**Agency Report of:** Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp 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 Date of Original Filing: -(213) 974-4444 nherrera@bos.lacounty.gov (month, day, year) 2. Function or Event Information 65 Face Value of Each Ticket/Pass \$ \_ Does the agency have a ticket policy? Yes ■ No □ Event Description: Blue Note Jazz Festival Date(s) \_6 / 14 / Provide Title/ Explanation Hollywood Bowl Ticket(s)/Pass(es) provided by agency? Yes ☐ No ■ Name of Source Was ticket distribution made at the behest Yes ☐ No ■ If yes: \_ 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 of Ticket(s)/ Passes 10 **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 Other Income 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 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

7/2/25

Signature of Agency Head or Designee

Print Name

Title

(month, day, year)