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 **Date of Original Filing:** (213) 974-4444 nherrera@bos.lacounty.gov (month, day, year) 2. Function or Event Information \$25 Face Value of Each Ticket/Pass \$. Does the agency have a ticket policy? Yes ■ No □ Event Description: Classical Pride Date(s) 7 / 10 Provide Title/ Explanation If no: Hollywood Bowl 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 A. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes 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 \square 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 Ticket Policy Sec 5.3(i) City Church Long Beach 25 2445 Chestnut Ave, Long Beach, CA 90806 We hear and respond to Jesus's call towards wholeness. 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	garationo roo ritra ana roo iz.		
Janes Hiren	Nancy Herrera	Ticket Administrator	8/6/25
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment

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 \$25 Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Yes ■ No □ Event Description: Classical Pride Date(s) _ 7 _ / 10 _ / Provide Title/ Explanation If no: Hollywood Bowl 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 of Ticket(s)/ **Passes** Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Other \square Ceremonial Role 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 of Ticket(s)/ C. (include address and description) Passes Long Beach Forward 20 Ticket Policy Sec 5.3(i) Helping low-income communities of color by building com 2217 E 6th St, Long Beach, CA 90814 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 8/6/25 **Ticket Administrator** Signature of Agency Head or Designer Print Name Title (month, day, year)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

FPPC Form 802 (2/2016)

Clear

Comment:

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 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ __ Yes ■ No □ Event Description: Classical Pride Date(s) __7__/_10__/ Provide Title/ Explanation If no: Hollywood Bowl 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 Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ **Passes** Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Other 🔲 Ceremonial Role 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 of Ticket(s)/ (include address and description) Passes 30 LGBTQ Center Long Beach Ticket Policy Sec 5.3(i) Advance equity for LGBTQ people through culturally respi 2017 E 4th St, Long Beach, CA 90814 4. Verification

I have read and understand FPPC Regulat	ions 18944.1 and 18942. I	have verified that the distribution set fort	h above, is in accordance
with the requirements			
My Heaven Na	ncy Herrera	Ticket Administrator	8/6/25
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)