Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California County of Los Angeles **Form** Division, Department, or Region (if applicable) For Official Use Only 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 213-974-4111 paramirez@bos.lacountv.gov Date of Original Filing: _ (month, day, year) 2. Function or Event Information 216.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ ____ Yes No 🗆 Event Description: LA Phil Date(s) __1 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 A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number B. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other Income ___ Jeanette Ellis Royston 2 If checking "Ceremonial Role" or "Other" describe below Per ticket policy 5.3 (i) Ceremonial Role Other Income ___ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes 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. Patricia Ramirez Administrative Director 1/29/2024 Signature of Agency Head or Designee Print Name Title (month, day, year) Comment:

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

Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California County of Los Angeles **Form** Division, Department, or Region (if applicable) For Official Use Only 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 213-974-4111 paramirez@bos.lacounty.gov Date of Original Filing: . (month, day, year) 2. Function or Event Information 124.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ ____ Yes No 🗆 Event Description: LA Phil Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No 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? 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 A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ **Passes** Number B. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income Sandra Tung If checking "Ceremonial Role" or "Other" describe below. 2 Per ticket policy 5.3 (i) Ceremonial Role Other Income | If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (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, is in accordance with the requirements. Patricia Ramirez Administrative Director 1/29/2024 Signature of Agency Head or Designee Print Name Title (month, day, year) Comment:

Agency Report of:

Print

Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California County of Los Angeles Form Division, Department, or Region (if applicable) For Official Use Only 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 344.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ ____ Yes No 🗆 Event Description: LA Phil Date(s) __1 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? 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 Name of Agency, Department or Unit A. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy **Passes** Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other Income __ Munson Kwok 2 If checking "Ceremonial Role" or "Other" describe below: Per ticket policy 5.3 (i) Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (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, is in accordance with the requirements. Patricia Ramirez Administrative Director 1/29/2024 Signature of Agency Head or Designee Print Name Title (month, day, year) Comment:

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Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California County of Los Angeles Form Division, Department, or Region (if applicable) For Official Use Only 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 139.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ ____ Yes No 🗆 Event Description: LA Phil Date(s) __1 Provide Title/ Explanation 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? 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 A. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ **Passes** Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other Income Julietta Perez If checking "Ceremonial Role" or "Other" describe below. 2 Per ticket policy 5.3 (i) Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (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, is in accordance with the requirements. Patricia Ramirez Administrative Director 1/29/2024 Signature of Agency Head or Designee Print Name Title (month, day, year) Comment: _

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California County of Los Angeles Form Division, Department, or Region (if applicable) For Official Use Only 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 364.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ __ Yes No 🗆 Event Description: LA Phil Date(s) __1 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? 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 A. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy **Passes** Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) **Passes** Ceremonial Role Other Income ___ Kimberly Jimenez If checking "Ceremonial Role" or "Other" describe below: 2 Per ticket policy 5.3 (i) Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes 4. Verification

Comment: _

I have read and understand FPP	C Regulations 18944.1 and	1 18942. I have v	erified that the distribution	set forth above	is in accordance
with the requirements.				. oot form above,	is in accordance

Patricia Ramirez

Administrative Director

1/29/2024

ignature of Agency Head or Designee

Print Name

Title

(month, day, year)

Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California County of Los Angeles Form Division, Department, or Region (if applicable) For Official Use Only 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 213-974-4111 paramirez@bos.lacounty.gov Date of Original Filing: (month, day, year) 2. Function or Event Information 257.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ ____ Yes No 🗆 Event Description: LA Phil Date(s) __1 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No 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? 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 A. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy **Passes** Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other Income ___ Eliana Ibarra If checking "Ceremonial Role" or "Other" describe below: 2 Per ticket policy 5.3 (i) Ceremonial Role Other Income ___ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (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, is in accordance with the requirements. Patricia Ramirez Administrative Director 1/29/2024 Signature of Agency Head or Designee Print Name Title (month, day, year) Comment: _

Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California County of Los Angeles Form Division, Department, or Region (if applicable) For Official Use Only 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 213-974-4111 paramirez@bos.lacounty.gov Date of Original Filing: . (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? 269.00 Face Value of Each Ticket/Pass \$ ___ Yes No 🗆 Event Description: LA Phil Date(s) __1 Provide Title/ Explanation 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? 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 A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number B. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other Income Reina Schmitz If checking "Ceremonial Role" or "Other" describe below: 2 Per ticket policy 5.3 (i) Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Name of Outside Organization Number C. Describe the public purpose made pursuant to the agency's policy 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, is in accordance with the requirements. Patricia Ramirez Administrative Director 1/29/2024 Signature of Agency Head or Designee Print Name Title (month, day, year) Comment:

Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California County of Los Angeles Form Division, Department, or Region (if applicable) For Official Use Only 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 213-974-4111 paramirez@bos.lacounty.gov Date of Original Filing: . (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? 186.00 Face Value of Each Ticket/Pass \$ ___ Yes No 🗆 Event Description: LA Phil Date(s) __1 Provide Title/ Explanation 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? 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 Name of Agency, Department or Unit A. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number B. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other | Income Michelle Freridge If checking "Ceremonial Role" or "Other" describe below. 2 Per ticket policy 5.3 (i) Ceremonial Role Other Income ___ If checking "Ceremonial Role" or "Other" describe below: Name of Outside Organization Number C. Describe the public purpose made pursuant to the agency's policy 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, is in accordance with the requirements. Patricia Ramirez Administrative Director 1/29/2024 Signature of Agency Head or Designee Print Name Title (month, day, year) Comment:

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