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

C	eremonial Role Even	its and Ticket/	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						
	Designated Agency Contact	(Name,Title)		1910	1		
	Patricia Ramirez, Ticket Administrator				☐ Amendment (Must	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	A D A S A TOP STORM TO A SHARE A SHARE				
	Does the agency have a ticket policy? Yes ■ No □ Face Value of			Each Ticket/Pass \$ _	179.00		
	Event Description: LA Phil			Date(s) 2	2 2024	, ,	
		Provide Title/ Expl	anation				
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ If no:				Name of Source		
	of agency official?	at the benest Yes	□ NO ■	, 500.	Official's Name (Last, First)		
			W-1 - 20 m - 1/m				
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.						
	Use Section A to identify the agen	cy's department or unit.	identify an individu	ıal. Use Section C to identi	fy an outside organization.		
	A. Name of Agency, Depa	Number of Ticket(s)/	Describe th	e public purpose made pui	suant to the agency's policy		
			Passes				
	6		 	<u> </u>			
	B. Name of Indiv	Number					
	(Last, Firs	of Ticket(s)/ Passes		Identify one of the f	ollowing:		
				Cerem	onial Role Other	Income	
	Jose Miguel Ruiz	2	If check	ing "Ceremonial Role" or "Other" de	scribe below:		
				Per ticket po	olicy 5.3 (i)		
					onial Role Other		
				If checki	ing "Ceremonial Role" or "Other" de	scribe below:	
	-						
	C. Name of Outside Or (include address and	Number of Ticket(s)/	Describe the	public purpose made pur	suant to the agency's policy		
			Passes				
				 			
1	Verification						
	\sim	PC Regulations 18944	1 and 18942	I have verified th	nat the distribution set fo	orth above is in accordance	
- 3	have read and understand FPPC Regulations 18944.1 and 18942. with the requirements.				rat tire dictribution out to	in above, is in accordance	
	1 OND	rez	Admir	nistrative Director	2/26/2024		
-	Signature of Agency Head or Designe	e Pr	int Name		Title	(month, day, year)	
	Comment						
	Comment:						

Agency Report of:

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 a	applicable)			1	For Official Use Only	
Board of Supervisor, First District						
Designated Agency Contact (Name,	Title)			1		
Patricia Ramirez, Ticket Administr	ator			П A		
Area Code/Phone Number E-ma	T			Amendment (Must P	Provide Explanation in Part 3.)	
213-974-4111 para	mirez@bos.lac	ounty.gov		Date of Original Filing:	(month, day, year)	
. Function or Event Informatio	n				(montn, day, year)	
				189.00		
Does the agency have a ticket pol	cy? Yes			Each Ticket/Pass \$ _	100.00	
Event Description: LA Phil			Date(s) 2	<u>, 3</u> , 2024		
	Provide Title/ Explan	ation				
Ticket(s)/Pass(es) provided by age	ency? Yes [No 🔳	If no:	Name of Source	3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -	
Was ticket distribution made at the	hohost v. F					
of agency official?	beliest Yes L	」 No ■	11 yes	Official's Name (Last, First)		
or agency official:						
. Recipients					Van Barrier Williams	
90 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual					
		Number				
A. Name of Agency, Department of	or Unit	of Ticket(s)/ Passes	Describe the	e public purpose made pur	suant to the agency's policy	
			-			
Number						
B. Name of Individual (Last, First)	of Ticket(s)/		Identify one of the fo	ollowing:		
(Last, 1 list)		Passes				
Sam Lewis	I	2		onial Role Other Other or "Other" des		
Sam Lewis	1	Z	I		scribe below.	
			Per ticket po	olicy 5.3 (I)		
	1 1		550 (888) (400)	onial Role Other		
			If checki	ing "Ceremonial Role" or "Other" des	cribe below:	
C. Name of Outside Organization	Number of Ticket(s)/	Describe the	public purpose made purs	suant to the agency's policy		
(include address and descript	ion)	Passes				
			229501			
		1000	1000			
Verification						
		and 18942	I have verified th	nat the distribution set fo	rth ahove is in accordance	
I have read and understand FPPC Reg	have feat and understand FPPC Regulations 18944.1 and 18942. I have verified with the requirements.			ide the distribution set to	illi above, is ill accordance	
I have read and understand FPPC Reg with the requirements.	uiations 18944.1					
with the requirements.	Patricia Ramire			nistrative Director	2/26/2024	
with the requirements.	Patricia Ramire			nistrative Director	2/26/2024 (month, day year)	
with the requirements.	Patricia Ramire	ez			2/26/2024 (month, day, year)	

