

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

A Public Document

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|---|-------------------------------------|--|---|
| 1. Agency Name Los Angeles County | | Date Stamp | California Form 802 For Official Use Only |
| 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 (213) 974-4444 | E-mail nherrera@bos.lacounty.gov | <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 \$ _____ 159

Event Description: Jennifer Hudson - The Gift of Love Date(s) 12 / 18 / 24 _____ / _____ / _____
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Walt Disney Concert Hall
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 |
|--|-----------------------------|--|
| Board of Supervisors | 4 | Pursuant to Ticket Policy Sec 5.3(k) |
| 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 type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> |
| 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 |
| | | |

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.

| | | | |
|--------------------------------------|---------------|----------------------|---------------------------|
| | Nancy Herrera | Ticket Administrator | 1/8/25 |
| Signature of Agency Head or Designee | Print Name | Title | <i>(month, day, year)</i> |

Comment: _____ +