### Agency Report of:

C	eremonial Role Ever	nts and Ticket/I	Pass Dist	ributions	A	Public Document
1.	Agency Name		Date Stamp	California 802		
	County of Los Angeles			APPENDING TO THE PROPERTY OF		
	Division, Department, or Reg					For Official Use Only
	Board of Supervisor, First Designated Agency Contact					
	Patricia Ramirez, Ticket Ad	• *************************************				
	Area Code/Phone Number	E-mail			Amendment (Must F	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 \$	289.00
	Event Description: LA Phil			Date(s) 12		
	Event Description.	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 Vac		If yes:		
	of agency official?	at the benest yes	∐ No ■	y c.c	Official's Name (Last, First)	
3.	Recipients  • Use Section A to identify the agen	cy's department or unit. •	identify an individu	ual. Use Section C to identif	y an outside organization.	
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made pur	suant to the agency's policy
	B. Name of Indiv		Number of Ticket(s)/	0 × 4 × 4 × 5	Identify one of the fo	ollowing:
	(Last, 1 IIs	in the second se	Passes	Ceremonial Role Other		Income [
	Diana Vargas		2		king "Ceremonial Role" or "Other" describe below:	
					onial Role Other on "Other" des	
		Name of Outside Organization (include address and description)		Describe the	public purpose made purs	uant to the agency's policy
	Verification have read and understand FPF	PC Regulations 18044	1 and 18042	have varified #	not the distribution act for	th above is in according
v	with the requirements	C Nogalations 10344.	. i anu 10342.	rnave vermed tr	rat เกษ นารเกมนแบบ Set To	ui above, is in accordance
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Patricia Ramir				

Comment: \_\_\_

<b>E</b>	eremonial Role Even	ts and licket/F	ass Distr	ibutions		Public Document
1.	Agency Name				Date Stamp	California 802
	County of Los Angeles		1	Form OUZ For Official Use Only		
	Division, Department, or Regi					1 of Official Ose Offig
	Board of Supervisor, First D					
	Designated Agency Contact (					
	Patricia Ramirez, Ticket Adn		Amendment (Must Pr	rovide 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 Inforr	nation				140.00
	Does the agency have a tick	et policy? Yes	■ No 🗆 F	Face Value of	Each Ticket/Pass \$	149.00
	Event Description: LA Phil		<u>, 15 , 23 </u>			
		Provide Title/ Expla				
	Ticket(s)/Pass(es) provided I	by agency? Yes	□ No ■ I	f no:	Name of Source	
	Was ticket distribution made	at the behest Vas I		f yes:		
	of agency official?	103			Official's Name (Last, First)	
	Use Section A to identify the agency's department or unit.      Name of Agency, Department or Unit		Number of Ticket(s)/ Passes		e public purpose made purs	
	B. Name of Indiv		Number of Ticket(s)/ Passes		Identify one of the fo	
	Wassa Dahasa				nonial Role Other Marking "Ceremonial Role" or "Other" desc	Income I
	Waqas Rehman		2	Per ticket p		and delow.
					nonial Role Other description of the control of the	Income
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy
0	Martin and an					
	<b>Verification</b> I have read and understand FPF	PC Regulations 18944	1 and 18942	I have verified t	hat the distribution set for	th above is in accordance
	with the requirements.	o regulations 10344.	. , and 1007E. I	voimeu (	nat the distribution set for	ar above, is in accordance
	1 Sport	Patricia Ramii	rez	Admir	nistrative Director	12/28/2023
	Signature of Agency Head or Designed	e Pr	int Name		Title	(month, day, year)

Comment: \_\_

# Agency Report of: Ceremonial Role E

Seremonial Role Events and Ticket/Pass Distributions	F	A Public Document
. Agency Name	Date Stamp	California 802
County of Los Angeles		Form OUZ
Division, Department, or Region (if applicable)		For Official Use Only
Board of Supervisor, First District		

