	gency Report of: eremonial Role Events and Ticket/Pa	ass Distri	ibutions	Α	Public Document	
1.	Agency Name			Date Stamp	California 802	
	Los Angeles County			l	Form OUZ	
	Division, Department, or Region (if applicable)			1	For Official Use Only	
	Fourth District, Board of Supervisors					
	Designated Agency Contact (Name, Title)	1				
	Nancy Herrera, Ticket Administrator			C Amandmant 44 48	ide Section in Section	
	Area Code/Phone Number E-mail			Amendment (Must Pi	rovide Explanation in Part 3.)	
	(213) 974-4444 nherrera@bos.laco	unty.gov		Date of Original Filing: .	(month, day, year)	
2.	Function or Event Information				600.00	
	Does the agency have a ticket policy? Yes ■ No □ Face Value of			Each Ticket/Pass \$	\$26.00	
	. , , , , , , , , , , , , , , , , , , ,			<u>/ 11 / 24 </u>	1 1	
	Provide Title/ Explan	ation				
	Ticket(s)/Pass(es) provided by agency? Yes	No 🔣	no: Hollywo			
		U	f yes:	Name of Source		
	Was ticket distribution made at the behest Yes of agency official?	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 th	e public purpose made pure	suant to the agency's policy	
	B. Name of Individual (Last, First)	Number of Ticket(s)/		Identify one of the fo	ollowing:	
	(Last, 1 nst)	Passes		nonial Role Other king "Ceremonial Role" or "Other" des	Income Cribe below:	
				nonial Role Other Other or "Other" des		
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy	
	Long Beach City College 4901 E Carson St.	50	Ticket Polic	y Sec 5.3(i)		
	Empower students to become active, ethical					
4.	Verification					
	I have read and understand FPPC Regulations 18944.	1 and 18942.	l have verified t	that the distribution set fo	rth above, is in accordance	
_	with the requirements.					
)	Month HILANDA Nancy Herrera	a	Ticke	et Administrator	8/13/2024	
U	13/10/	nt Name		Title	(month, day, year)	

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Comment: _

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

	ordination Evolute and The	TO GT	400 B1011	ill dittion to	, ,	T abile Becament
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	Los Angeles County					Form OUZ
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	Designated Agency Contact (Name, Title)	-				
	Nancy Herrera, Ticket Administrator					
	Area Code/Phone Number E-mail				Amendment (Must F	Provide Explanation in Part 3.)
	(213) 974-4444 nherrera@b	ne laco	inty dov		Date of Original Filing:	
	(210) 374 4444	703.1aco	unty.gov			(month, day, year)
2.	Function or Event Information			3 101.55		
	Does the agency have a ticket policy?	Yes 🏾	No □ F	ace Value of	Each Ticket/Pass \$ _	\$26.00
		100				
	Event Description: All-Gershwin	ītle/ Explan		Date(s)	, 11 , 24	
	Ticket(s)/Pass(es) provided by agency?		No■ I	f no: Hollywo	od Bowl	
	rionation assistant provided by agency:	163 [1 140 E	1110.	Name of Source	
	Was ticket distribution made at the behes	t Yes F	7 No ■ I	f yes:	Official's Name (Last, First)	
	of agency official?				Official's Name (Last, First)	
3.	Recipients					
	 Use Section A to identify the agency's department of 	or unit. • U	Jse Section B to i	dentify an individu	al. Use Section C to identi	fy an outside organization.
	A Name of Agency, Department or Unit	HE S	Number	Describe th	e nublic nurnose made nu	rsuant to the agency's policy
	A. Name of Agency, Department or Unit		of Ticket(s)/ Passes	Describe at	e public purpose illade pui	suant to the agency a poncy
	a vigen and with a little was a green property to	0.5.3.1	Number			
	B. Name of Individual (Last, First)		of Ticket(s)/ Passes		Identify one of the f	following:
			1 43303	0	onial Role Other	Income 🗌
				1	onial Role	
		1			onial Role Other Other ing "Ceremonial Role" or "Other" de	- -
				" Check	ing Ceremonia Note of Other de	GOIDO SOION.
	Name of Outside Organization		Number of Ticket(s)/	Describe the	e public purpose made pur	suant to the agency's policy
	(include address and description)		Passes			
	H.E.L.P., 23001 Hawthorne Bl., Suite 20	03 TO	16	Ticket Policy	/ Sec 5 3(i)	
	The Letter, 2000 Trawthome Bit, Guite 20	00, 1		TIORETT ONE		
	Dravida frag raliable advection 9 Course	olina I				
	Provide free reliable education & Couns	seling				
4.	Verification		-			
	I have read and understand FPPC Regulations	s 18944	1 and 18942	I have verified t	hat the distribution set for	orth above is in accordance
	with the requirements.	3 70047.	and roots.		nat the alothoation out it	or an above, to mr accordance
1	20			t Administrator	8/13/2024	
	Signature/of/Agency/Head or Designee Print Name			Title	(month, day, year)	
V	Sandra of Sanger House of Designee	EN			1100	(
	Comment:					+

