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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 Sup										
	Designated Agency Contact (	Name.Title)									
	Nancy Herrera, Ticket Admi	nistrator	Amendment (Must Provide Explanation in Part 3.)								
	Area Code/Phone Number	E-mail				Ovide Explanation in Fair 5.7					
	(213) 974-4444	nherrera@bos.la	county.gov		Date of Original Filing: _	(month, day, year)					
2.	Function or Event Information	mation									
	Does the agency have a tick	et policy? Ye	s <b>≣</b> No□ F	ace Value of I	Each Ticket/Pass \$	299					
	Event Description: Yuja Wa	ng & Dudamel: Ra	chmaniod	Date(s)	, 11 , 23						
	Ticket(s)/Pass(es) provided	Provide Title/Exp by agency? Yes	olanation s 🔲 No 🔳 If	no: Walt Dis	sney Concert Hall						
	Was ticket distribution made	at the behest Ve	s No 🗆 If	yes:	Official's Name (Last, First)						
	of agency official?	10.	140		Official's Name (Last, First)						
3.	Recipients										
	Use Section A to identify the agen	cy's department or unit.		dentify an individu	al. Use Section C to identify	an outside organization.					
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe the	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)/ Passes		Identify one of the fol	llowing:					
				l .	onial Role Other Interpretation of the control of t	Income Income					
				l .	onial Role Other or "Other" description	Income In					
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	e public purpose made pursu	uant to the agency's policy					
	Verification I have read and understand FPI	PC Regulations 1894	14.1 and 18942. I	have verified th	nat the distribution set for	th above, is in accordance					
_	with the requirements.	Nancy Herro	Ticket	sket Administrator 3/9/2023							
13	Signature of Agency Head or Designe			Title (month. day, year)							
	V										
	Comment:		<u> </u>			+					

**A Public Document** 

1.	Agency Name				Date Stamp	California On 2		
	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			Amendment (Must Pro	vide Explanation in Part 3.)		
	(213) 974-4444	nherrera@bos.laco	unty.gov		Date of Original Filing:			
2.	Function or Event Infor	mation						
	Does the agency have a tick	ket policy? Yes	■ No□ F	ace Value of I	Each Ticket/Pass \$	179		
	Event Description: John Le	, , ,		oate(s) 02	, 13 , 23	1 1		
	Event bescription.	Provide Title/ Explai	nation					
	Ticket(s)/Pass(es) provided	by agency? Yes [	sney Concert Hall					
	AAR, are a grand or are				Name of Source			
	Was ticket distribution made	e at the behest Yes [	□ No 🔳 👖	yes:	Official's Name (Last, First)			
	of agency official?							
3.	Recipients	<u>.</u>						
	Use Section A to identify the agent	cy's department or unit. •	Use Section B to i	dentify an individu	al. Use Section C to identify a	an outside organization.		
	A. Name of Agency, Depa	ertment or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made pursuant to the agency's pol			
	Board of Supervisors		Pursuant to	o Ticket Policy Sec 5.3(k)				
	B. Name of Indi (Last, Fir.	Number of Ticket(s)/ Passes		Identify one of the foll	lowing:			
					onial Role Other Other on "Other" descri	Income Income		
					onial Role Other on Other descri	Income I		
	C. Name of Outside Or (include address and	Number of Ticket(s)/ Passes	Describe the	the public purpose made pursuant to the agency's policy				
	Verification	DC Dogulations 40044	1 and 100.40	have verified t	nat the aliately discovered for	to administration of the second second		
	I have read and understand FP with the requirements.	– c regulations 18944.	i and 18942. I	nave verified th	rat the distribution set forti	n above, is in accordance		
1	1 Day Herry	Nancy Herrer	a	Ticket	t Administrator	3/9/2023		
1	Signature of Agency Head or Design		nt Name	TICKE	Title	(month, day, year)		
	Cignature 4. Figures Freducti Designi	FII	пснань		HIG	(mount, day, year)		
	Comment:					+		

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1. Agency Name	Date Stamp California Q 0											
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												
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)									
Function or Event Information												
Does the agency have a ticket policy? Yes	s No F	ace Value of I	Each Ticket/Pass \$	279								
Event Description: Yuja Wang & Dudamel:Rad	chmanioff 🔒	Date(s)	, 19 , 23									
Ticket(s)/Pass(es) provided by agency? Yes		f no: Walt Dis	sney Concert Hall									
Was ticket distribution made at the behest Yes	s□ No ■ If	f yes:	Official's Name (Last. First)									
of agency official?			Official's Name (Last, First)									
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, Department or Unit	Number of Ticket(s)/ Passes	Describe the	e the public purpose made pursuant to the agency's policy									
Board of Supervisors	ard of Supervisors 2 Pursuant to T											
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the following:									
		1	onial Role Other ing "Ceremonial Role" or "Other" descri	Income In								
			onial Role Other on "Other" descri	Income								
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the	e public purpose made pursu	ant to the agency's policy								
1. Verification  I have read and understand FPPC Regulations 1894	14.1 and 18942. I	have verified th	hat the distribution set fort	h above, is in accordance								
	with the requirements.    Mancy Herrera Ticket											
	Print Name		Title	(month, day, year)								
Comment:				+								

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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 Admi				Amendment (Must Provide Explanation in Part 3.)				
	Area Code/Phone Number	E-mail							
	(213) 974-4444	nherrera@bos.laco	ounty.gov		Date of Original Filing: _	(month, day, year)			
2.	Function or Event Infor	mation							
	Does the agency have a tick	ket policy? Yes	■ No□ F	ace Value of I	Each Ticket/Pass \$	244			
	Event Description: Lang Lang	ng Plays Griel		oate(s)02	, 23 , 23				
		Provide Title/ Expla	nation						
	Ticket(s)/Pass(es) provided	by agency? Yes	□ No ■ If	no:valt Dis	Sney Concert Hall  Name of Source				
	Mae ticket distribution made	at the beheat w		VAC.					
	Was ticket distribution made of agency official?	at the beliest Yes	∐ No■ "	yes	Official's Name (Last, First)				
	or agency official?								
3.	Recipients								
	Use Section A to identify the agen	cy's department or unit. •	Use Section B to id	dentify an individu	al. Use Section C to identify	an outside organization.			
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe the	Describe the public purpose made pursuant to the agency's policy				
	Board of Supervisors	*****	2	Pursuant to	t to Ticket Policy Sec 5.3(k)				
	B. Name of Indi (Last, Fire		Number of Ticket(s)/ Passes		Identify one of the fo	llowing:			
					onial Role Other or "Other" descriptions of the or "Other" descriptions of the other	Income Income			
		The Board of the State of the S		1	onial Role Other on "Other" descriptions	Income Income			
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy			
	Verification								
	I have read and understand FPs with the requirements.	PC Regulations 18944	.1 and 18942I	have verified th	hat the distribution set for	th above, is in accordance			
_	M la requirements.	11 Name 11		****	e A dest to a	8 18 18 2 2 2			
	Jynn Hu	Nancy Herrer	t Administrator	3/9/2023					
	Signature of Agency Head or Designo	ee P	rint Name		Title	(month, day, year)			
	Comment:					+			