

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

A Public Document

1. Agency Name Los Angeles County		Date Stamp	California Form 802
Division, Department, or Region <i>(if applicable)</i> Fourth District, Board of Supervisors			For Official Use Only
Designated Agency Contact <i>(Name, Title)</i> Nancy Herrera, Ticket Administrator		<input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i> 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 \$ _____ \$26.00

Event Description: All-Gershwin Date(s) 7 / 11 / 24 _____ / _____ / _____
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 <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
Long Beach City College 4901 E Carson St. +	50	Ticket Policy Sec 5.3(i)
Empower students to become active, ethical +		

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	8/13/2024 <small>(month, day, year)</small>
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Comment: _____ +

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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
H.E.L.P., 23001 Hawthorne Bl., Suite 203, To	16	Ticket Policy Sec 5.3(i)
Provide free reliable education & Counseling		

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	Nancy Herrera	Ticket Administrator	8/13/2024
Signature of Agency Head or Designee	Print Name	Title	<i>(month, day, year)</i>

Comment: _____

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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
City of Signal Hill, 2175 Cherry Avenue, Signal Hill, CA 90703	16	Ticket Policy Sec 5.3(i)
Provide safe neighborhoods, abundant business opportunities		

4. Verification

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	Nancy Herrera	Ticket Administrator	8/13/2024
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

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Board of Supervisors	4	Ticket Policy Sec 5.3(k)
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