Agency Report of:

C	eremonial Role Even	ts and Ticket/F	A Public Document			
1.	Agency Name		Date Stamp	California 802		
	County of Los Angeles			AND DESCRIPTION OF THE PERSON		
	Division, Department, or Region (if applicable)				1	For Official Use Only
	Board of Supervisor, First D	istrict				
	Designated Agency Contact (Name, Title)					
	Patricia Ramirez, Ticket Adr	ministrator			Amendment (Must P	rovide Explanation in Part 3.)
	Area Code/Phone Number		1000 1000	Amendment (Mastr)	ovide Explanation III F art 5.)	
	213-974-4111	county.gov		Date of Original Filing:	(month, day, year)	
_	Function or Event Infor	mation				
۷.					Each Ticket/Pass \$	299.00
	Does the agency have a tick					
	Event Description: LA Phil		[Date(s)11	<u> 3 , 202</u>	
	Ticket(s)/Pass(es) provided	Provide Title/ Expla		f no:		
	ricket(s)/Pass(es) provided	by agency ? Yes	□ NO □ I	1110.	Name of Source	MATERIAL AND
	Was ticket distribution made	at the behest Yes	□ No ■ I	f yes:	Official's Name (Last, First)	
	of agency official?		Oπiciai's Name (Last, First)			
3.	Decinionts					
ა.	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					
	- OSC Section 11 to racinity the agen	Number				
	A. Name of Agency, Depa	rtment or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made purs	suant to the agency's policy
	- 120 1 100		1 43363			
				1		
	B. Name of Indiv	Number		Identify one of the following:		
	(Last, Firs	of Ticket(s)/ Passes		identity one of the id	mowing.	
				Cerem	nonial Role Other	Income 🔲
	Sam Prater	2	If check	ring "Ceremonial Role" or "Other" des	cribe below:	
			Per ticket pe	olicy 5.3 (i)	Ø	
		A		100000000000000000000000000000000000000	onial Role Other	55/56/970/06/571030
				If check	ing "Ceremonial Role" or "Other" des	cribe below:
		W W W				
	C. Name of Outside Or	Number of Ticket(s)/	Describe the	e public purpose made purs	pursuant to the agency's policy	
	(include address and	description)	Passes			
			1			
	Verification	DAD NO NO MONTH MANAGEMENT	SO SO SE SECURIORISMO	\$5000 \$5000.00 Learner	5 7000 N 18 20 900 Quant	
	I have read and understand FPF with the requirements.	PC Regulations 18944	1.1 and 18942.	I have verified to	hat the distribution set fo	rth above, is in accordance
	vitin the requirements.	Datriala Dami	107	۸ مامد ۱۰	nietrative Director	40/4/0000
		Patricia Rami		Admii	nistrative Director	12/1/2023
	Signature of Agency Head or Designe	ee P	rint Name		Title	(month, day, year)
	Comment:					

Agency Report of:

	eremonial Role Ever	nts and Ticket/I	Pass Dis	tributions		A Public Document
1.	Agency Name		Date Stamp	California 802		
	County of Los Angeles					
	Division, Department, or Reg	•		For Official Use Only		
	Board of Supervisor, First Designated Agency Contact		-			
	Patricia Ramirez, Ticket Ad	The second of th				
	Area Code/Phone Number	E-mail	Amendment (Must	Provide Explanation in Part 3.)		
	213-974-4111	paramirez@bos.la	county.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	ket policy? Yes	■ No□	Face Value of	Each Ticket/Pass \$ _	263.00
	Event Description: LA Phil			Date(s) 11	, 4 , 202	
		Provide Title/ Expla	anation	Date(s)		
	Ticket(s)/Pass(es) provided	by agency? Yes	☐ No 🖩	If no:	Name of Source	
	Was ticket distribution made	at the behest Yes	□ No ■	If yes:	Official's Name (Last, First)	
	of agency official?	, 66			Official's Name (Last, First)	
3.	Recipients • Use Section A to identify the agen	icy's department or unit.	Use Section B to	o identify an individu	ual. Use Section C to identi	fy an outside organization.
	A. Name of Agency, Depart	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy
	B. Name of India	Number of Ticket(s)/	10.00.081	Identify one of the	following:	
	(Last, Firs	51)	Passes			
	Martinez, Alma		2	Ceremonial Role Other of the follow: If checking "Ceremonial Role" or "Other" describe below: Per ticket policy 5.3 (i)		
					onial Role Other ing "Ceremonial Role" or "Other" de	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe the	e public purpose made pur	suant to the agency's policy
	Verification I have read and understand FPF	PC Regulations 18944	.1 and 18942	. I have verified th	hat the distribution set fo	orth above, is in accordance
	with the requirements.	Patricia Ramii			nistrative Director	12/1/2023
	Signature of Agency Head or Designe	e Pr	int Name		Title	(month, day, year)

