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

**A Public Document** 

For Official Use Circle   Four Hollstrict, Board of Supervisors	1.	Agency Name				Date Stamp	California 802	
Division, Department, or Region if experience by Fourth District, Board of Supervisors							Form OUZ	
Name of Supervisors   Superv		Division, Department, or Regi	Division, Department, or Region (if applicable)				FOI Official Use Only	
Nancy Herrera, Ticket Administrator  Area Code/Phone Number [2-mail]  (213) 974-4444		· · · · · · · · · · · · · · · · · · ·						
Area Code/Phone Number (213) 974-4444  Inherera@bos.lacounty.gov  Date of Original Filing:		Designated Agency Contact (Name, Title)					<u></u>	
Cast   Prinction   Date of Original Filing:			rea Code/Phone Number E-mail			Amendment (Must Pro	ovide Explanation in Part 3.)	
Function or Event Information   Does the agency have a ticket policy?   Yes   No   Pace Value of Each Ticket/Pass \$ 399						Date -12:		
Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 399  Event Description: Dudamel Conducts Harry Potter Provided Titled Explanation Ticket(s)/Pass(es) provided by agency? Yes No Frower Titled Explanation Ticket(s)/Pass(es) provided by agency? Yes No Frower Titled Explanation Ticket(s)/Pass(es) provided by agency? Yes No Frower Titled Explanation Ticket(s)/Pass(es) provided by agency? Yes No Frower Titled Explanation Ticket(s)/Pass(es) provided by agency? Yes No Frower Titled Explanation Ticket(s)/Pass(es) Provided by agency? Yes No Frower Titled Inc.  Name of Source If yes: Official? Name (Last, First)  Ticket Policy Section A to identify an outside organization.  Number of Ticket(s)/Passes  Describe the public purpose made pursuant to the agency's policy Passes  Describe the public purpose made pursuant to the agency's policy Income Income Inchesion Commonial Role Other Income Income Inchesion Commonial Role Other Income Income Income Income Income Inchesion Commonial Role Other Income Income Income Income Inchesion Commonial Role Other Income Incom		(213) 974-4444				Date of Original Filing: _	(month, day, year)	
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Event Description: Dudamel Conducts Harry Potter Provide Titled Explanation Ticket(s)/Pass(es) provided by agency? Yes  \	-					Each Ticket/Pass \$	399	
Ticket(s)/Pass(es) provided by agency? Yes No If no: Walt Disney Concert Hall Name of Source  Was ticked distribution made at the behest Yes No If no: Official's Name (Last, First)  Recipients - Use Section A to identify the agency's department or unit - Use Section B to identify an individual. Use Section C to identify an outside organization.  A. Name of Agency, Department or Unit Officials (Last, First)  Board of Supervisors  3 Ticket Policy Sec 5.3(k)  B. Name of Individual (Last, First)  Number of Ticket(sy) Peasses  Caremonial Role Other Income Inchesion Common Role or Other describe below  Caremonial Role Other Income Inchesion Common Role or Other describe below  Caremonial Role Other Income Inchesion Common Role or Other describe below  Caremonial Role Other Other Describe below  Number of Ticket(sy) Peasses  Caremonial Role Other Other Describe below  Number of Ticket(sy) Peasses  Caremonial Role Other Other Describe below  Number of Ticket(sy) Peasses  Number of Ticket(s							1 1	
Wast ticket distribution made at the behest Yes   No   If no:   Name of Source   Official's Name (Last, First)								
Was ticket distribution made at the behest Yes  No  fagency official?  If yes: Officials Name (Lest, First)		Ticket(s)/Pass(es) provided by agency? Yes ☐ No ■ If no: Walt D				sney Concert Hall		
Officials Name (Last, First)    Recipients						Name of Source		
*Use Section A to identify the agency's department or unit. *Use Section B to identify an individual. Use Section C to identify an outside organization.  A. Name of Agency, Department or Unit of Ticket(s)/ Passes  Board of Supervisors  3 Ticket Policy Sec 5.3(k)  B. Name of individual (Last, First) of Ticket(s)/ Passes  Ceremonial Role of Other of Hollowing: Income of the following: Income of the following of Ticket(s)/ Passes  Ceremonial Role of Other of Hollowing of Ticket(s)/ Passes  C. Name of Outside Organization (Include address and description) of Ticket(s)/ Passes  Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes  Number of Ticket(s)/ Passes  Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes  Number of Ticket(s)/ Passes  Describe the public purpose made pursuant to the agency's policy of Ticket(s)/		the tioner distribution made at the beneat les No.				Official's Name (Last, First)		
** Use Section A to identify the agency's department or unit    A.   Name of Agency, Department or Unit   Supervisors   Describe the public purpose made pursuant to the agency's policy Passes		or agency official?				=		
** Use Section A to identify the agency's department or unit    A.   Name of Agency, Department or Unit   Supervisors   Describe the public purpose made pursuant to the agency's policy Passes	3.							
