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

A Public Document

1. Agency Name  Los Angeles County  Division, Department, or Region (if applicable)			Date Stamp	California Q02	
				Form OUZ	
				For Official Use Only	
Fourth District, Board of Supervisors					
Designated Agency Contact (Name, Title)					
Nancy Herrera, Ticket Administrator			Amendment (Must Provide Explanation in Part 3.)		
	5.04 (4) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4				
(213) 974-4444   nherrera@bos.l	4-4444 nherrera@bos.lacounty.gov			Date of Original Filing:	
2. Function or Event Information				<b>#204</b>	
Does the agency have a ticket policy?	es No D	Face Value of I	Each Ticket/Pass \$	\$364	
Event Description: AIDA		Date(s) 06	12 , 22		
Provide Title/ E	Explanation				
Ticket(s)/Pass(es) provided by agency? Y	es 🗌 No 🔳	f no: LA Oper	Name of Source		
Was ticket distribution made at the behest y	es D No D	f yes:	Official's Name (Last. First)		
of agency official?	CO NO		Official's Name (Last, First)		
Desirients			A 199	ssetti and the state of the sta	
<ul> <li>Recipients</li> <li>Use Section A to identify the agency's department or unit</li> </ul>	t *Use Section R to i	dentify an individu	al tise Section C to identif	y an outside organization	
ose Section in the indicate of	Number	T T T T T T T T T T T T T T T T T T T	ar of section e to identify	y an outside organization.	
A. Name of Agency, Department or Unit	of Ticket(s)/ Passes	Describe the	e public purpose made pursuant to the agency's policy		
B. Name of Individual (Last, First)	Number of Ticket(s)/	Identify one of the following:			
	Passes		tusting one of the st	Jiloving.	
		editedacci transference	onial Role Other	Income	
Angie Valenzuela	2		ng "Ceremonial Role" or "Other" des		
		Showing app	preciation for commur	nity services	
		The second secon	onial Role Other Onial Role" or "Other" des	Income	
		n onechii	ng Ceremonial Note of Other Ces	onge below.	
	Number		* ************************************		
C. Name of Outside Organization (include address and description)	of Ticket(s)/ Passes	Describe the	public purpose made purs	uant to the agency's policy	
				**************************************	
			age to the second secon	MANUAL AND	
			A CONTRACTOR OF THE PROPERTY O		
. Verification					
I have read and understand FPPC Regulations 189	944.1 and 18942. I	have verified th	at the distribution set fo	rth above, is in accordance	
with the requirements.					
Signature of Agency Head or Designee Print Name		Ticket	Administrator	06/29/2022	
			Title	(month, day, year)	
Comment:				<b>+</b>	
CONTINUE III.		M. M. Control of Marine, Control			