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: (213) 974-4444
E-mail: nherrera@bos.lacounty.gov
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: $135
Event Description: Ahmanson Theater
Date(s): 06/25/19
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: Board of Supervisors
Number of Ticket(s)/Passes: 4
Describe the public purpose made pursuant to the agency’s policy: ______________________
B. Name of Individual (Last, First): Muster, Moramea
Number of Ticket(s)/Passes: 1
Identify one of the following:
Ceremonial Role ☐ Other ☐ Income ☐
If checking “Ceremonial Role” or “Other” describe below:
Ticket Policy Sec 5.3(i)
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: 7/1/19 (month, day, year)

Comment: ______________________

FPPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 888/ASK-FPPC (888/275-3772)