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

A Public Document

1.	. Agency Name				Date Stamp	California OOO
	Los Angeles County					Form OUZ
	Division, Department, or Region (if applicable)					For Official Use Only
	Fourth District, Board of Supervisors					
		Designated Agency Contact (Name, Title)				
	Nancy Herrera, Ticket Administrator					
	Area Code/Phone Number E-mail				Amendment (Must Provide Explanation in Part 3.)	
	(213) 974-4444	nherrera@bos.lacounty.gov			Date of Original Filing:(month, day, year)	
2.	Function or Event Information					
	Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$					165
	Event Description: Green Day's American Idiot Date(s) 11 /_				03 , 24	
	Provide Title/ Explanation					
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ If no: Mark Tap				per Forum	· · · · · · · · · · · · · · · · · · ·
	Nar				Name of Source	
	Was ticket distribution made at the behest Yes ☐ No ☐ If 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 identify an individual. Use Section C to identify an outside organization.					
	A. Name of Agency, Depar	Number of Ticket(s)/		the public purpose made pursuant to the agency's policy		
			Passes			
	B. Name of Indiv	Number of Ticket(s)/ Passes		Identify one of the following:		
					onial Role Other ing "Ceremonial Role" or "Other" desc	Income I
	}		l	monial Role		
	Number Number					
	C. Name of Outside Organization (include address and description)		of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy		
			Passes			
	Long Beach Public Library Foundation, 200 🕍		4	Ticket Policy Sec 5.3(i)		
	Enhance libraries & encour	rage literacy & edu				
. Verification						
	I have read and understand FPF with the requirements:	ave read and understand FPPC Regulations 18944.1 and 18942. I have verified that the requirements.				th above, is in accordance
1					L. A. alamatan tankan d	4444010004
					t Administrator	11/12/2024
	Signature of Agency Head or Designer	e Prir	nt Name		Title	(month, day, year)
	Comment:					.