

# 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"/> Amendment (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 \$ \_\_\_\_\_ 100

Event Description: Bright Eyes Date(s) 05 / 23 / 26  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Hollywood Bowl  
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 | Ticket Administrator | 8/11/2026          |
|                                      | Print Name    | Title                | (month, day, year) |

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

Print

Clear