

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

A Public Document

|                                                                                          |                                     |                                                                                                                                         |                                                     |
|------------------------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>1. Agency Name</b><br>Los Angeles County                                              |                                     | Date Stamp                                                                                                                              | California Form <b>802</b><br>For Official Use Only |
| Division, Department, or Region (if applicable)<br>Fourth District, Board of Supervisors |                                     |                                                                                                                                         |                                                     |
| Designated Agency Contact (Name, Title)<br>Nancy Herrera, Ticket Administrator           |                                     |                                                                                                                                         |                                                     |
| Area Code/Phone Number<br>(213) 974-4444                                                 | E-mail<br>nherrera@bos.lacounty.gov | <input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)<br>Date of Original Filing: _____<br>(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 Resurrex Date(s) 10 / 12 / 25  
Provide Title/ Explanation

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.

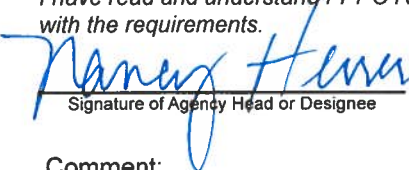
| A. Name of Agency, Department or Unit | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|---------------------------------------|-----------------------------|------------------------------------------------------------------|
| Board of Supervisors                  | 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
|                                     |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |

| 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.


 Signature of Agency Head or Designee
 Nancy Herrera
 Print Name
 Ticket Administrator
 Title
 10/19/2025
 (month, day, year)

Comment: \_\_\_\_\_

Print Clear