	ency Report of: eremonial Role Even	its and Ticket/P	ass Distr	ibutions	A	Public Document
1. /	Agency Name		Date Stamp	California 802		
	Los Angeles County Division, Department, or Region (if applicable) Fourth District, Board of Supervisors Designated Agency Contact (Name, Title)					101111
Ī					1	For Official Use Only
					<u></u>	
Ī						
	Nancy Herrera, Ticket Administrator				Amendment (Must Pr	ovide Explanation in Part 3.)
	Area Code/Phone Number] -			
	(213) 974-4444	nherrera@bos.laco	county.gov		Date of Original Filing:(month, day, year)	
2.	Function or Event Information					29
					Each Ticket/Pass \$	23
1	Event Description: The Elements with Joshua Bell Date(s)				<u>, 15 , 24 </u>	
	Provide Title/ Explanation					
	Ticket(s)/Pass(es) provided	by agency? Yes L	□ No ■ If	no:	Name of Source	
١	Was ticket distribution made	e at the behest Yes	¬ No ■ If	yes:	Official's Name (Last, First)	
	of agency official?	.002			Official's Name (Last, First)	
	Use Section A to identify the ager Name of Agency, Department	Use Section B to it Number of Ticket(s)/ Passes	2002 AND 10	tify an individual. Use Section C to identify an outside organization. Describe the public purpose made pursuant to the agency's policy		
	B. Name of Indi (Last, Fin	Number of Ticket(s)/ Passes		Identify one of the following:		
			I	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:		
•	-			1	onial Role Other on "Other of "Other" descriptions of "Other" descriptions of the other other of the other other other other other other other other other o	Income Income
	C. Name of Outside O	Number of Ticket(s)/ Passes	Describe the	e public purpose made pursuant to the agency's policy		
	Arts Council for Long Bea	each, 115 Pine Ave.		Ticket Policy	/ Sec 5.3(i)	
	Cultivates the physical, so	cial and economic				
4. \	/erification			- <u> </u>		
	have read and understand FP	PC Regulations 18944.	1 and 18942. I	have verified to	hat the distribution set for	th above, is in accordance
-\v	with the requirements.	•	Ticket Administrator 9/18/2024			
1	Signature of Agency Head or Designee Print Name				Title	9/18/2024 (month, day, year)
	Signature of gency flead of Design	oo rii	III Hallic		line	(mymi, day, year)

Comment: _

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