A Public Document

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 1. Agency Name Date Stamp California **Form** Los Angeles County Division, Department, or Region (if applicable) For Official Use Only 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 (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? Face Value of Each Ticket/Pass \$ __ Yes No 🗆 Event Description: All-Gershwin Date(s) __7 __/_11 Provide Title/Explanation If no: Hollywood Bowl Ticket(s)/Pass(es) provided by agency? Yes No No Name of Source Was ticket distribution made at the behest Yes ☐ No ■ If yes: _ Official's Name (Last, First) of agency official? 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. Number Name of Agency, Department or Unit A. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy **Passes** Number B. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes City of Signal Hill, 2175 Cherry Avenue, Signa Ticket Policy Sec 5.3(i) 16 Provide safe neighborhoods, abundant busine

4.	Ve		

Verification			
	egulations 18944.1 and 18942. I i	have verified that the distribution set for	th above, is in accordance
with the requirements.			
I man Herrem	Nancy Herrera	Ticket Administrator	8/13/2024
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Gamma At			_
Comment: /			+

	gency Report of: eremonial Role Even	ts and Ticket/P	ass Distr	ibutions	A	Public Document
1.	Agency Name Los Angeles County				Date Stamp	California 802 Form 809
	Division, Department, or Region (if applicable)					
	Fourth District, Board of Sup Designated Agency Contact (E3.	
	Nancy Herrera, Ticket Administrator Area Code/Phone Number E-mail			Amendment (Must Provide Explanation in Part 3.)		
2000	(213) 974-4444	nherrera@bos.laco	unty.gov		Date of Original Filing: _	(month, day, year)
2.	Function or Event Inform	mation				\$26.00
	Does the agency have a tick	ket policy? Yes	■ No 🗆 📑	ace Value of	Each Ticket/Pass \$	\$26.00
	Event Description: All-Gers	hwin		Date(s) 7	, 11 , 24	1 1
	Evolt Booonpilon.	Provide Title/ Explan	ation			
	Ticket(s)/Pass(es) provided	by agency? Yes [ood Bowl Name of Source			
	Was ticket distribution made	at the heheet V F	n Na pa l'	f yes:		
	of agency official?	at the beliest Yes L	」No■ '	. you	Official's Name (Last, First)	
3.	Recipients • Use Section A to identify the agen	cy's department or unit. • U	Jse Section B to i	identify an individu	ual. Use Section C to identify	an outside organization.
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the fo	llowing:
					nonial Role Other finding "Ceremonial Role" or "Other" descriptions	Income Cribe below:
					ionial Role Other in Other in Other Other in Oth	Income [
	C. Name of Outside Or (Include address and	rganization description)	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy
	Long Beach City College	4901 E Carson St.	40	Ticket Polic	y Sec 5.3(i)	
	Empower students to become	ome active, ethica				
4.	Verification			<u>.</u>		
	I have read and understand FP with the requirements.	PC Regulations 18944.	1 and 18942.	l have verified t	hat the distribution set for	th above, is in accordance
	North Head or Design	Nancy Herrera	nt Name	Ticke	et Administrator	8/13/2024 (month, day, year)
	Comment:					

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form Los Angeles County 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 (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? Face Value of Each Ticket/Pass \$ ___ Yes No 🗆 Event Description: All- Gershwin Date(s) __7__/_11__/_ Provide Title/Explanation If no: Hollywood Bowl Ticket(s)/Pass(es) provided by agency? Yes No Name of Source Was ticket distribution made at the behest Yes ☐ No ■ If yes: __ Official's Name (Last, First) of agency official? 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. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ **Passes** 4 **Board of Supervisors** Ticket Policy Sec 5.3(k) Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other Income | If checking "Ceremonial Role" or "Other" describe below: Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes 4. Verification

	gulations 18944.1 and 18942. I	have verified that the distribution set forth abo	ve, is in accordance
with the requirements			
	Nancy Herrera	Ticket Administrator	8/13/2024
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Print

Comment: _

Clear

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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