**A Public Document** 

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 Sup	pervisors										
	Designated Agency Contact (	Name.Title)										
	Nancy Herrera, Ticket Admi	nistrator	Amendment (Must Provide 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 tick	ket policy? Yes	■ No □	Face Value of Each Ticket/Pass \$								
	Event Description: Holiday	Sing-Along		Date(s) 12	, 03 , 22							
		Provide Title/ Explar	nation									
	Ticket(s)/Pass(es) provided	by agency? Yes [	sney Concert Hall									
	Was ticket distribution made	at the behest Voc C		11								
	of agency official?	at the period. 165 F	Official's Name (Last, First)									
	Desirients											
3.	Recipients  • Use Section A to identify the agen	cv's department or unit. • !	ial. Use Section C to identify	an outside organization.								
	A. Name of Agency, Depa	irtment 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)							
	Dodied of Capor violes	+		T dioddin to		.,						
	<del>page to the second sec</del>											
	B. Name of Indi		Number of Ticket(s)/ Passes	I dentify one of the following:								
					onial Role Other Other or "Other" descripting "Ceremonial Role" or "Other" descriptions	Income Income						
	***************************************				onial Role Other in Other or "Other" descriptions	Income Income						
	C. Name of Outside O	Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy							
_	Vouification											
4.	Verification I have read and understand FP with the requirements.	PC Regulations 18944.	1 and 18942.	I have verified t	hat the distribution set for	th above, is in accordance						
	Manga Houses	Nancy Herrer	a	Ticke	t Administrator	1/10/2022						
V	Signature of Agency Head or Design	ee Pri	int Name		Title	(month, day, year)						
	Comment:					<b>+</b>						
	OTHITORIC											

**A Public Document** 

1.	Agency Name		Date Stamp California 201									
	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	inistrator	Amendment (Must Provide 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 tick	ket policy? Yes	Each Ticket/Pass \$	189								
	Event Description: Home A	lone in Concert		ate(s)	, 21 , 22 _							
	Provide Title/ Explanation  Ticket(s)/Pass(es) provided by agency? Yes □ No ■ If no: Walt Disney Concert Hall  Name of Source											
	Was ticket distribution made	of the behast .v E	If	yes:								
	of agency official?	e at the beliest Yes L	」No■ "	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.										
	Use Section A to identify the ager	icy's department or unit.	ial. Use Section C to identify a	an outside organization.								
	A. Name of Agency, Depa	Number of Ticket(s)/ Passes	Describe the	ne public purpose made pursuant to the agency's policy								
	Board of Supervisors	2	Pursuant to	Ticket Policy Sec 5.3(k)								
	B. Name of Indi (Last, Fir	Number of Ticket(s)/ Passes		Identify one of the following:								
				l .	onial Role Other ing "Ceremonial Role" or "Other" descr	Income Income						
				1	onial Role Other on "Other" descri	Income Income						
	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						
4.	Verification											
	I have read and understand FP	PC Regulations 18944.	1 and 18942. I	have verified to	hat the distribution set fort	h above, is in accordance						
	with the requirements.	// / Alexander										
	1 yren Tuss	Mancy Herrera	t Administrator	01/10/2022								
	Signature of Agency Head or Design	ee Pri	nt Name		Title	(month, day, year)						
	Commant											
	Comment:				,	<u> + </u>						

Α	P	ш	h	li	C	ח	$\cap$	c i	ı	m	A	n	t
$\overline{}$		u	v	H	•	$\boldsymbol{\nu}$	v	u	a.		C	8 8	E.

1.	Agency Name		Date Stamp California 802									
	Los Angeles County			10111								
	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 Admi		Amendment (Must Provide Explanation in Part 3.)									
	Area Code/Phone Number	E-mail	_									
	(213) 974-4444	nherrera@bos.laco	unty.gov		Date of Original Filing:							
2.	Function or Event Information											
	Does the agency have a ticket policy? Yes ■ No □ Face Value of Each Ticket/Pass \$											
	Event Description: Home Al			)ate(s)	22 , 22							
		Provide Title/ Explan	ation									
	Ticket(s)/Pass(es) provided	by agency? Yes [	] No 🔳 If	no:	Name of Source							
	Was ticket distribution made	at the beheet V F	= If	yes:								
	of agency official?	at the beliest Yes L	」No■ ''	yes	Official's Name (Last, First)							
	or agency official:											
3.	Recipients	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, Depa	Number of Ticket(s)/ Passes	Describe the	Describe the public purpose made pursuant to the agency's policy								
	Board of Supervisors	2	Pursuant to	to Ticket Policy Sec 5.3(k)								
	B. Name of Indi	Number of Ticket(s)/ Passes		Identify one of the following:								
				1	onial Role Other on "Other" de:	<del>-</del>						
		_			onial Role Other C							
	C. Name of Outside O	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy									
<del></del> 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.											
V	May & Hours	Nancy Herrera	Ticko	Ticket Administrator 01/10/2022								
1	Signature of Agency Head or Design		nt Name									
1	Signature progentry nead or Design	ee Mil	rige	(month, day, year)								
	Comment:					+						

Δ	Pı	ıhl	ic	Do	CI	ım	er	١t

1.	Agency Name		Date Stamp California									
	Los Angeles County			Form OUZ								
	Division, Department, or Reg	ion (if applicable)		For Official Use Only								
	Fourth District, Board of Su	pervisors										
	<b>Designated Agency Contact</b>	(Name. Title)										
	Nancy Herrera, Ticket Admi	nistrator	Amendment (Must Provide Explanation in Part 3.)									
	Area Code/Phone Number	E-mail	Amendment (Must Provide Explanation in Part 3.)									
	(213) 974-4444	nherrera@bos.laco	unty.gov		Date of Original Filing:(month, day, year)							
2.	Function or Event Infor	Function or Event Information										
	Does the agency have a tick	ket policy? Yes	Each Ticket/Pass \$									
	Event Description: New Yea	ar's Eve with The Roo	ots	oate(s)	, 31 , 22							
		Provide Title/ Explan	ahon									
	Ticket(s)/Pass(es) provided	by agency? Yes [	sney Concert Hall  Name of Source									
	Was ticket distribution made	at the behest Vec C	J No <b>■</b> If	yes:								
	of agency official?	7 at 1110 001100t 165 [	] 140	,	Official's Name (Last, First)							
3.	·											
	Use Section A to identify the agen	cy's department or unit. • l	al. Use Section C to Identify	an outside organization.								
	A. Name of Agency, Depa	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy									
	Board of Supervisors	2	Pursuant to	suant to Ticket Policy Sec 5.3(k)								
			Number									
	B. Name of Indi (Last, Fir.		of Ticket(s)/ Passes		Identify one of the fo							
					onial Role Other Interpretation of the one of the or "Other" description of the or "Other" description of the other o							
				1	onial Role Other Other ing "Ceremonial Role" or "Other" desi	Income Income						
	C. Name of Outside O (include address and	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 18944.1 and 18942. I have verified that the distribution set forth above, is in account to the requirements.											
Y	Willi the requirements.	Nanov Harrary	•	Ticket Administrator 01/10/2022								
	Signature of Agency Head or Design	Nancy Herrera	a int Name	TICKE	Title	(month. day, year)						
	- Signature of Agency Head or Design	ee Pn	iii ivaine		rige	(month, day, year)						
	Comment:			<b>+</b>								