

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

**A Public Document**

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

**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  
*Provide Title/Explanation*

Ticket(s)/Pass(es) provided by agency?    Yes     No     If no: Ahmanson Theatre  
*Name of Source*

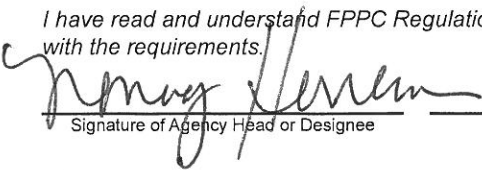
Was ticket distribution made at the behest of agency official?    Yes     No     If yes: \_\_\_\_\_  
*Official's Name (Last, First)*

**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	4	
B. Name of Individual <i>(Last, First)</i>	Number of Ticket(s)/ Passes	Identify one of the following:
Muster, Moramae	1	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Ticket Policy Sec 5.3(i)
Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>		
C. Name of Outside Organization <i>(include address and description)</i>	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	7/1/19
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small><i>(month, day, year)</i></small>

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