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

A Public Document

1. Agency Name

Los Angeles County

Date Stamp	California Form **802**
	For Official Use Only

Division, Department, or Region *(if applicable)*

Fourth District, Board of Supervisors

Designated Agency Contact *(Name. Title)*

Nancy Herrera, Ticket Administrator

☐ **Amendment** *(Must Provide Explanation in Part 3.)*

Area Code/Phone Number	**E-mail**
(213) 974-4444	nherrera@bos.lacounty.gov

Date of Original Filing: _____
(month, day, year)

2. Function or Event Information

Does the agency have a ticket policy? Yes ■ No ☐

Face Value of Each Ticket/Pass $ _____ 175

Event Description: __Ain't Too Proud__
Provide Title/ Explanation

Date(s) __12__ / __17__ / __22__   ____/____/____

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ■

If no: __Ahmanson Theater__
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ■

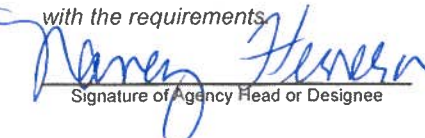If yes: _____
Official's Name (Last, First)

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 ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*
			Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below.*

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
	City of Lakewood-5050 Clark Av., Lakewood ⊞	2	Ticket Policy Sec 5.3(i)
	Support Lakewood Divison of the Special Oly ⊞		

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	Print Name	Title	*(month, day, year)*
[signature]	Nancy Herrera	Ticket Administrator	1/10/2023

Comment: _____ ⊞

Print   Clear