I. Agency Name				Date Stamp	California 802
Los Angeles County					Form OUZ
Division, Department, or Region (if applica	ble)				For Official Use Only
Fourth District, Board of Supervisors					
Designated Agency Contact (Name, Title)					
Nancy Herrera, Ticket Administrator				Amendment (Must Pro	vide 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 ticket policy?	Yes	■ No □ Fa	ace Value of	Each Ticket/Pass \$	216
Event Description: Michael Tilson Thor			ate(s) 03	, 30 , 24	1 1
Provid	e Title/ Explai				
Ticket(s)/Pass(es) provided by agency?	Yes [] No ■ If	no: Walt Dis	sney Concert Hall	
18/oc ticlest distribution mode at the halo		If	yes:		
Was ticket distribution made at the beh	est Yes [」No■ "	yes	Official's Name (Last, First)	
of agency official?					
3. Recipients	-				
 Use Section A to identify the agency's department 	nt or unit. •	Use Section B to ic	lentify an individu	ual. Use Section C to identify	an outside organization.
A. Name of Agency, Department or Uni		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(l	<)
B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the fol	llowing:
	-			nonial Role	Income In
A				nonial Role Other Management of the Common o	Income
C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe th	ne public purpose made purs	uant to the agency's policy
4. Verification		<u> </u>	· · · · · · · · · · · · · · · · · · ·		
I have read and understand FPPC Regulate	ons 18944	1.1 and 18942	I have verified	that the distribution set for	th above, is in accordance
with the requirements. j		100 1011			•
= 1	cy Herre	ra :	Tick	et Administrator	4/10/2024
Signature of Agency Head or Designee		rint Name		Title	(month, day, year)
Comment:					+

Δ	PII	h	ic	Docu	ıme	nt

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 Adm	inistrator	☐ Amendment (Must Pro	ovide 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)
-	Function or Event Infor	mation					
	Does the agency have a tic		/00	No 🖂	Face Value of I	Each Ticket/Pass \$	142
	• •		Yes 📰	No 🗌		-	
	Event Description: Ray Che	Provide Title/	Cualanat	ian	Date(s)		
	Ticket(s)/Pass(es) provided			No 🔳	If no. Walt Dis	sney Concert Hall	
	Hokel(3)/1 ass(cs) provided	by agency:	162 L	NO E		Name of Source	
	Was ticket distribution made	e at the behest	∕es □	No 🔳	If yes:	Official's Name (Last, First)	
	of agency official?			_		Official's Name (Last, First)	
	Photological and a						
3.	Recipients • Use Section A to identify the ager	and demonstration or un	sit allo	o Costian D t	a idaatifu aa individu	ual Also Section C to identify	zan outside organization
	• Use Section A to identify the agei		111 US	Number	o identity an individu	ial. Use section C to identify	an outside organization.
	A. Name of Agency, Dep	artment or Unit		of Ticket(s)	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 Ind			Number of Ticket(s) Passes	,	Identify one of the fo	ollowing:
	4					nonial Role Other Sking "Ceremonial Role" or "Other" description	Income Cribe below:
						nonial Role Other Other king "Ceremonial Role" or "Other" desi	Income Cribe below:
	C. Name of Outside C			Number of Ticket(s) Passes	Describe th	e public purpose made purs	suant to the agency's policy
_							
4.	Verification I have read and understand FI	PPC Regulations 1	8944.1	and 1894.	2. I have verified	that the distribution set fo	rth above, is in accordance
C	with the requirements.	Nancy H	errera		Ticke	et Administrator	4/10/2024
	Signature of Abency Head or Desig	nee	Prin	t Name		Title	(month, day, year)
	Comment:						

1. Ager	ncy Name					Date Stamp	California 802
Los A	Angeles County						101111
Divisi	on, Department, or Reg	ion (if applicable)				1	For Official Use Only
Fourt	th District, Board of Su	pervisors					
Desig	nated Agency Contact	(Name, Title)					
Nanc	y Herrera, Ticket Admi	inistrator				Amendment /Must F	Provide Explanation in Part 3.)
Area (Code/Phone Number	E-mail				Amendment (mast)	TOVIGE Explanation in Fait 0.)
(213)	974-4444	nherrera@bos	.lacounty.go	V		Date of Original Filing:	(month, day, year)
2. Fund	ction or Event Infor	mation					400
Does	the agency have a ticl	ket policy?	Yes No	□ F	ace Value of	Each Ticket/Pass \$ _	190
Even	t Description: Esa- Pe				oto(a) 03	, 22 , 24	11
Even	t Description:	Provide Title	/ Explanation		, ,		
Ticke	t(s)/Pass(es) provided	by agency?	Yes ☐ No	If	no: Walt Di	sney Concert Hall	
				_		Name of Source	
	ticket distribution made	e at the behest	Yes 🔲 No	■ If	yes:	Official's Name (Last, First)	
of a	gency official?						
	cipients		- 11 - 11 - C11	D.4 !	d	al Alac Cartina C to identi	from outside organization
• Use	Section A to identify the ager	ncy's department or t			dentity an individu	Jai. Use Section C to identi	iy an outside organization.
Α.	Name of Agency, Department	artment or Unit	of Ticl Pas		Describe th	ne public purpose made pu	rsuant to the agency's policy
Boa	ard of Supervisors		2	2	Pursuant to	Ticket Policy Sec 5.3	ß(k)
В.	Name of Ind (Last, Fir		Nun of Ticl Pas	ket(s)/		Identify one of the	following:
					I .	nonial Role Other C king "Ceremonial Role" or "Other" de	
					1	nonial Role Other Cking "Ceremonial Role" or "Other" de	- 60
C.	Name of Outside O			nber ket(s)/ ses	Describe th	ne public purpose made pu	rsuant to the agency's policy
<u></u>							
4. Verif	fication	.					
		PPC Regulations	1 8944 .1 and 1	18942.	I have verified	that the distribution set f	orth above, is in accordance
	he requirements./						
110	new Henre	Rhancy I	Herrera		Ticke	et Administrator	4/10/2024
Sign	nature of Agency Head or Design		Print Name			Title	(month, day, year)
							_
Com	nment:						+

