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

A Public Document

1.	Agency Name			Date Stamp	California 202			
	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			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 Information							
	Does the agency have a ticket policy? Yes	ace Value of	Each Ticket/Pass \$90					
	Event Description: Beethoven & Strauss	<u>, 14 , 23 </u>						
	Provide Title/ Explan	ation		sney Concert Hall				
	Ticket(s)/Pass(es) provided by agency? Yes [□ No ■ It	no:					
	Was ticket distribution made at the behest Yes [J No III	f yes:					
	of agency official?	_ 140 <u></u>	•	Official's Name (Last, First)				
_								
3.	Recipients • Use Section A to identify the agency's department or unit.	Ico Castian D to i	dontify an individu	al Alca Caction C to identify	an outside erganization			
3.	ose section A to identify the agency's department or unit.	di. Ose section C to identify	an outside organization.					
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy			
	- 11							
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the fo	llowing:			
				onial Role Other Other or "Other" descriptions on the control of t	Income Income			
			1	onial Role Other O	Income			
			If check	ing "Ceremonial Role" or "Other" desc	cribe below:			
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the	he public purpose made pursuant to the agency's policy				
	Temple Beth El- 1435 West Seventh Street,	2	Ticket Policy	y Sec 5.3(i)				
	Strives to develop relationships between local							
_	Verification		1					
-	I have read and understand FPPC Regulations 18944. with the requirements	hat the distribution set for	rth above, is in accordance					
	A			et Administrator 6/6/2023				
1		int Name		Title	(month, day, year)			
	Comment:							

-	gency Report of: eremonial Role Events and Ticket/Pa	ass Distri	ibutions	A	Public Document	
1.	Agency Name	-00000000		Date Stamp	California QQ2	
	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)	1				
	Nancy Herrera, Ticket Administrator	Amendment (Must Pr	avide Evaluation in Red 2.)			
	Area Code/Phone Number E-mail	Amendment (Must Pr	ovide Expianation in Part 3.)			
	(213) 974-4444 nherrera@bos.lacou	Date of Original Filing: (month, day, year)				
2.	Function or Event Information					
	Does the agency have a ticket policy? Yes] No 🔳 F	ace Value of	Each Ticket/Pass \$	64	
	Event Description: Organ and Strings Featuring I	ation				
	Ticket(s)/Pass(es) provided by agency? Yes] No 🔳 II	f no: Walt Di	sney Concert Hall	· <u></u>	
	, , , , , , , , , , , , , , , , , , , ,	1000		Name of Source		
	Was ticket distribution made at the behest Yes ☐ No ☐ If yes:					
	Use Section A to identify the agency's department or unit. Name of Agency, Department or Unit	Ise Section B to i Number of Ticket(s)/ Passes		ual. Use Section C to identify		
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the fo		
			1	nonial Role Other desking "Ceremonial Role" or "Other" des	Income L.	
			1	nonial Role Other king "Ceremonial Role" or "Other" des	Income	
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy	
	Temple Beth El- 1435 West Seventh Street, S	2	Ticket Polic	y Sec 5.3(i)		
	Strives to develop relationships between local					
4.	Verification					
	I have read and understand FPPC Regulations 18944.	1 and 18942	I have verified	that the distribution set fo	rth above, is in accordance	
	with the requirements/ Nancy Herrera	a	Ticke	et Administrator	6/6/2023	

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mun	71	W	1056
Signature of	Agency F	lead or	Designee

Print Name

Title

(month, day, year)

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Comment: