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

A Public Document

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

Area Code/Phone Number	E-mail
(213) 974-4444	nherrera@bos.lacounty.gov

Date Stamp

California Form **802**

For Official Use Only

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

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 $ 379

Event Description: Dudamel Conducts Mahler's Resurrect *Provide Title/ Explanation*

Date(s) 10 / 12 / 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
Board of Supervisors	2	Ticket Policy Sec 5.3(k)

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

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 | Nancy Herrera | Ticket Administrator | 10/19/2025

Signature of Agency Head or Designee | Print Name | Title | *(month, day, year)*

Comment: _____

Print Clear