

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

A Public Document

| | | | |
|---|---------------------------|--|---|
| 1. Agency Name | | Date Stamp | California Form 802 For Official Use Only |
| Los Angeles County | | | |
| Division, Department, or Region (if applicable) | | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small> | |
| Fourth District, Board of Supervisors | | | |
| Designated Agency Contact (Name, Title) | | | |
| Nancy Herrera, Ticket Administrator | | | |
| Area Code/Phone Number | E-mail | | |
| (213) 974-4444 | nherrera@bos.lacounty.gov | | |

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ **\$150**

Event Description: Come From Away Date(s) 06 / 05 / 22
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Ahmanson Threater
Name of Source

Was ticket distribution made at the behest of agency official? Yes No If yes: _____
Official's Name (Last, First)


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, Department or Unit | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|---|-----------------------------|--|
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | Identify one of the following: |
| Ilan Davidson | 4 | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below.</small> Showing appreciation for community services |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below.</small> |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| | | |
| | | |

4. 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.

 Nancy Herrera Ticket Administrator 06/28/2022
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____ +