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 190 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes No 🗀 Date(s) __08 Event Description: Clue 03 24 Provide Title/ Explanation If no: Ahmanson Threater 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 A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy 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 Gail Swartz 4 Showing appreciation for community services 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** 4. Verification

I have read and understand FPPC Reg	gulations 18944.1 and 1894	I have verified that the distribution set for	th above, is in accordance
with the requirements.			
Janes Herren	Nancy Herrera	Ticket Administrator	9/18/2024

Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: