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

1. Agency Name
   County of Los Angeles
   Division, Department, or Region (if applicable)
   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Nancy Herrera
   Area Code/Phone Number
   (213) 974-4444
   E-mail
   nherrera@bos.lacounty.gov

2. Function or Event Information
   Does the agency have a ticket policy? Yes [ ] No [X]  
   Event Description: Dodgers Game Tickets
   Face Value of Each Ticket/Pass $ [45]
   Date(s) 04 / 03 / 17
   Ticket(s)/Pass(es) provided by agency? Yes [X] No [ ]
   If no: Los Angeles Dodgers
   Name of Source
   Official's Name (Last, First)
   Was ticket distribution made at the behest of agency official? Yes [ ] No [X]

3. 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.*

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board of Supervisors</td>
<td>2</td>
<td>Ticket Policy Sec 5.3(k)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Incone [ ]</td>
</tr>
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<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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</table>

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
   with the requirements.

   Signature of Agency Head or Designee
   Nancy Herrera
   Print Name
   Ticket Administrator
   Title
   05/12/17
   (month, day, year)

Comment:

FFPC Form 802 (2/2016)
FFPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
County of Los Angeles
Division, Department, or Region (if applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Nancy Herrera
Area Code/Phone Number  E-mail
(213) 974-4444 nherrera@bos.lacounty.gov
Date Stamp
California Form 802
For Official Use Only
Amendment (Must Provide Explanation in Part 3.)
Date of Original Filing:  (month, day, year)

2. Function or Event Information
Does the agency have a ticket policy?  Yes □  No ☒  Face Value of Each Ticket/Pass $ 45
Event Description: Dodgers Game Tickets
Provide Title/Explanation
Date(s)  04 / 05 / 17
Ticket(s)/Pass(es) provided by agency?  Yes □  No ☒  If no:  Los Angeles Dodgers
Name of Source
Was ticket distribution made at the behest of agency official?  Yes □  No ☒  If yes:  
Official’s Name (Last, First)

3. 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.

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<th>A. Name of Agency, Department or Unit</th>
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(include address and description) | Number of Ticket(s)/Passes | Describe the public purpose made pursuant to the agency’s policy |
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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 above, is in accordance with the requirements.
Nancy Herrera  Ticket Administrator
Signature of Agency Head or Designee  Print Name  Title
05/12/17  (month, day, year)

Comment:  

FPPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   County of Los Angeles
   Board of Supervisors
   Nancy Herrera

   Area Code/Phone Number   E-mail
   (213) 974-4444   nherrera@bos.lacounty.gov

2. Function or Event Information
   Does the agency have a ticket policy? Yes □ No X
   Face Value of Each Ticket/Pass $ 45
   Event Description: Dodgers Game Tickets
   Date(s) 04 / 06 / 17
   Ticket(s)/Pass(es) provided by agency? Yes □ No X
   If no: Los Angeles Dodgers
   Name of Source: Official's Name (Last, First)
   Was ticket distribution made at the behest of agency official? Yes □ No □

3. 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.

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   Nancy Herrera
   Signature of Agency Head or Designee
   Print Name
   Ticket Administrator
   Title
   05/12/17
   (month, day, year)

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

1. Agency Name
   County of Los Angeles
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   Board of Supervisors
   Designated Agency Contact (Name, Title)
   Nancy Herrera
   Area Code/Phone Number
   (213) 974-4444
   E-mail
   nherrera@bos.lacounty.gov

2. Function or Event Information
   Does the agency have a ticket policy?  Yes ☐  No ☑
   Face Value of Each Ticket/Pass $ 45
   Event Description: Dodgers Game Tickets
   Event(s) 04 / 14 / 17
   Ticket(s)/Pass(es) provided by agency?  Yes ☐  No ☑
   If no: Los Angeles Dodgers
   Name of Source

3. 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.

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   Signature of Agency Head or Designee
   Nancy Herrera

   Print Name
   Ticket Administrator
   05/12/17

   (month, day, year)

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

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   Area Code/Phone Number
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   E-mail
   nherrera@bos.lacounty.gov
   Date Stamp
   California Form 802
   For Official Use Only
   Amendment (Must Provide Explanation in Part 3.)
   Date of Original Filing: (month, day, year)

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☒
   Face Value of Each Ticket/Pass $45
   Event Description: Dodgers Game Tickets
   Date(s) 04 / 15 / 17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Los Angeles Dodgers
   Name of Source
   Was ticket distribution made at the behest of agency official? Yes ☐ No ☒
   If yes: Official’s Name (Last, First)

3. 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.

   A. Name of Agency, Department or Unit | Number of Ticket(s)/Passes | Describe the public purpose made pursuant to the agency’s policy
   Board of Supervisors | 2 | 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 ☐ Income ☐
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   Ceremonial Role ☐ Other ☐ Income ☐
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   C. Name of Outside Organization (include address and description) | Number of Ticket(s)/Passes | Describe the public purpose made pursuant to the agency’s policy

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 with the requirements.
   Signature of Agency Head or Designee
   Nancy Herrera
   Print Name
   Ticket Administrator
   05/12/17 (month, day, year)
   Comment:

FPPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   County of Los Angeles
   Board of Supervisors

   Designated Agency Contact (Name, Title)
   Nancy Herrera

   Area Code/Phone Number    E-mail
   (213) 974-4444           nherrera@bos.lacounty.gov

2. Function or Event Information

   Does the agency have a ticket policy?  Yes  No
   Face Value of Each Ticket/Pass $ 45
   Event Description: Dodgers Game Tickets
   Date(s) 04 / 16 / 17
   Ticket(s)/Pass(es) provided by agency?  Yes  No
   If no: Los Angeles Dodgers
   Name of Source
   Was ticket distribution made at the behest of agency official?  Yes  No
   If yes: Official’s Name (Last, First)

3. 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.

