

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

**A Public Document**

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

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes  No       Face Value of Each Ticket/Pass \$ \_\_\_\_\_ \$291

Event Description: John Williams Celebration      Date(s) 09 / 27 / 22  
*Provide Title/ Explanation*

Ticket(s)/Pass(es) provided by agency?    Yes  No       If no: Walt Disney Concert Hall  
*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
Board of Supervisors	2	Ticket Policy Sec 5.3(k)
B. Name of Individual <i>(Last, First)</i>	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small><i>If checking "Ceremonial Role" or "Other" describe below:</i></small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small><i>If checking "Ceremonial Role" or "Other" describe below:</i></small>
C. Name of Outside Organization <i>(include address and description)</i>	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	10/6/2022
Signature of Agency Head or Designee	Print Name	Title	<i>(month, day, year)</i>

Comment: \_\_\_\_\_ +