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

AP	uh	lic	Doc	um	ent

1.	Agency Name			Date Stamp	California 802			
	Los Angeles County				101111			
Ī	Division, Department, or Region (if applicable)				For Official Use Only			
	Fourth District, Board of Supervisors			1				
•	Designated Agency Contact (Name. Title)							
	ancy Herrera, Ticket Administrator			Amendment (Must Provide Explanation in Part 3.)				
	Area Code/Phone Number E-mail			Date of Original Fillings				
	(213) 974-4444 nherrera@bos.lacc	ounty.gov		Date of Original Filing: _	(month, day, year)			
2.	Function or Event Information				111			
	Does the agency have a ticket policy? Yes	■ No□ F	ace Value of	Each Ticket/Pass \$	114			
	Event Description: Arturo Sandoval Swinging Holiday  Provide Title/ Explanation  Date(s) 12 , 23 , 22							
	Ticket(s)/Pass(es) provided by agency? Yes	sney Concert Hall						
	Was ticket distribution made at the behest Yes		ves:					
	of agency official?	LI NO	y 00	Official's Name (Last, First)				
	of agency officials							
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 poli		uant to the agency's policy			
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the following:				
	(200, 1 10)	rasses		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:				
			l .	onial Role Other Income Income ing "Ceremonial Role" or "Other" describe below				
	C. Name of Outside Organization Sumber of Ticket(s)/ Passes Describe to		ne public purpose made pursuant to the agency's policy					
	International City Theatre-67 Long Beach Bl		Ticket Polic	y Sec 5.3(i)				
	To entertain, educate and inspire							
4 '			<u> </u>					
	verification I have read and understand FPPC Regulations 18944 with the requirements. /	l.1 and 18942. I	have verified t	hat the distribution set fo	rth above, is in accordance			
7	(1)		Mark _ 1 · ·	A Administrator	4/40/0000			
THE THE PARTY OF T				et Administrator	1/10/2023			
1	Signature of Agency Head or Designee P	rint Name		Title	(month, day, year)			
	Comment:				<u>+</u>			

Clear