Agency Report of:

C	eremoniai Role Even	ts and licket/l	Pass Dist	ributions	Α	Public Document
1.	Agency Name				Date Stamp	0.1:0
	County of Los Angeles					Form 802
	Division, Department, or Reg	ion (if applicable)		- 100 A A A A A A A A A A A A A A A A A A	1	For Official Use Only
	Board of Supervisor, First D	istrict				
	Designated Agency Contact			- 100	-	
	Patricia Ramirez, Ticket Adr					
	Area Code/Phone Number	E-mail		1	Amendment (Must Pri	ovide Explanation in Part 3.)
	213-974-4111	paramirez@bos.la	county gov		Date of Original Filing:	
	210 0/4 4111	paramirez@bos.ia	county.gov		Date of Original Filing: _	(month, day, year)
2.	Function or Event Inform	mation				
	Does the agency have a ticket policy? Yes ■ No □ Fac				Each Ticket/Pass \$	28.00
		, , ,				
	Event Description: LA Phil	Provide Title/ Expla	anation	Date(s)	<u>, 3</u> <u>, 2024</u>	
	Ticket(s)/Pass(es) provided		If no:			
	manager, accept promaca	ay agoney. 163	□ No ■	<u></u>	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)	
	Use Section A to identify the agence Name of Agency, Department		Number of Ticket(s)/ Passes		ne public purpose made pursu	
	B. Name of Indiv	Number of Ticket(s)/ Passes	Identify one of the following:			
	Hector Ochoa	2	Cerem If check Per ticket po	Income Income		
				-00-00-00-00-00-00-00-00-00-00-00-00-00	onial Role Other of "Other" descripting "Ceremonial Role" or "Other" descriptions of the control	Income Income
	C. Name of Outside Org	Number of Ticket(s)/ Passes	Describe the	e public purpose made pursu	ant to the agency's policy	
1	have read and understand FPP with the requirements.	C Regulations 18944.	1 and 18942.	l have verified tl	hat the distribution set fort	h above, is in accordance
	ONT	Patricia Ramir	rez	Admir	nistrative Director	2/26/2024
	Signature of Agency Head or Designee	e Pri	int Name		Title	(month, day, year)
	Comment:					

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

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$\overline{}$	ru	ω			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		CIII

