Herrera					Amendment (Must Pro	vide Explanation in Part 3.)		
	Area Code/Phone Number	E-mail			THE STATE OF THE STATE OF	Amenament (Mast Fronce Explanation III art 6.)			
	(213) 974-4444	nherrera@bos	s.lacour	nty.gov		Date of Original Filing:	(month, day, year)		
2.	Function or Event Infor	mation				400			
	Does the agency have a tick	ket policy?	Yes 🗌	No ⊠ F	ace Value of I	Each Ticket/Pass \$ 168	3		
	Event Description: LA Philh	armonic Perforn	nance			, 30 , 17			
	Tielest/e\/Dese/es\ massided	Provide Title.	3.50		سم. Walt Dis	nev Concert Hall			
	Ticket(s)/Pass(es) provided	by agency?	Yes ∐	No 🖾 ı	1 110. 11411 210	Name of Source			
	Was ticket distribution made of agency official?	at the behest	Yes 🗌	No □ I	f yes:	Official's Name (Last, First)			
3.	Recipients								
		cy's department or u	nit. • Use	e Section B to	identify an individ	ual. • Use Section C to identif	y an outside organization.		
	A. Name of Agency, Depart	ertment or Unit		Number of Ticket(s)/ Passes	Describe th	e public purpose made pursu	ant to the agency's policy		
	Board of Supervisors			4	Ticket Policy	Sec 5.3(k)	Ticket/Pass \$ 168 O / 17 Concert Hall ame of Source cial's Name (Last, First) Use Section C to identify an outside organization. lic purpose made pursuant to the agency's policy 5.3(k) Identify one of the following:		
	B. Name of Indi			Number of Ticket(s)/ Passes		Identify one of the fol	lowing:		
		77.00							
	C. Name of Outside O (include address and			Number of Ticket(s)/ Passes	Describe the	e public purpose made pursu	ant to the agency's policy		
750									
1.	Verification								
	I have read and understand FP	PC Regulations 1	18944.1	and 18942.	I have verified t	that the distribution set for	th above, is in accordance		
_	with the requirements.								
	I was How	ero	Nancy	Herrera		Ticket Administrator	05/12/17		
	Signature of Agency Head or Design			Name		Title	(month, day, year)		
	U								
	Comment:								