Λ	Du	h	lic	Doci	iment

. /	Agency Name		Date Stamp	California 802			
	Los Angeles County		t/	101111			
Ī	Division, Department, or Region	on (if applicable)				For Official Use Only	
_	Fourth District, Board of Sup						
	Designated Agency Contact (A						
	Nancy Herrera, Ticket Admin Area Code/Phone Number	nstrator E-mail		· · · · · · · · · · · · · · · · · · ·	Amendment (Must Pro	vide Explanation in Part 3.)	
		nherrera@bos.laco	ounty.gov		Date of Original Filing:	(month, day, year)	
	Function or Event Inforn	nation				204	
	Does the agency have a tick	et policy? Yes	■ No 🗆 F	ace Value of	Each Ticket/Pass \$	304	
	Event Description: Duadame	el Leads Beethoven	& Strause	ate(s)05	, 04 , 24		
		Provide Title/ Expla	nation		sney Concert Hall		
	Ticket(s)/Pass(es) provided t	by agency? Yes	_l No ■ If	no:	Name of Source		
1	Was ticket distribution made	at the behest Yes	□ No ■ If	yes:	Official's Name (Last, First)		
	of agency official?				Omciai s Name (Last, First)		
	Use Section A to identify the agence Name of Agency, Depart	Number of Ticket(s)/ Passes	White and the	ual. Use Section C to identify			
	Board of Supervisors				t to Ticket Policy Sec 5.3(k)		
		·					
	B. Name of Indiv		Number of Ticket(s)/		Identify one of the fol	llowing:	
	B. Name of Indiv		AND A STATE OF THE PARTY OF THE		Identify one of the following "Ceremonial Role" Other description of the control	Income	
	 I 2 N. P. H. W. W. St. H. B. B. St. St. St. St. St. St. St. St. St. St		of Ticket(s)/	if chec	nonial Role Other	Income Income Income	
	 I 2 N. P. H. W. W. St. H. B. B. St. St. St. St. St. St. St. St. St. St	ganization	of Ticket(s)/	Cerer	nonial Role Other description Other description Other or "Other" description Other or other or other	Income In	
	C. Name of Outside Or (include address and	ganization	of Ticket(s)/ Passes Number of Ticket(s)/	Cerer	nonial Role Other Ming "Ceremonial Role" or "Other" descriptions of the control	Income In	
	(Last, First	ganization description)	of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Cerer If chec	nonial Role Other description of the descri	Income In	

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions 1. Agency Name

Δ	PII	ıhl	ic	Docu	ıment
				4.76.76.61	

. Agency Name			Date Stamp	California 802
Los Angeles County				101111
Division, Department, or Region (if applicable)				For Official Use Only
Fourth District, Board of Supervisors				
Designated Agency Contact (Name, Title)				
Nancy Herrera, Ticket Administrator			Amendment (Must P	rovide Explanation in Part 3.)
Area Code/Phone Number E-mail				2.,0.0
(213) 974-4444 nherrera@bos.laco	ounty.gov		Date of Original Filing:	(month, day, year)
2. Function or Event Information				450
Does the agency have a ticket policy? Yes	■ No 🗆 F	ace Value of	Each Ticket/Pass \$	159
Event Description: Dvrok & Ortiz with Dudamel		oto(s) 05	, 11 , 24	, ,
Provide Title/ Explain	nation	* *		
Ticket(s)/Pass(es) provided by agency? Yes [□ No 🔳 If	no: Walt Dis	sney Concert Hall	
			Name of Source	
Was ticket distribution made at the behest Yes [🗌 No 🔳 🏻 If	yes:	Official's Name (Last, First)	
of agency official?				
B. Recipients				
 Use Section A to identify the agency's department or unit. 	Use Section B to id	dentify an individu	ual. Use Section C to identif	v an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/	REVENERAL PROPERTY.		suant to the agency's policy
	Passes		Extending conditions in the	
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 f	ollowing:
		1	nonial Role Other Ching "Ceremonial Role" or "Other" de	
			nonial Role Other C	-
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
				=
l. Verification		I		
I have read and understand FPPC Regulations 18944	1.1 and 18942.	I have verified	that the distribution set f	orth above, is in accordance
with the requirements. Nancy Herre	ra	Ticke	et Administrator	6/3/24
Signature of Apency Head or Designee P	rint Name		Title	(month, day, year)
Comment:				

