Agency Name
Los Angeles County
Division, Department, or Region (if applicable)
Board of Supervisors, Fourth District
Designated Agency Contact (Name, Title)
Nancy Herrera
Area Code/Phone Number  E-mail
(213) 974-4444 nherrera@bos.lacounty.gov

2. Function or Event Information

Does the agency have a ticket policy?  Yes ☒  No ☐
Face Value of Each Ticket/Pass $ 130

Event Description: The Curious Incident of the Dog
Date(s) 08 / 12 / 17
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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board of Supervisors</td>
<td>2</td>
<td>Ticket Policy Sec 5.3(k)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role  ☐  Other ☐  Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
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</table>

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  9/20/17 (month, day, year)

Comment: ____________________________________________