Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form Los Angeles County For Official Use Only Division, Department, or Region (if applicable) 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 (213) 974-4444 nherrera@bos.lacounty.gov Date of Original Filing: . (month, day, year) 2. Function or Event Information 220 & 140 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes **III** No □ Event Description: Jon Batiste Date(s) __05 , 19 , Provide Title/ Explanation If no: Walt Disney Concert Hall Ticket(s)/Pass(es) provided by agency? Yes No Name of Source Was ticket distribution made at the behest Yes ☐ No ■ Official's Name (Last, First) of agency official? 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. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ **Passes** 4 **Board of Supervisors** Pursuant to Ticket Policy Sec 5.3(k) Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below Ceremonial Role 🔲 Income Other If checking "Ceremonial Role" or "Other" describe below Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes Verification

I have	read and u	nderstand .	FPPC Regu	ilations 1894	4.1 and 1	8942. I nave	verified that i	tne aistribution	ı set tortn above,	, is in accordance
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Sign	ature d	Agency	Hea	d or I	Designee	_

Nancy Herrera

Ticket Administrator

6/4/2025

2 - Orchestra & 2 - Terrance

Comment

Print Name

Title

(month, day, year)