1.	Agency Name				Date Stamp	California 802
	Los Angeles County					FUIII
	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 Pro	vide 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				200
	Does the agency have a tick	ket policy? Yes	■ No □ F	ace Value of	Each Ticket/Pass \$	268
	Event Description: Superma	an in Concert	D	ate(s)03	, 15 , 24	
		Provide Title/ Explar	ation			
	Ticket(s)/Pass(es) provided	by agency? Yes [□ No ■ If	no:	sney Concert Hall Name of Source	
	Was ticket distribution made	e at the behest. Ves C	¬ No ■ If	yes:	Official's Name (Last, First)	
	of agency official?	s at the penear 162 [,	Official's Name (Last, First)	
_						
3.	Recipients					
	Use Section A to identify the ager	ncy'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 pursu	ant to the agency's policy
	Board of Supervisors		2	Pursuant to	Ticket Policy Sec 5.3(k	x)
	B. Name of Ind		Number of Ticket(s)/ Passes		Identify one of the fol	lowing:
					nonial Role Other description of the description of	Income Income
					nonial Role Other Maring "Ceremonial Role" or "Other" described on the second of the	Income
	C. Name of Outside C		Number of Ticket(s)/ Passes	Describe th	ne public purpose made purs	uant to the agency's policy
4.	Verification I have read and understand FF	ODC Populations 19044	1 and 18042	l have verified	that the distribution set for	th above, is in accordance
	nave read and understand Fr with the requirements.	-roneguialions 10944	. i aliu 10342	i nave veillieu	and the distribution set for	ar abovo, io iii accordance
	Mmy House	Nancy Herre	ra	Ticke	et Administrator	4/15/2024
	Signature of Agency Head or Desig		rint Name		Title	(month, day, year)
	U					
	Comment:					

1. Agency Name			Date Stamp	California 802			
Los Angeles County				Form OUZ For Official Use Only			
Division, Department, or Region (if applicable)							
Fourth District, Board of Supervisors	Fourth District, Board of Supervisors Designated Agency Contact (Name, Title)						
Designated Agency Contact (Name, Title)							
Nancy Herrera, Ticket Administrator	Amendment (Must Pro	vide 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				000			
Does the agency have a ticket policy? Yes	No□ F	ace Value of	Each Ticket/Pass \$	262			
Event Description: Prokofiev & Richmaninoff	D	ate(s)03	, 09 , 24				
Provide Title/ Explan	ation						
Ticket(s)/Pass(es) provided by agency? Yes] No 📕 If	no:	sney Concert Hall Name of Source				
Was ticket distribution made at the behest Yes	J No.■ If	ves:	Official's Name (Last, First)				
of agency official?			Official's Name (Last, First)				
3. Recipients							
Use Section A to identify the agency's department or unit.		dentify an individu	ual. Use Section C to identify	an outside organization.			
A. Name of Agency, Department 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(I	<)			
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the fol	llowing:			
			nonial Role Other Other Role or "Other" descriptions	Income Income			
			nonial Role Other Other descriptions "Ceremonial Role" or "Other" descriptions	Income I			
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			
4. Verification							
I have read and understand FPPC Regulations 18944.	.1 and 18942.	I have verified	that the distribution set for	th above, is in accordance			
with the requirements.	·a	Tiok	et Administrator	4/10/2024			
Signature of Agéncy Head or Designee Pr	int Name	TICKE	Title	(month, day, year)			
Comment:				+			

1. Agency Name			Date Stamp	California 202			
Los Angeles County				Form 002			
Division, Department, or Region (if applicable)				For Official Use Only			
Fourth District, Board of Supervisors	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			Amendment (Musi Pro	ovide Explanation in Part 3.)			
(213) 974-4444 nherrera@bos.lacou	ınty.gov		Date of Original Filing: _	(month, day, year)			
2. Function or Event Information							
Does the agency have a ticket policy?	No ☐ F	ace Value of	Each Ticket/Pass \$	28			
Event Description: Swan Lake: Reimagined		-1-(-) 03	, 09 , 24				
Event Description:	ation						
·] No ■ If	no: Walt Dis	sney Concert Hall				
() () () () () ()			Name of Source				
Was ticket distribution made at the behest Yes of agency official?] No 📕 lf	yes:	Official's Name (Last, First)				
3. Recipients• Use Section A to identify the agency's department or unit.• Use Section A to identify the agency's department or unit.	Jse Section B to ic	lentify an individu	ial. Use Section C to identify	an outside organization.			
A. Name of Agency, Department 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 Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the fo	llowing:			
			nonial Role Other Other Maing "Ceremonial Role" or "Other" descriptions	Income 🔲			
			nonial Role Other Other Other Other Other Other Other Other Other	Income 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			
4. Verification I have read and understand FPPC Regulations 18944.	1 and 18942. I	I have verified	that the distribution set fo	rth above, is in accordance			
with the requirements.	•	Tiele	at Administrator	4/10/2024			
Signature of Agency Head or Designee Pri	nt Name	I ICKE	et Administrator	(month, day, year)			
Comment:				+			