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

1. 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

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) 07 / 13 / 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.

<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></td>
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</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>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
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<tr>
<td></td>
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<td>If checking “Ceremonial Role” or “Other” describe below:</td>
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<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>
<tr>
<td>Torrance Education Foundation - 20695 S. Western Ave #136, Torrance, CA 90501</td>
<td>2</td>
<td>Ticket Policy Sec 5.3(i)</td>
</tr>
<tr>
<td>Provide learning opportunities, more STEM programs, more state-of-the-art classrooms.</td>
<td></td>
<td></td>
</tr>
</tbody>
</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
   Print Name
   Ticket Administrator
   Title
   Date 8/2/19 (month, day, year)
   Comment:
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. 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 $ 135
   Event Description: Ahmanson Theater
   Date(s) 07 / 27 / 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)

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<td>Board of Supervisors</td>
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<td>Ticket Policy Sec 5.3(k)</td>
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   Signature of Agency Head or Designee: Nancy Herrera
   Print Name: Nancy Herrera
   Title: Ticket Administrator
   Date: 8/2/19

Comment: 

FPPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)