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

A Public Document

1.	Agency Name					Date Stamp	California 802
	Los Angeles County						101111
	Division, Department, or Reg	ion (if applicable)					For Official Use Only
	Fourth District, Board of Su	•					
	Designated Agency Contact	(Name,Title)					
	Nancy Herrera, Ticket Adm	inistrator				Amendment (Must F	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail					
	(213) 974-4444	nherrera@bos	.lacour	nty.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation					
	Does the agency have a tic	ket policy?	Vec 🔳	No □ F	ace Value of I	Each Ticket/Pass \$	99
			163				
	Event Description: Holiday	Provide Title/	'Explanati	[Date(s)	10 1 20	
	Ticket(s)/Pass(es) provided		•		no: Walt Dis	sney Concert Hall	
				1 2 1 12		Name of Source	
	Was ticket distribution made	at the behest	Yes 🔳	No □ If	yes:	Official's Name (Last, First)	
	of agency official?						
3.	Recipients						
υ.	Use Section A to identify the ager	ncy's department or u	ual. Use Section C to identi	fy an outside organization.			
				Number			
	A. Name of Agency, Depart	artment or Unit		of Ticket(s)/ Passes	Describe the	e public purpose made pur	rsuant to the agency's policy
	Board of Supervisors			2	Pursuant to	Ticket Policy Sec 5.3	(k)
	B. Name of Indi			Number of Ticket(s)/ Passes		Identify one of the f	ollowing:
						nonial Role Other C	
					Corom	nonial Role Other	income
						king "Ceremonial Role" or "Other" de	
	C. Name of Outside O			Number of Ticket(s)/ Passes	Describe the	e public purpose made pur	suant to the agency's policy
							 _
4.	Verification						
	I have read and understand FF	PC Regulations 1	8944.1	and 18942.	l have verified t	hat the distribution set f	orth above, is in accordance
7	with the requirements.	Want 11					
1						et Administrator	1/9/2024
1	Signature of Agency Head or Design	Signature of Agency Head or Designee Print Name					(month, day, year)
	Comment:						#
	Comment.						

Agency Report of:

Ceremonial Role Events and	Ticket/Pass Distributions	
1. Agency Name		Date Stamp

Geremonial Role Events and '	Ticket/Pa	ass Distri	butions	A	Public Document	
. Agency Name				Date Stamp	California 802	
Los Angeles County		Form OUZ For Official Use Only				
Division, Department, or Region (if applic	Division, Department, or Region (if applicable)					
Fourth District, Board of Supervisors						
Designated Agency Contact (Name, Title)	Designated Agency Contact (Name, Title)					
Nancy Herrera, Ticket Administrator	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)	
Function or Event Information					97	
Does the agency have a ticket policy?	Yes 🛮	No □ F	ace Value of	Each Ticket/Pass \$ _	87	
Event Description: Holiday Sing-Along	9		12	, 16 , 23		
Provi						
Ticket(s)/Pass(es) provided by agency	cket(s)/Pass(es) provided by agency? Yes ☐ No ■ If no: Walt Dis					
		1.6		Name of Source		
Was ticket distribution made at the be	hest Yes	■ No 🗆 🖽	yes:	Official's Name (Last, First)		
of agency official?						
Recipients Use Section A to identify the agency's departm	ent or unit. • l	Jse Section B to id	dentify an individu	ual. Use Section C to ident	ify an outside organization.	
A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	Describe th	he public purpose made pursuant to the agency's policy		
Board of Supervisors		2	Pursuant to	o Ticket Policy Sec 5.3(k)		
B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the	following:	
				nonial Rote Other Other Ciking "Ceremonial Role" or "Other" o	_	
				nonial Role Other C		
C. Name of Outside Organization (include address and description		Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy	
Verification						
I have read and understand FPPC Regula	tions 18944.	1 and 18942. I	have verified t	that the distribution set	forth above, is in accordanc	
with the requirements						
Imus +/11Mesa Na	ncy Herrer	a	Ticke	et Administrator	1/9/2024	

4. \	ver	itica	TIO	n
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Comment:

Signature of Agency Head or Designee

Print Name

Title

(month, day, year)

Agency Report of:

Ceremonial Role Ever	nts and Ticket/F	'ass Distri	butions		A Public Document	
. Agency Name		Date Stamp	California 802			
Los Angeles County						
Division, Department, or Re	gion (if applicable)			1	For Official Use Only	
Fourth District, Board of Su	pervisors					
Designated Agency Contact	•	1				
Nancy Herrera, Ticket Adm	ninistrator					
Area Code/Phone Number				Amendment (Must Provide Explanation in Part 3.)		
(213) 974-4444	nherrera@bos.laco	ounty.gov		Date of Original Filin	g:(month, day, year)	
. Function or Event Info	rmation					
Does the agency have a tic	ket policy? Yes	Each Ticket/Pass \$	153			
	, , , , , , , , , , , , , , , , , , , ,					
Event Description: Home A	, 20 , 23					
Ticket(s)/Pass(es) provided	Provide Title/Explaid by agency? Yes	sney Concert Hall				
	,,,			Name of Source		
Was ticket distribution mad	e at the behest Yes	Official's Name (Last, Fire	e#1			
of agency official?				Omciai s Ivame (Last, FIR	»(<i>j</i>	
RecipientsUse Section A to identify the age	ncy's department or unit. •		dentify an individu	ual. Use Section C to ide	ntify 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	Board of Supervisors		Pursuant to	Pursuant to Ticket Policy Sec 5.3(k)		
B. Name of Inc.		Number of Ticket(s)/ Passes		Identify one of th	e following:	
				nonial Role Other king "Ceremonial Role" or "Other		
			Cerem If check	nonial Role Other		
C. Name of Outside (include address an		Number of Ticket(s)/ Passes	Describe th	e public purpose made p	oursuant to the agency's policy	
					0	
. Verification I have read and understand Fi	PPC Regulations 18944	1.1 and 18942.	I have verified t	that the distribution se	t forth above, is in accordance	
with the requirements. Herry	Un Nancy Herre	et Administrator	1/9/2024			
Signature of Agency Head or Desig	Signature of Agency Head or Designee Print Name				(month, day, year)	
\mathcal{U}						
Comment:						

