

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

A Public Document

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

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ 123.05

Event Description: Giselle Date(s) 5 / 1 / 26
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Ahmanson Theatre
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	Pursuant to Ticket Policy Sec 5.3(k)
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small><i>If checking "Ceremonial Role" or "Other" describe below.</i></small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small><i>If checking "Ceremonial Role" or "Other" describe below.</i></small>
C. Name of Outside Organization <small>(include address and description)</small>	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
Ticket Administrator
5/27/26
Signature of Agency Head or Designee Print Name Title *(month, day, year)*

Comment: _____ +

Print

Clear