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

1. **Agency Name**
   - Los Angeles County
   - Division, Department, or Region *(if applicable)*
   - Fourth District, Board of Supervisors
   - Designated Agency Contact *(Name, Title)*
   - Nancy Herrera, Ticket Administrator
   - 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 $  □ 219
   - Event Description: Gen X Festival: Corigliano & Norman
   - Date(s) 04/24/22
   - Ticket(s)/Pass(es) provided by agency?  □ Yes  □ No
   - If no: LA Philharmonic/Walt Disney Concert Hall
   - Was ticket distribution made at the behest of agency official?  □ Yes  □ No

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

   **B. Name of Individual** *(Last, First)*
   - Number of Ticket(s)/Passes
   - Identify one of the following:
     - Ceremonial Role
     - Other
     - Income
   - (if checking “Ceremonial Role” or “Other” describe below)

   **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

   - Signal Hill Community Foundation - 2
     - Pursuant to Ticket Policy Sec 5.3(1)
     - In support of local library for children’s programs, educat

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
   - Signature of agency head or designee
   - Print Name
   - Ticket Administrator
   - Title
   - 05/3/2022 *Date of Filing (month, day, year)*

**Comment:**