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

**A Public Document**

| | Date Stamp | California Form **802** |
|---|---|---|

**1. Agency Name**

Los Angeles County

**Division, Department, or Region** (if applicable)

Fourth District, Board of Supervisors

**Designated Agency Contact** (Name, Title)

Nancy Herrera, Ticket Administrator

For Official Use Only

☐ **Amendment** (Must Provide Explanation in Part 3.)

**Area Code/Phone Number** | **E-mail**

(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 Each Ticket/Pass $ _____ 195

Event Description: __Mozart & Nielsen__
*Provide Title/ Explanation*

Date(s) __4__ / __26__ / __25__    ___ / ___ / ___

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 ■
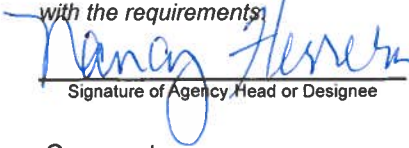
If yes: _____
*Official's Name (Last, First)*

**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 |
|---|---|---|---|
| | | | |
| | | | |

| B. | Name of Individual (Last, First) | Number of Ticket(s)/ Passes | Identify one of the following: |
|---|---|---|---|
| | | | Ceremonial Role ☐   Other ☐   Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* |
| | | | Ceremonial Role ☐   Other ☐   Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* |

| C. | Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|---|---|---|---|
| | The City of Artesia | 2 | Ticket Policy Sec 5.3(i) |
| | Gold Tournament to help fund city's various y⊞ | | |

**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: *Nancy Herrera* | Nancy Herrera | Ticket Administrator | 6/3/2025 |
|---|---|---|---|
| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |

Comment: _____ ⊞

| Print | Clear |
|---|---|

FPPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)