A. Name of Agency, Department or Unit of Ticket(s): Describe the public purpose made pursuant to the agency's policy  Board of Supervisors  3 Ticket Policy Sec 5.3(k)  B. Name of Individual (Last, First) Income of Ticket(s): Identify one of the following: Ceremonial Role Other Income Incheding 'Ceremonial Role' or 'Other' describe below:  Ceremonial Role Other Other' describe below: Income Incheding 'Ceremonial Role' or 'Other' describe below:  C. Name of Outside Organization of Ticket(s): Passes  C. Name of Outside Organization of Ticket(s): Passes  Describe the public purpose made pursuant to the agency's policy of Ticket(s): Passes  Number of Ticket(s): Passes  Number of Ticket(s): Describe the public purpose made pursuant to the agency's policy with the requirements.  Name of Outside Organization of Ticket(s): Passes  Name of Outside Organization of Ticket(s): Ticket Administrator (Agency Head or Designee Print Name Title (month, day, year)	-							
B. Name of Individual (Last, First)    Number of Ticket(s)   Passes		A. Name of Agency, Department or Unit		of Ticket(s	s)/ Describe th			
B. Name of Individual (Last, First)    Ceremonial Role   Other   Income		Board of Supervisors		3	Ticket Polic	Ticket Policy Sec 5.3(k)		
C. Name of Outside Organization of Ticket(s)/ Passes  Number of Ticket Administrator  Number of Ticket Administra				of Ticket(s	s)/	Identify one of the fo	ollowing:	
C. Name of Outside Organization of Ticket(s)/ Passes  Describe the public purpose made pursuant to the agency's policy Passes  I. Verification  I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements  What American Signature of Agency Head or Designee  Number of Ticket(s)/ Passes  Describe the public purpose made pursuant to the agency's policy passes  Ticket Administrator  6/3/2024  Title (month, day, year)								
C. Name of Outside Organization (Include address and description)  of Ticket(s)/ Passes  Describe the public purpose made pursuant to the agency's policy  I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements  Nancy Herrera  Ticket Administrator  6/3/2024  Signature of Agency Héad or Designee  Print Name  Title  (month, day, year)								
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements  Nancy Herrera  Ticket Administrator  Frint Name  Title  (month, day, year)		<ul> <li>The first product of the Control of Page 2 and the Application of the Page 2 and the Page 3 and th</li></ul>		of Ticket(s	s)/ Describe th	ne public purpose made purs	suant to the agency's policy	
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements  Nancy Herrera  Ticket Administrator  Frint Name  Title  (month, day, year)	_	Val.E. a.4'						
Nancy Herrera Ticket Administrator 6/3/2024  Signature of Agency Héad or Designee Print Name Title (month, day, year)	4.	I have read and understand FP	PC Regulations	18944.1 and 189	42. I have verified	that the distribution set fo	orth above, is in accordance	
Signature of Agency Héad or Designee Print Name Title (month, day, year)	_	names Herri	18 Nancy	Herrera	Ticke	et Administrator	6/3/2024	
		Signature of Agency Héad or Design	~ <i>,</i>			Title	(month, day, year)	
		V						