County of Los Angeles					Form CC_	
Division, Department, or Region (if		For Official Use Only				
Board of Supervisor, First District	Board of Supervisor, First District					
Designated Agency Contact (Name,						
Patricia Ramirez, Ticket Administr	rator			Amandment (46-48-		
Area Code/Phone Number   E-ma				☐ Amendment (Must Pro	ovide Explanation in Part 3.)	
213-974-4111 para	mirez@bos.lac	ounty.gov		Date of Original Filing: _	(month, day, year)	
. Function or Event Information	n				407.00	
Does the agency have a ticket pol	licy? Yes	■ No 🗆 F	ace Value of E	Each Ticket/Pass \$	107.00	
Event Description: LA Phil		г	Date(s)/	, 16 , 23	1 1	
	Provide Title/ Explan	ation				
Ticket(s)/Pass(es) provided by age	ency? Yes [	] No 📗 I	f no:	Name of Source		
Was ticket distribution made at the	hohost v. F	- · · - ·	f yes:			
of agency official?	s beliest Yes L	」No■ "	. yes	Official's Name (Last, First)		
					***	
. Recipients		I Cti D.t- :		-1 - 11 511 5111116	4.77	
<ul> <li>Use Section A to identify the agency's dep</li> </ul>	eartment or unit. • C		dentify an individu	al. Use Section C to identify	an outside organization.	
A. Name of Agency, Department	or Unit	Number of Ticket(s)/	Describe the	public purpose made pursu	ant to the agency's policy	
		Passes	ļ			
	Number					
B. Name of Individual (Last, First)		of Ticket(s)/ Passes	Identify one of the following:			
(2005, 1109)		rasses	Ceremo	onial Role Other	Income [	
Eva Thiel-Maiz		2	The state of the s	ing "Ceremonial Role" or "Other" descr		
			Per ticket po	olicy 5.3 (i)		
			<del> </del>	onial Role Other	Income [	
				ing "Ceremonial Role" or "Other" descr		
Name of Outside Organizat	ion	Number				
C. (include address and descrip		of Ticket(s)/ Passes	Describe the	public purpose made pursu	ant to the agency's policy	
Verification		<del></del>				
I have read and understand FPPC Reg	gulations 18944	1 and 18942	have verified th	nat the distribution set for	h above, is in accordance	
with the requirements.	,			areaaddorr out fort		
Otol	Patricia Ramire	ez	Admin	istrative Director	12/28/2023	
O' To d'Anna Had a Dadina	Deie	nt Name		Title	(month, day, year)	
Signature of Agency Head or Designee	PIII	it ivallie		riue	(month, day, year)	

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisor, First District Designated Agency Contact (Name, Title) Patricia Ramirez, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number 213-974-4111 paramirez@bos.lacounty.gov Date of Original Filing: \_ (month, day, year) 2. Function or Event Information Yes ■ No □ Face Value of Each Ticket/Pass \$ \_\_\_\_ Does the agency have a ticket policy? Date(s) 12 / 17 / Event Description: LA Phil Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: \_\_ Yes No Name of Source Was ticket distribution made at the behest Yes ☐ No ■ If yes: \_\_\_ Official's Name (Last, First) of agency official? 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. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ A. **Passes** Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Hahs Johnson 2 Per ticket policy 5.3 (i) Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes 4. Verification

I have read and understand FPPC Regulations	18944.1 and 18942.	I have verified that the	distribution set forth above	e, is in accordance
with the requirements.				

MAG	Patricia Ramirez	Administrative Director	12/28/2023
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: \_

Ceremonial Role Events and Ticket/Pass Distributions		A Public Document
. Agency Name	Date Stamp	California 802
County of Los Angeles		Form OUZ
Division, Department, or Region (if applicable)		For Official Use Only

	County of Los Angeles			Form OUZ					
	Division, Department, or Reg	ion (if applicable)		For Official Use Only					
	Board of Supervisor, First D								
	Designated Agency Contact	(Name, Title)							
	Patricia Ramirez, Ticket Adr		Amendment (Must I	Provide Explanation in Part 3.)					
	Area Code/Phone Number	E-mail							
	213-974-4111	paramirez@bos.lad	county.gov		Date of Original Filing:	(month, day, year)			
2.	Function or Event Infor	mation				400.00			
	Does the agency have a tick	ket policy? Yes [	■ No □	Face Value of	Each Ticket/Pass \$	199.00			
	Event Description: LA Phil			Date(s)	, 20 , 23	, ,			
	Event Bedeription:	Provide Title/ Explai	nation						
	Ticket(s)/Pass(es) provided	☐ No ■	If no:	Name of Source	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	Was ticket distribution made	at the hehest Voc.		If yes:					
	of agency official?	at the benest Yes [	_ NO ■		Official's Name (Last, First)				
College			#2.85 / OFFI						
3.	Recipients								
	Use Section A to identify the agen	cy's department or unit.	identify an individu	ual. Use Section C to identi	fy an outside organization.				
	A. Name of Agency, Depa	Number of Ticket(s)/ Passes							
		1 1177							
	B. Name of India (Last, Firs	Number of Ticket(s)/ Passes	)/ Identify one of the following:						
					nonial Role Other				
	Esther Lim		2	100000	king "Ceremonial Role" or "Other" de	scribe below:			
				Per ticket p					
					nonial Role Other king "Ceremonial Role" or "Other" de				
				ii checi	ung ceremonial Role di Other de	scribe below.			
			Number						
	C. Name of Outside Organization (include address and description)		of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy			
			r asses						
		No d							
4.	Verification								
	I have read and understand FPI	PC Regulations 18944.	1 and 18942.	I have verified t	hat the distribution set fo	orth above. is in accordance			
	with the requirements.	<u> </u>							
	WAS .	Patricia Ramir	ez	Admi	nistrative Director	12/28/2023			
	Signature of Agency Head or Designe	<del></del>	int Name		Title	(month, day, year)			