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	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	inistrator			Amendment (Must Pro	ovide 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 Infor	mation				199
	Does the agency have a ticl		■ No□ F	ace Value of	Each Ticket/Pass \$	199
	Event Description: Home A	one in Concert	D)ate(s) 12		1 1
		Provide Title/ Explai	nation	, ,		
	Ticket(s)/Pass(es) provided	by agency? Yes [□ No 📗 If	no:	sney Concert Hall	
	Maa tiakat diatributian mada	at the beheat as	If	yes:		
	Was ticket distribution made of agency official?	e at the benest Yes	■ No 📙 "	yes	Official's Name (Last, First)	
3.	Recipients • Use Section A to identify the ager	cy's department or unit. •	Use Section B to id	dentify an individu	ual. Use Section C to identify	an outside organization.
	A. Name of Agency, Department	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant 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 fo	llowing:
					nonial Role Other Diking "Ceremonial Role" or "Other" desc	Income Income
					nonial Role Other Characteristics of "Other" descriptions of "Other" descriptions of "Other" descriptions of the characteristics of the c	Income Income
	C. Name of Outside O (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy
4.	Verification I have read and understand FF	PC Regulations 18944	.1 and 18942.	have verified	that the distribution set for	th above, is in accordance
	with the requirements.	_				
	John Heyer	Nancy Herrer		Ticke	et Administrator	1/9/2024
1	Signature/of Agericy Head or Design	ee Pr	int Name		Title	(month, day, year)

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

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Comment: _

Agency Name				Date Stamp	California OOO		
Los Angeles County			Form 802				
Division, Department, or Reg	ion (if applicable)			For Official Use Only			
_							
	-						
			Amendment (Must Provide Expla				
(213) 974-4444		ounty.gov		Date of Original Filing:	(month, day, year)		
Function or Event Information							
Does the agency have a tick	et policy? Yes	■ No∏ Fa	ace Value of I	Each Ticket/Pass \$	122 & 99		
Event Description: Arturo S							
	Provide Title/ Expla	nation	` '				
noneu(s)/rass(es) provided	by agency? Yes	⊔ NO ■ II	110.	Name of Source			
Was ticket distribution made	at the behest Yes	■ No□ If	yes:				
of agency official?	100			Official's Name (Last, First)			
Use Section A to identify the agency's department or unit. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes					
Board of Supervisors		4	Pursuant to	Ticket Policy Sec 5.3	s(k)		
		Number					
		of Ticket(s)/ Passes		Identify one of the f	following:		
					G0 C0		
		©	Caram	onial Role Other C	_		
				ing "Ceremonial Role" or "Other" de			
	Nancy Herrera, Ticket Admi Area Code/Phone Number (213) 974-4444 Function or Event Inform Does the agency have a tick Event Description: Arturo Sa Ticket(s)/Pass(es) provided Was ticket distribution made of agency official? Recipients • Use Section A to identify the agen A. Name of Agency, Depa	Function or Event Information Does the agency have a ticket policy? Yes Event Description: Arturo Sandoval & Swinging Provide Title/ Expla Ticket(s)/Pass(es) provided by agency? Yes Was ticket distribution made at the behest Yes of agency official? Recipients • Use Section A to identify the agency's department or unit. A. Name of Agency, Department or Unit Board of Supervisors	Nancy Herrera, Ticket Administrator Area Code/Phone Number (213) 974-4444 Function or Event Information Does the agency have a ticket policy? Yes No February N	Name of Individual (Last, First) Name of Namber of Ticket(s)/Passes Name of Individual (Last, First) Name of Number of Ticket(s)/Passes Name of Number of Ticket(s)/Passes Name of Individual (Last, First) Name of Number of Ticket(s)/Passes Name of Individual (Last, First) Name of Number of Ticket(s)/Passes Cerem Name of Number of Ticket(s)/Passes Cerem Name of Individual (Cerem Individual (Last, First) Name of Individual (Cerem Individual (Last, First) Number of Ticket(s)/Passes Cerem Individual (Cerem Ind	Name of Supervisors Described to the first) Describe the public purpose made purposes of Ticket(s) Passes Describe the public purpose made purposes of Ticket(s) Passes Describe the public purpose made purposes of Ticket(s) Passes Describe the public purpose made purposes of Ticket Policy Sec 5.3		

Print

Comment: Two Orchestra and two Terrace

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