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

A	P	11	h	П	C	D	O	C	u	m	e	nf

. Agency Name				Date Stamp	California 802
Los Angeles County					Form OUZ
Division, Department, or Region (if application)			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				Date of Original Time	
(213) 974-4444 nherrera	Date of Original Filing:(month, day, year)				
2. Function or Event Information					342
Does the agency have a ticket policy?		. 10 [		Each Ticket/Pass \$	342
Event Description: Yo-Yo Ma Kathrn S			Date(s)/	03 / 24	
Provi	de Title/Explanation	n			
Ticket(s)/Pass(es) provided by agency	r? Yes □	No 🔳	If no:vvait Dis	sney Concert Hall  Name of Source	
Mag tiplet distribution made at the bath	nest v. —		If yes:		
Was ticket distribution made at the beh	iesr Yes 🗌	NO 🔳	, 555	Official's Name (Last, First)	
of agency official?					
3. Recipients					
Use Section A to identify the agency's department	ent or unit. • Use :	Section B to	identify an individu	al. Use Section C to identify	an outside organization.
A. Name of Agency, Department or Un	nit	Number of Ticket(s)/ Passes	Describe the	e public purpose made pursu	uant to the agency's policy
Board of Supervisors		2	Pursuant to	Ticket Policy Sec 5.3(k	<)
B. Name of Individual (Last, First)	C	Number of Ticket(s)/ Passes		Identify one of the fol	llowing:
				nonial Role Other Carendonial Role* or *Other* descriptions	Income [
				nonial Role Other String "Ceremonial Role" or "Other" described	Income [
C. Name of Outside Organization (include address and description)	)	Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy
Vorification					
<ol> <li>Verification         I have read and understand FPPC Regula     </li> </ol>	tions 18044 1 a	and 18942	. I have verified t	hat the distribution set for	th above, is in accordance
with the requirements 1	10377.16	10372	avo voimou (	wow.watori dot ivi	
Maneya Helsela Na	ncy Herrera		Ticke	et Administrator	6/3/2024
Signature of (Signature of Agency Head or Designee	Print N	lame		Title	(month, day, year)
Comment:					

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**A Public Document** 

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Nancy Herrera, Ticket Administrator	Amendment (Must Provide Explanation in Part 3.)						
Area Code/Phone Number E-mail	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Amendment (Musi Fit	Vide Explanation III I art 0.)			
(213) 974-4444 nherrera	a@bos.lacounty.gov		Date of Original Filing:(month, day, year)				
2. Function or Event Information				000			
Does the agency have a ticket policy	? Yes ■ No □	Face Value of	Each Ticket/Pass \$	230			
Event Description: Herbie Hancock		Date(s)04	, 20 , 24	1 1			
Prov	vide Title/ Explanation						
Ticket(s)/Pass(es) provided by agenc	y? Yes ☐ No ■	If no: Walt Di	sney Concert Hall				
		16	Name of Source				
Was ticket distribution made at the be	enest Yes No	If yes:	Official's Name (Last, First)				
of agency official?							
3. Recipients	the state of the Constant D	A - 1 d A16 1 41 - 1 d	Also Sostian Chaidemtife	an outside exemplantion			
Use Section A to identify the agency's department     Name of Agency, Department or U	Number		ne public purpose made purs	College III and the Colleg			
A. Ramo of Agency, Department of C	Passes	50001130 ti					
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:			
			monial Role Other Ching "Ceremonial Role" or "Other" descriptions	Income			
			monial Role Other Other descriptions of "Other" descriptions of the description of the de	Income			
C. Name of Outside Organization (include address and description	Number of Ticket(s Passes		ne public purpose made purs	uant to the agency's policy			
	<del>                                     </del>						
			<u> </u>				
4. Verification	-Kana 40044 4 4400	40   have ::===================================	that the distribution and fo	dh ahaya is is secondorse			
I have read and understand FPPC Regulations with the requirements.	auons 18944.1 and 1894	4∠. I nave ventied	mat the distribution set fo.	rui apove, is in accordance			
$\mathcal{M}$ $\mathcal{M}$	anay Harrara	Tiels	et Administrator	6/3/2024			
	ancy Herrera	IICK	et Administrator	(month, day, year)			
Signature of Algeries Head or Designee	Print Name		1100	(month, day, year)			
Comment:				Ŧ			

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Ceremonial Role Events and Ticket/Pass Distributions

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Nancy Herrera, Ticket Administrator			Amendment (Must Pro	ovide Explanation in Part 3.)			
Area Code/Phone Number E-mail							
(213) 974-4444 nherrera@bos.lace		Date of Original Filing:	(month, day, year)				
2. Function or Event Information	<del>.</del>						
Does the agency have a ticket policy? Yes	■ No□ F	ace Value of I	Each Ticket/Pass \$	190			
Event Description: Bartok & Mozart		Date(s)		, ,			
Event Description: Provide Title/ Expla	anation						
·	□ No ■ If	f no: Walt Dis	sney Concert Hall				
AAA a Ababaa ahaa ahaa ahaa ahaa ahaa ah			Name of Source				
Was ticket distribution made at the behest Yes	⊔ No ■ <sup>II</sup>	f yes:	Official's Name (Last, First)				
of agency official?							
3. Recipients							
Use Section A to identify the agency's department or unit.	• Use Section B to i	dentify an individu	ıal. 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	o 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 Ming "Ceremonial Role" or "Other" describing "Ceremonial Role" or "Other" described and the second of th	Income Cribe below:			
		1	nonial Role Other Ching "Ceremonial Role" or "Other" descriptions	Income Cribe below:			
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 I have read and understand FPPC Regulations 1894 with the requirements	4.1 and 18942.	I have verified t	that the distribution set for	rth above, is in accordance			
Mount HILANAN Nancy Herre	era	Ticks	et Administrator	6/3/2024			
	Print Name		Title	(month, day, year)			
S.g. State of Japan of Josephine				,, waji jewij			
Comment:				+			