Comment: \_

C	eremonial Role Even	ts and Ticket/F	ass Distr	ibutions	A	Public Document
1.	Agency Name				Date Stamp	California 802
	County of Los Angeles			Form OUZ		
	Division, Department, or Reg	ion (if applicable)	1	For Official Use Only		
	Board of Supervisor, First D	District				
	Designated Agency Contact	(Name, Title)			1	
	Patricia Ramirez, Ticket Adr	ministrator			Amendment (Must	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			Amendment (wast)	Tovide Explanation III Falt 5.)
	213-974-4111	paramirez@bos.lad	county.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation			The second secon	
	Does the agency have a tick	et policy?	■ No□ F	Face Value of	Each Ticket/Pass \$ _	153.00
	1000 A	, , , , , , , , , , , , , , , , , , , ,		Date(s)		
	Event Description: LA Phil	Provide Title/ Expla	nation	Date(s)		
	Ticket(s)/Pass(es) provided			f no:	Name of Source	
			5 200-000-1			
	Was ticket distribution made	at the behest Yes [	□ No 🔳	f yes:	Official's Name (Last, First)	
	of agency official?					
3.	Recipients					And the same of th
	Use Section A to identify the agen-	cy's department or unit. •	ıal. Use Section C to identi	fy an outside organization.		
		Number				
	A. Name of Agency, Depa	of Ticket(s)/ Passes	Describe the	e public purpose made pui	rsuant to the agency's policy	
						******
				1		
						0.500
	B. Name of Indiv	Number of Ticket(s)/		Identify one of the following:		
	(Last, Firs	st)	Passes		Tuesting one of the	
					onial Role Other	Income _
	Angelita Ramirez		2	1707/2009/00/00/00	cking "Ceremonial Role" or "Other" describe below:	
				Per ticket po	olicy 5.3 (i)	
					onial Role Other	N0:0325-0415
		1	10 121	If check	ing "Ceremonial Role" or "Other" de	scribe below:
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/	Describe the	e public purpose made pur	suant to the agency's policy
	(include address and	uescription)	Passes			
			_ ' ' ' '			
_	,			l		
	Verification	30 D				om or the second
	have read and understand FPF with the requirements.	C Regulations 18944.	า and 18942.	ı nave verified tl	nat the distribution set fo	ortn above, is in accordance
		Patricia Ramir	·67	Admir	nistrative Director	12/28/2023
-	Signature of Agency Head or Designe		int Name		Title	(month, day, year)
	- grantary triggeries rious of beolgine				I MY	(month, day, year)
	Comment:	W-DURSE.			- Allows - Color - Col	

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	gency Report of: eremonial Role Even	ts and Ticket/F	Pass Distr	ibutions	Α	Public Document
1.	Agency Name		Date Stamp	0.1%		
	County of Los Angeles			Form 802		
	Division, Department, or Reg	ion (if applicable)	31337 St. 10-10-10-1		1	For Official Use Only
	Board of Supervisor, First D	District				
	Designated Agency Contact	(Name, Title)			Ī	
	Patricia Ramirez, Ticket Adı	ministrator			☐ Amendment (Must P.	rovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				zapanatan in art o.y
	213-974-4111	paramirez@bos.la	county.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				100.00
	Does the agency have a tick	ket policy? Yes	■ No□ F	ace Value of	Each Ticket/Pass \$	180.00
	Event Description: LA Phil	Provide Title/ Expla	[	Date(s)	, 22 , 23	
	Ticket(s)/Pass(es) provided	920 9200		f no:		
	Tiorical(a)/T das(es) provided	by agency: 1es		110.	Name of Source	
	Was ticket distribution made	at the behest Yes	□ No ■ If	yes:	Official's Name (Last, First)	
	of agency official?				Official's Ivallie (Last, First)	
3.	• Use Section A to identify the agen  A. Name of Agency, Depare	Number of Ticket(s)/ Passes		ual. Use Section C to identify		
	B. Name of Indi	Number		Identify one of the fo	Moutage	
	(Last, Firs		of Ticket(s)/ Passes		identity one of the ro	mowing.
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	nonial Role Other desiring "Ceremonial Role" or "Other" desi	Income
	Jennifer Ruiz		2	Per ticket pe		cribe below.
				Cerem	ionial Role Other ing "Ceremonial Role" or "Other" desi	Income Cribe below:
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy
١.	Verification		-			
	I have read and understand FPI with the requirements.	PC Regulations 18944	.1 and 18942. I	have verified to	hat the distribution set for	rth above, is in accordance
		Patricia Rami	rez	Admir	nistrative Director	12/28/2023
	Signature of Agency Head or Designe	rint Name		Title	(month, day, year)	