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Agency Name				Date Stamp	California 802
Los Angeles County					
Division, Department, or Re	gion (if applicable)				For Official Use Only
Fourth District, Board of St	·				
Designated Agency Contact	t (Name, Title)				
Nancy Herrera, Ticket Adn	ninistrator		Amendment (Must Provide Expla		ovide Explanation in Part 3.)
Area Code/Phone Number	E-mail				
(213) 974-4444	nherrera@bos.lac	county.gov		Date of Original Filing: _	(month, day, year)
Function or Event Info	rmation				\$342 & \$277
Does the agency have a tid	cket policy? Yes	No □ F	ace Value of	Each Ticket/Pass \$	φ342 α φ211
Event Description: Yuja W	ang	D	ate(s)05	, 12 , 24	
	Provide Title/Exp	lanation		sney Concert Hall	
Ticket(s)/Pass(es) provided	d by agency? Yes	s□ No■ If	no:	Name of Source	
Was ticket distribution mad	le at the behest Yes	s□ No ■ If	yes:	Official's Name (Last, First)	
of agency official?				Official's Name (Last, First)	
Deciniente					
Recipients • Use Section A to identify the age	ency's department or unit.	•Use Section B to id	dentify an individ	ual. Use Section C to identify	an outside organization.
		Number	Property and	e public purpose made purs	
A. Name of Agency, De	parunent or Onit	of Ticket(s)/ Passes	Describe ti	e public purpose made purs	dant to the agency a poncy
Doord of Companies			Pursuant to Ticket Policy Sec 5.3(k)		
Board of Supervisors			Fulsuantit	Ticket Folicy Sec 3.5(K)
			1		
B. Name of In		Number of Ticket(s)/		Identify one of the fo	ollowing:
B. Name of In (Last, F			Comm		
		of Ticket(s)/		Identify one of the fo	Income
		of Ticket(s)/		nonial Role Other	Income cribe below:
		of Ticket(s)/	If chec	nonial Role Other	Income cribe below:
(Last, F	-irst)	of Ticket(s)/ Passes	If chec	nonial Role Other	Income cribe below:
	Organization	of Ticket(s)/ Passes	If chec	nonial Role Other or "Other" description	Income cribe below:
C Name of Outside	Organization	of Ticket(s)/ Passes Number of Ticket(s)/	If chec	nonial Role Other	Income cribe below: Income cribe below:
C Name of Outside	Organization	of Ticket(s)/ Passes Number of Ticket(s)/	If chec	nonial Role Other	Income cribe below: Income cribe below:
C. Name of Outside	Organization	of Ticket(s)/ Passes Number of Ticket(s)/	If chec	nonial Role Other	Income cribe below:
C. Name of Outside (include address at Verification I have read and understand F	Organization nd description)	of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Cerer If chec	nonial Role Other or "Other" descriptions of the control of the	Income cribe below: Income cribe below: suant to the agency's policy
C. Name of Outside (include address at	Organization nd description)	Number of Ticket(s)/ Passes	Cerer if chec Describe the control of the control	nonial Role Other or "Other" descriptions of the control of the	Income cribe below: Income cribe below: Income cribe below:

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

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4	$\boldsymbol{\nu}$			IIACI	11100	ent.

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 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 tic	ket policy? Yes	Each Ticket/Pass \$	119					
	Event Description: Kraftwer	_	<u>, 24 , 24 </u>						
	Event Description:	Provide Title/ Explai							
	Ticket(s)/Pass(es) provided	by agency? Yes [sney Concert Hall						
			14		Name of Source				
	Was ticket distribution made	e at the behest Yes [Official's Name (Last, First)						
	of agency official?								
3.	Recipients								
٠.	Use Section A to identify the ager	ncy's department or unit. •	Use Section B to i	dentify an individu	ial. Use Section C to identify	an outside organization.			
	A. Name of Agency, Dep.		Number of Ticket(s)/ Passes		e public purpose made purs				
	Board of Supervisors		2	Pursuant to	Pursuant to Ticket Policy Sec 5.3(k)				
	B. Name of Ind		Number of Ticket(s)/ Passes		Identify one of the fo	llowing:			
					nonial Role Other Ling "Ceremonial Role" or "Other" descriptions	Income			
					nonial Role Other description of the description of	Income Income			
	C. Name of Outside C	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	PPC Regulations 18944	.1 and 18942.	I have verified	that the distribution set for	rth above, is in accordance			
C	with the requirements: /								
	1 mus HIM	Mancy Herre	ra	Ticke	et Administrator	6/3/2024			
	Signature of Agericy Head or Desig	nee P	rint Name		Title	(month, day, year)			
	Comment:								