

**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: _____ <span style="font-size: small;">(month, day, year)</span>	

**2. Function or Event Information**

Does the agency have a ticket policy?      Yes  No       Face Value of Each Ticket/Pass \$ \_\_\_\_\_ **23.00**

Event Description: Mozart      Date(s) 09 / 06 / 22  
*Provide Title/ Explanation*

Ticket(s)/Pass(es) provided by agency?      Yes  No       If no: Hollywood Bowl  
*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	4	Pursuant to Ticket Policy Sec. 5.3(k)
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input checked="" 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 <small>(include address and description)</small>	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: \_\_\_\_\_ +

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**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ \_\_\_\_\_ **23.00**

Event Description: Mozart Under the Stars      Date(s) 09 / 06 / 22  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency?    Yes     No     If no: Hollywood Bowl  
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:
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below.</small>
		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
Torrance Kiwanis Club	10	Pursuant to Ticket Policy Sec. 5.3 (i)
818 Manhattan Beach Blvd Ste 200,Manhattan		Serving the Children of the War.

**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      (month, day, year)

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

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**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ \_\_\_\_\_ **25.00**

Event Description: Tchaikovsky                      Date(s) 09 / 13 / 22  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency?    Yes     No     If no: Hollywood Bowl  
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:
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below.</small>
		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
Palos Verdes Peninsula Land Conservancy	35	Pursuant to Ticket Policy 5.3(i)
916 Silver Spur Rd. #207 Rolling Hills Estates		Preserve land & restore habitat

**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.*

<small>Signature of Agency Head or Designee</small>	Nancy Herrera <small>Print Name</small>	Ticket Administrator <small>Title</small>	10/6/2022 <small>(month, day, year)</small>
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**2. Function or Event Information**

Does the agency have a ticket policy?    Yes  No       Face Value of Each Ticket/Pass \$ \_\_\_\_\_ **35.00**

Event Description: Pink Martini      Date(s) 09 / 14 / 22  
*Provide Title/ Explanation*

Ticket(s)/Pass(es) provided by agency?    Yes  No       If no: Hollywood Bowl  
*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	6	Pursuant to Ticket Policy Sec. 5.3(K)
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input checked="" 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 <small>(include address and description)</small>	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.*

 <small>Signature of Agency Head or Designee</small>	Nancy Herrera <small>Print Name</small>	Ticket Administrator <small>Title</small>	10/6/2022 <small>(month, day year)</small>
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Comment: \_\_\_\_\_ +

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**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 35.00

Event Description: \_\_\_\_\_ Date(s) 09 / 14 / 22 \_\_\_\_\_  
Provide Title/ Explanation

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

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

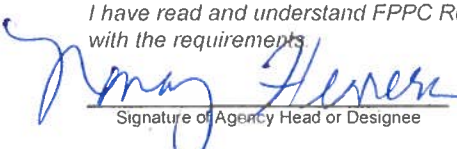
**3. Recipients**

\* 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:
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below.</small>
		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
Rotary Club of Lakewood	50	Pursuant to Ticket Policy Sec. 5.3(i)
P.O. Box 367 Lakewood, CA 90714		Delivering service to the community through action & engi

**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.*

 Signature of Agency Head or Designee	Nancy Herrera Print Name	Ticket Administrator Title	10/6/2022 (month, day, year)
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Comment: \_\_\_\_\_

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Division, Department, or Region <i>(if applicable)</i>			
Fourth District, Board of Supervisors			
Designated Agency Contact <i>(Name, Title)</i>			
Nancy Herrera, Ticket Administrator		<input type="checkbox"/> <b>Amendment</b> <i>(Must Provide Explanation in Part 3.)</i>	
Area Code/Phone Number	E-mail	Date of Original Filing: _____ <i>(month, day, year)</i>	
(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 \$ \_\_\_\_\_ **25.00**

Event Description: Lang Lang    Date(s) 09 / 15 / 22    \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency?    Yes     No     If no: Hollywood Bowl

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	14	Pursuant to Ticket Policy Sec. 5.3(k)
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below.</small>
		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 <small>(include address and description)</small>	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
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

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



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Date of Original Filing: _____ <small><i>(month day year)</i></small>		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 25.00

Event Description: Lang Lang *Provide Title/ Explanation* Date(s) 09 / 15 / 22

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: Hollywood Bowl  
*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 <small><i>(Last, First)</i></small>	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input checked="" 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 <small><i>(include address and description)</i></small>	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Walnut Park Elementary School	50	Pursuant to Ticket Policy Sec. 5.3(i)
2642 East Olive st. Walnut Park, CA 90255		It takes a community to raise a child.

**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      *(month, day, year)*

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

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

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ \_\_\_\_\_ **25.00**

Event Description: Lang Lang    Date(s) 09 / 15 / 22  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency?    Yes     No     If no: Hollywood Bowl  
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:
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below</small>
		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
Peninsula Seniors	10	Pursuant to Ticket Policy 5.3(i)
602 Deep Valley Dr. Ste.310 Rolling Hills Est.		Fosters social interaction & supports independence.

**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
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

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



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**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 25.00

Event Description: Lang Lang Date(s) 09 / 15 / 22  
*Provide Title/ Explanation*

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: Hollywood Bowl  
*Name of Source*

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

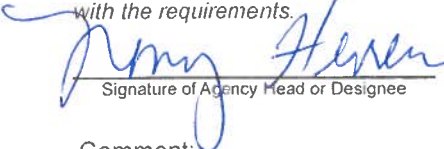
**3. Recipients**

*\* 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
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		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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
School Community Club	50	Pursuant to Ticket Policy Sec. 5.3(i)
333 S. Beaudry Ave. LA, CA 90017		Embracing our diversity to educate L.A.'s Youth.

**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.*

 Signature of Agency Head or Designee	Nancy Herrera Print Name	Ticket Administrator Title	10/6/2022 (month, day, year)
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Comment: \_\_\_\_\_ +

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**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 31.00

Event Description: Herbie Hancock Date(s) 09 / 28 / 22  
*Provide Title/ Explanation*

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: Hollywood Bowl  
*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 <i>(Last, First)</i>	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below.</small>
		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 <i>(include address and description)</i>	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Community Development YMCA	30	Pursuant to Ticket Policy Sec. 5.3(i)
1900 Long Beach Blvd., Ste 100 LB, CA 90801		A place where children can grow up in a healthy, safe env

**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      (month, day, year)

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

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**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 31.00

Event Description: Herbie Hancock Date(s) 09 / 28 / 22  
*Provide Title/ Explanation*

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: Hollywood Bowl  
*Name of Source*

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

**3. Recipients**  
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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 <small><i>(Last, First)</i></small>	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input checked="" 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 <small><i>(include address and description)</i></small>	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
YWCA Greater Los Angeles	40	Pursuant to Ticket Policy Sec. 5.3(i)
1020 S. Olive St. Ste. 700 Los Angeles, 90011		Eliminating Racism empowering women

**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      *(month, day, year)*

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