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Comment: \_

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

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1.	Agency Name				Date Stamp	California 802
	County of Los Angeles			2	1 OIIII	
	Division, Department, or Reg	ion (if applicable)	1	For Official Use Only		
	Board of Supervisor, First D	istrict				
	Designated Agency Contact	(Name, Title)			1 -	- 1
	Patricia Ramirez, Ticket Adr	ministrator			Amendment (Must Pre	ovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail	SRATULE STATE		The state of the s	Explanation in all 0.)
	213-974-4111	paramirez@bos.la	acounty.gov		Date of Original Filing: _	(month, day, year)
2.	Function or Event Inform	mation				400.00
	Does the agency have a tick	et policy? Yes	No 🗌	Face Value of I	Each Ticket/Pass \$	122.00
	Event Description: LA Phil			Date(s)	, 23 , 23	
		Provide Title/ Exp	lanation			
	Ticket(s)/Pass(es) provided	by agency? Yes	No 🔳	If no:	Name of Source	
	Was ticket distribution made	at the hehest V		If yes:		
	of agency official?	at the penest Yes	I NO ■	, 550.	Official's Name (Last, First)	
	o. agency official:					
3.	Recipients					
	Use Section A to identify the agen	cy's department or unit.	Use Section B to	identify an individu	al. Use Section C to identify	an outside organization.
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made pursi	uant to the agency's policy
			1			
		1 10 10 10 10 10 10 10 10 10 10 10 10 10				
	B. Name of Indiv (Last, Firs	Number of Ticket(s)/ Passes	s)/ Identify one of the following:		lowing:	
				Cerem	onial Role Other	Income
	Kimberly Ortega		2		ing "Ceremonial Role" or "Other" descr	
				Per ticket po	olicy 5.3 (i)	
					onial Role Other	Income
				If checki	ing "Ceremonial Role" or "Other" descr	ribe below:
	C. Name of Outside Or (include address and	Number of Ticket(s)/ Passes	Describe the	public purpose made pursu	ant to the agency's policy	
					3000	
	· · · · · · · · · · · · · · · · · · ·					
. '	Verification					
	I have read and understand FPF	PC Regulations 1894	4.1 and 18942.	I have verified th	hat the distribution set for	h above, is in accordance
	with the requirements.	1000				
	Out	Patricia Ram	nirez	Admir	nistrative Director	12/28/2023
	Signature of Agency Head or Designe	e F	Print Name		Title	(month, day, year)
	Community					
Comment:						

**A Public Document** 

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١.	Agency Name				Date Stamp	California 802	
	County of Los Angeles  Division, Department, or Region (if applicable)				1 1	For Official Use Only	
						1 of Official OSC Offig	
	Board of Supervisor, First District						
	Designated Agency Contact (Name, Title)						
	Patricia Ramirez, Ticket Administrator				Amendment (Must Provide Explanation in Part 3.)		
	Area Code/Phone Number E-mail				200		
	213-974-4111	paramirez@bos.la	county.gov		Date of Original Filing:	(month day year)	
_	Function or Event Information					(monal, day, year)	
۷.						269.00	
	Does the agency have a ticket policy? Yes No				TEach Ticket/Pass \$		
	Event Description: LA Phil	[	Date(s)	12 , 31 , 23			
	Provide Title/ Explanation						
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No			f no:	Name of Source		
	Was ticket distribution made at the behest Yes ☐ No ☐ If yes: of agency official?				Official's Name (Last, First)		
	or agency official:						
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.						
		Number	1 2 2 2 2 2				
	A. Name of Agency, Department or Unit		of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy			
				1			
	B. Name of Indiv (Last, Firs	Number of Ticket(s)/ Passes	Identify one of the following:				
		7	F #3505	0	onial Role Other		
	Waqas Rehman		2		onial Role  Other  Other  Other  Other  Other  Other		
			_	Per ticket po	olicy 5 3 (i)		
					<u></u>		
					onial Role Other Officer (Other des		
			Number			<del></del>	
	C. Name of Outside Organization (include address and description)		of Ticket(s)/	Describe the	be the public purpose made pursuant to the agency's policy		
			Passes				
				-			
			19 19	<u> </u>		man and a second a	
٠. ١	Verification						
	I have lead and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in account to the requirements.					rth above, is in accordance	
A	vith the requirements.						
_	That I	rez Admii		istrative Director	12/28/2023		
	Signature of Agency Head or Designee Print Name				Title	(month, day, year)	
	Comment:						
Comment.							