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

A Public Document

1.	Agency Name					Date Stamp	California OOO	
	Los Angeles County						Form 802	
	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	ode/Phone Number E-mail				Antendment (Must Provide Explanation in Part 3.)		
	(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? Yes ■ No □ Face Value of B				Each Ticket/Pass \$ _	154 & 99		
	Event Description: Wynonna Judd Date(s) 10					, 04 , 2024	_	
	Provide Title/ Explanation							
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ If no: Walt Dis					sney Concert Hall		
	——————————————————————————————————————					Name of Source		
	Was ticket distribution made at the behest Yes No If yes:					Official's Name (Last, First)		
	of agency official?							
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	M THE STATE OF	Describe the public purpose made pursuant to the agency's policy		
	Board of Supervisors			4	Ticket Polic	Ticket Policy Sec 5.3(k)		
	B. Name of Indi			Number of Ticket(s)/ Passes		Identify one of the	following:	
					I	onial Role Other Cing "Ceremonial Role" or "Other" de		
					I	onial Role Other I	Income Income	
	C. Name of Outside Organization (include address and description)			Number of Ticket(s)/ Passes	Describe the	Describe the public purpose made pursuant to the agency's policy		
<u> </u>	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.					.a. are arearbation set it	o.u. aboro, is in accordance	
	$A \cdot A \cdot$					t Administrator	11/12/2024	
	Signature of Agency Head or Designee Print Name				Title	(month, day, year)		
	Comment: 2 - Orchestra 2	- Terrance					. III	