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)				1	For Official Use Only	
	Fourth District, Board of Supervisors						
	Designated Agency Contact (Name, Title)						
	Nancy Herrera, Ticket Administrator				Amendment (Mark 5	No. 11. Section 1. Section	
					Amendment (Must Provide Explanation in Part 3.)		
	(213) 974-4444 nher	county.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 Each Ticket/Pass \$						
Event Description: From Mexico to Hollywood Golden Age Date(s) 10 , 25 , 24					, 25 , 24		
	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?				Omciai's Name (Last, 1 list)		
3.	Recipients						
J.	• 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			
	Decord of Communication		2	Ticket Polic	olicy Sec 5.3(k)		
	Board of Supervisors						
			Number	Parage West (25)			
	B. Name of Individual of Ticket(s) (Last, First) Passes			Identify one of the following:			
					Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:		
				1	onial Role Other of "Other" des	Income Income	
	C. (include address and description) of Ticket		Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy			
١.	Verification					""	
	I have read and understand FPPC Requirements,	gulations 1894	4.1 and 18942. I	have verified ti	hat the distribution set fo	orth above, is in accordance	
•	Ama Harris				t Administrator	11/12/2024	
	Signature of Agency Head or Besignee Print Name			Title (month, day, year)			
						•	
	Comment:	<u> </u>				+	