Comment: __

Agency Report of: Ceremonial Role Events and Ticket/	Pass Distr	ributions	Α	Public Document	
1. Agency Name			Date Stamp		
County of Los Angeles				Form 802	
Division, Department, or Region (if applicable)			1	For Official Use Only	
Board of Supervisor, First District					
Designated Agency Contact (Name, Title)	Designated Agency Contact (Name, Title)				
Patricia Ramirez, Ticket Administrator					
Area Code/Phone Number E-mail			Amendment (Must Pr	rovide Explanation in Part 3.)	
213-974-4111 paramirez@bos.la	acounty.gov		Date of Original Filing: _	(month, day, year)	
2. Function or Event Information				100.00	
Does the agency have a ticket policy? Yes	■ No□	Face Value of	Each Ticket/Pass \$	199.00	
Event Description: LA Phil	,	Data(s) 11	<u>, 8 , 2023</u>	7 7	
Provide Title/ Expl	anation	Date(s)			
Ticket(s)/Pass(es) provided by agency? Yes					
Was ticket distribution made at the behest Yes of agency official?	□ No ■ ¹	f yes:	Official's Name (Last, First)		
3. Recipients• Use Section A to identify the agency's department or unit.	• Use Section B to i	identify an individ	ual. Use Section C to identify	an outside organization.	
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made purs	uant to the agency's policy	
B. Name of Individual	Number of Ticket(s)/		Identify one of the fo	llowing:	
(Last, First)	Passes				
	4000		nonial Role Other	Income _	
Betina Lewis	2	***************************************	king "Ceremonial Role" or "Other" desc	cribe below:	
		Per ticket p	olicy 5.3 (i)		
			nonial Role Other Other description on the control of the control	Income Income	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the	e public purpose made pursu	uant to the agency's policy	
4. Verification					
I have read and understand FPPC Regulations 18944 with the requirements.	l.1 and 18942. i	l have verified t	hat the distribution set for	th above, is in accordance	
Patricia Rami	irez	Admir	nistrative Director	12/1/2023	
Signature of Agency Head or Designee P	rint Name	1	Title	(month, day, year)	

Print

Comment: __

Clear

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

	gency Report of: eremonial Role Ever	its and Ticket/I	Pass Dist	ributions	Α	Public Document	
1.	Agency Name			Date Stamp	California 802		
	County of Los Angeles					Tom Co	
	Division, Department, or Region (if applicable)				1	For Official Use Only	
	Board of Supervisor, First District						
	Designated Agency Contact (Name, Title)						
	Patricia Ramirez, Ticket Administrator				Amendment (Must P	Provide Explanation in Part 3.)	
	Area Code/Phone Number E-mail						
	213-974-4111	paramirez@bos.la	county.gov		Date of Original Filing:	(month, day, year)	
2.	Function or Event Infor	mation					
	Does the agency have a ticket policy? Yes ■ No □ Face Val			Face Value of	Each Ticket/Pass \$	0.00	
	Event Description: LA Phil			Date(s) 11	, 11 , 2023		
	Event Description.	Provide Title/ Expla	anation	Date(s)			
	Ticket(s)/Pass(es) provided	by agency? Yes	□ No ■	If no:	Name of Source		
					Name of Source		
	Was ticket distribution made at the behest Yes ☐ No ☐ If yes:				Official's Name (Last, First)		
	of agency official?				a s 2		
	Use Section A to identify the agency's department or unit. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes			y an outside organization. suant to the agency's policy	
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the following:		
	Lorena Choctaw		2		onial Role Other ing "Ceremonial Role" or "Other" des	Income Cribe below:	
					onial Role Other of "Other" design "Ceremonial Role" or "Other" design	Income Cribe below:	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agend		uant to the agency's policy	
	Varification						

4.	٧	eı	Ш	Ш	Ja	u	o	П	

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.				

app	Patricia Ramirez	Administrative Director	12/1/2023
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Print

Clear

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

	gency Report of: eremonial Role Even	its and Ticket/F	Pass Dist	ributions	Α	Public Document
1.	. Agency Name County of Los Angeles Division, Department, or Region (if applicable)				Date Stamp	California 802
						Form 8UZ
					1	For Official Use Only
	Board of Supervisor, First D	District				
	Designated Agency Contact			(Kontroller)		
	Patricia Ramirez, Ticket Adı	ministrator				
	Area Code/Phone Number	E-mail			Amendment (Must Pi	rovide Explanation in Part 3.)
	213-974-4111	paramirez@bos.la	county.gov		Date of Original Filing: _	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a ticl	■ No □	Face Value of	Each Ticket/Pass \$	216.00	
		150 150 0000000			X7	
	Event Description: LA Phil	Provide Title/ Expla	notion	Date(s)	1 17 1 204	
	Ticket(s)/Pass(es) provided		If no:			
	rioket(o)/r ass(es) provided	by agency: 1651		Name of Source		
Was ticket distribution made at the behest Yes ☐ No ■ If yes:					Official's Name (Last, First)	
	of agency official? 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.					an outside organization.
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes	05 (07 20)11	Identify one of the fo	llowing:
		7 CONTRACTOR OF THE PROPERTY O	rasses	Corom	onial Role Other	Income
	Alma Martinez		2		ing "Ceremonial Role" or "Other" desc	· · · · · · · · · · · · · · · · · · ·
				Per ticket policy 5.3 (i)		
				Cereme	onial Role Other ing "Ceremonial Role" or "Other" desc	Income Income
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	public purpose made purs	uant to the agency's policy

4. Verification

Comment: __

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.			

Patricia Ramirez

Administrative Director

12/1/2023

Print Name

Title

(month, day, year)