

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

A Public Document

1. Agency Name Los Angeles County Division, Department, or Region <i>(if applicable)</i> Fourth District, Board of Supervisors Designated Agency Contact <i>(Name, Title)</i> Nancy Herrera, Ticket Administrator Area Code/Phone Number E-mail (213) 974-4444 nherrera@bos.lacounty.gov		Date Stamp	California Form 802 For Official Use Only
		<input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i>	
		Date of Original Filing: _____ <i>(month, day, year)</i>	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ 39

Event Description: Tchaikovsky Spectacular Date(s) 08 / 02 / 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 <i>(Last, First)</i>	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 <i>(include address and description)</i>	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Culver Palms Church, 9733 Venice Bl., LA 90	30	Ticket Policy Sec 5.3(i)
Worship God joyfully & make disciples of Jesu		

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	9/18/2024 (month, day, year)
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Comment: _____