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: Chaka Khan Date(s) ____/_ 26 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 A. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy **Passes** Number Name of Individual B. of Ticket(s)/ Identify one of the following: (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 Ronnie's House, 6082 Atlantic Bl., Long Beach 10 Ticket Policy Sec 5.3(i) Support justice impacted community reintergrant 4. Verification

I have read and understand FPPC R	egulations 18944.1 and 18942. I	have verified that the distribution set fort	h above, is in accordance
with the requirements.			
aren Henera	Nancy Herrera	Ticket Administrator	8/13/2024
Signatule of Agency Head or Designee	Print Name	Title	(month, day, year)
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Print

Comment: _

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FPPC Form 802 (2/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 1. Agency Name California Date Stamp 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 Face Value of Each Ticket/Pass \$ -Does the agency have a ticket policy? Yes 🔳 No 🗆 Event Description: Chaka Khan 26 Date(s) ____ / 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 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 Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) **Passes** Collin's Neighborhood Association, 6042 Coke Ticket Policy Sec 5.3(i) 6 Build a sense of community, to resolve issues 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.

8/13/2024

(month, day, year)

Ticket Administrator

Title

Comment:

Mancy Herrera

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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
В.	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:

Number

of Ticket(s)/

Passes

14

• 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.

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
Signature of Agency Head or Designee

Title

Title

(month, day, year)

Name of Outside Organization

(include address and description)

Gems Uncovered, Inc., 1 Word Trade Center

Rebuild lives affected by human trafficking &

Recipients

C.

Describe the public purpose made pursuant to the agency's policy

Ticket Policy Sec 5.3(i)

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Thave read and understand FPPC Regulations 18944.1 and 18942. H	have verified that the distribution set fort	h above, is in accordance
with the requirements.		
Money Herrera Nancy Herrera	Ticket Administrator	8/13/2024

Signature of Agency Head or Designee

Comment:

Print Name

Title

(month, day, year)

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Board of Supervisors		Ticket Policy Sec 5.3(k)		
Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:		
	8	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:		
	1	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:		
Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy		
	Name of Individual (Last, First) Name of Outside Organization	Name of Individual Of Ticket(s)/ Passes Name of Outside Organization (include address and description) Number of Ticket(s)/		

4. Verification	4.	Ve	rifi	ca	tion	
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Comment:

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with the requirements				

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Many	10 7	716	Mala

Nancy Herrera

Ticket Administrator

8/13/2024

Signature of Agency Head or Designee

Print Name

Title

(month, day, year)