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   Signature of Agency Head or Designee: Nancy Herrera

   Print Name: Ticket Administrator

   Title: 05/12/17 (month, day, year)

   Comment:  

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

Designated Agency Contact (Name, Title)
Nancy Herrera

Area Code/Phone Number  E-mail
(213) 974-4444  nherrera@bos.lacounty.gov

Date Stamp

California Form 802
For Official Use Only

 Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing:  (month, day, year)

2. Function or Event Information

Does the agency have a ticket policy?  Yes □  No ☒

Face Value of Each Ticket/Pass $ 45

Event Description: Dodgers Game Tickets

Date(s)  04/17/17

Ticket(s)/Pass(es) provided by agency?  Yes □  No ☒

If no: Los Angeles Dodgers

Name of Source

Was ticket distribution made at the behest of agency official?  Yes □  No □

Official's Name (Last, First)

3. 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.

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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 Agency Head or Designee: Nancy Herrera
Print Name: Ticket Administrator
Title: 05/12/17 (month, day, year)

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

1. Agency Name
County of Los Angeles

Division, Department, or Region (if applicable)
Board of Supervisors

Designated Agency Contact (Name, Title)
Nancy Herrera

Area Code/Phone Number
(213) 974-4444

E-mail
nherrera@bos.lacounty.gov

Date Stamp
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For Official Use Only

☑ Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing: (month, day, year)

2. Function or Event Information

Does the agency have a ticket policy? Yes ☐ No ☒

Face Value of Each Ticket/Pass $ 45

Event Description: Dodgers Game Tickets

Date(s) 04 / 18 / 17

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

If no: Los Angeles Dodgers

Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☐

If yes: __________________________

Official's Name (Last, First)

3. 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.

A. Name of Agency, Department or Unit Number of Ticket(s)/Passes Describe the public purpose made pursuant to the agency's policy

Board of Supervisors 2 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 ☐ Income ☐

If checking "Ceremonial Role" or "Other" describe below:

Ceremonial Role ☐ Other ☐ Income ☐

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Nancy Herrera
Ticket Administrator

Signature of Agency Head or Designee
Print Name
Title

05/12/17
(month, day, year)

Comment: __________________________

FPPC Form 802 (2/2016)
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Ceremonial Role Events and Ticket/Pass Distributions

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   nherrera@bos.lacounty.gov

2. Function or Event Information
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   Face Value of Each Ticket/Pass $ 45
   Event Description: Dodgers Game Tickets
   Date(s) 04 / 28 / 17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Name of Source
   If no: Los Angeles Dodgers
   Was ticket distribution made at the behest of agency official?
   Yes ☐ No ☒
   Official’s Name (Last, First)

3. Recipients
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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.

Nancy Herrera
Signature of Agency Head or Designee

Ticket Administrator
Print Name
Title
05/12/17
(month, day, year)

Comment: ______________________________

FPPC Form 802 (2/2016)
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   Nancy Herrera
   Area Code/Phone Number  E-mail
   (213) 974-4444  nherrera@bos.lacounty.gov

2. Function or Event Information
   Does the agency have a ticket policy?  Yes ☐  No ☒
   Face Value of Each Ticket/Pass $ 45
   Event Description: Dodgers Game Tickets
   Date(s)  04 / 29 / 17  ______________________ / __________/________
   Ticket(s)/Pass(es) provided by agency?  Yes ☐  No ☒
   If no: Los Angeles Dodgers
   Name of Source
   If yes: ______________________
   Official’s Name (Last, First)
   Was ticket distribution made at the behest of agency official?  Yes ☐  No ☒

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<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐  Other ☐  Income ☐</td>
</tr>
<tr>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
</table>

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 with the requirements.
   Nancy Herrera
   Signature of Agency Head or Designee

   Nancy Herrera
   Print Name

   Ticket Administrator
   Title
   05/12/17
   (month, day, year)

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

1. Agency Name
County of Los Angeles
Division, Department, or Region (if applicable)
Board of Supervisors
Designated Agency Contact (Name, Title)
Nancy Herrera
Area Code/Phone Number (213) 974-4444
E-mail nherrera@bos.lacounty.gov

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☑
Face Value of Each Ticket/Pass $45
Event Description: Dodgers Game Tickets
Provide Title/Explanation
Date(s) 04/30/17
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If no: Los Angeles Dodgers
Name of Source
Was ticket distribution made at the behest of agency official? Yes ☐ No ☑
If yes: Official’s Name (Last, First)

3. Recipients
A. Name of Agency, Department or Unit
   Number of Ticket(s)/Passes
   Describe the public purpose made pursuant to the agency's policy
   Board of Supervisors 2 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 ☐ Income ☐
   If checking “Ceremonial Role” or “Other” describe below:
   Ceremonial Role ☐ Other ☐ Income ☐
   If checking “Ceremonial Role” or “Other” describe below:

C. Name of Outside Organization (include address and description)
   Number of Ticket(s)/Passes
   Describe the public purpose made pursuant to the agency's policy

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 with the requirements.

Signature of Agency Head of Designee Nancy Herrera
Print Name
Ticket Administrator Title
05/12/17 (month, day, year)

Comment:

FPPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)