1.	Agency Name		Date Stamp California OO				
	County of Los Angeles		=	Form 8UZ			
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only	
	Board of Supervisor, First D	District			-		
	Designated Agency Contact	(Name, Title)					
	Patricia Ramirez, Ticket Adı	ministrator	Amondment (Must 5	Provide Fuelenation in Flori O			
	Area Code/Phone Number	E-mail			Date of Original Filing:		
	213-974-4111	paramirez@bos.la	county.gov				
2	Function or Event Infor	mation			The second secon	(monun, day, year)	
	Does the agency have a tick	N 100 FD	■ No□ I	Face Value of B	Each Ticket/Pass \$	\$124.00	
	Event Description: LA Phil	Provide Title/ Expla	[Date(s)/	202		
	Ticket(s)/Pass(es) provided		f no:				
					Name of Source		
	Was ticket distribution made	at the behest Yes	□ No 🔳 「	f yes:	Official's Name (Last, First)		
	of agency official?				Onicial's Name (Last, First)		
3.	Recipients						
Ο.	Use Section A to identify the agen-	cv's department or unit. •	al. Use Section C to identif	y an outside organization			
			Number				
	A. Name of Agency, Depa	of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's police				
			1 4444				
				1			
		30.00		†			
	B. Name of Indiv	Number					
	(Last, Firs		of Ticket(s)/ Passes		Identify one of the fo	ollowing:	
				Ceremo	onial Role Other	Income	
	Reina Schmitz	2	If checkin	ng "Ceremonial Role" or "Other" des			
				Per ticket po	olicy 5.3 (i)		
				Ceremo	onial Role Other	Income 🔲	
				If checkir	ng "Ceremonial Role" or "Other" des	cribe below:	
	C. Name of Outside Or	Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy				
	(include address and	description)	Passes				
		-11					
		_					
				<u> </u>			
	Verification						
!	have read and understand FPF	PC Regulations 18944.	1 and 18942. I	have verified th	at the distribution set for	rth above, is in accordance	
,	with the requirements.	D-Mills D		* .			
-	Signature of Aggress Hand and D	Patricia Ramii		Admin	istrative Director	2/26/2024	
	Signatule of Agency Head or Designe	e Pr	int 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 802				
	County of Los Angeles			Form OUZ				
	Division, Department, or Region	on (if applicable)				For Official Use Only		
	Board of Supervisor, First Di	strict						
	Designated Agency Contact (/	lame,Title)	1					
	Patricia Ramirez, Ticket Adm	inistrator			Amond-set (1)	<u> </u>		
		E-mail	The second secon	277	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 Inform	nation						
	Does the agency have a ticke	et policy? Yes	■ No □	Face Value of	Each Ticket/Pass \$	\$99.00		
	Event Description: LA Phil			Date(s) 2	, 16 , 2024			
	Event Description.	Provide Title/ Expla	anation	Date(s)				
	Ticket(s)/Pass(es) provided b	2		If no:	Name of Source			
	Was ticket distribution made	☐ No 🔳	If yes:	Official's Name (Last, First)				
	of agency official?				(2001, 7.1101)			
3.	Recipients							
J.		/s department or unit	ual Alsa Saction C to identif	u an outside evennimetica				
	- ose section in to identify the agency	3 department of unit.	Number	to identify an individual. Use Section C to identify an outside organization.				
	A. Name of Agency, Depart	of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy					
			Passes					
			İ	1				
				-				
				1				
		N	1					
	B. Name of Individ	Number of Ticket(s)/	Identify one of the following:					
	(Last, First)		Passes					
	Cary Chan		2		onial Role Other desiring "Ceremonial Role" or "Other" des			
	Cary Chen			2000 2000 200		cribe below.		
				Per ticket po	Olicy 5.3 (I)			
					onial Role Other O			
				if checki	ing "Ceremonial Role" or "Other" des	cribe below:		
	C. Name of Outside Orga	Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's poli					
	(include address and de	escription)	Passes					
٠.١	/erification		**************************************		and a copy of an extension control of the first of the copy of the			
1	have read and understand FPPC	Regulations 18944.	.1 and 18942.	I have verified th	nat the distribution set for	th above, is in accordance		
V	vith the requirements.							
	(C)AA	Patricia Ramii	rez	Admir	ministrative Director 2/26/20			
-	Signature of Agency Head or Designee	Pr	int Name		Title	(month, day, year)		
						a a 555 - 3		
Ì	Comment:							

Agency Penert of:

	gency Report of: eremonial Role Even	its and Ticket/l	Pass Distr	ibutions	Α	Public Document
1.	Agency Name		er i en (ESPECTOR especial de la esp		Date Stamp	0 1:6
	County of Los Angeles					Form 802
	Division, Department, or Reg	ion (if applicable)		For Official Use Only		
	Board of Supervisor, First D					
	Designated Agency Contact	(Name, Title)	1			
	Patricia Ramirez, Ticket Adı	ministrator			Amendment (Must Pro	Dvide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				
10	213-974-4111	paramirez@bos.la	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 □ F	ace Value of	Each Ticket/Pass \$	\$109.00
	Event Description: LA Phil			Date(s) 2	<u>, 18 , 2024</u>	1 1
	-	Provide Title/ Expla	anation			
	Ticket(s)/Pass(es) provided	by agency? Yes	☐ No ■ If	no:	Name of Source	
	Was ticket distribution made	at the behest Yes		yes:		
	of agency official?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Official's Name (Last, First)	
3.	• Use Section A to identify the agen A. Name of Agency, Depa	Number of Ticket(s)/		ual. Use Section C to identify		
	B. Name of Indiv	Number of Ticket(s)/ Passes		Identify one of the fol	lowing:	
			1 40000	Cerem	onial Role Other	Income [
	Paul Avila	2	If check	ing "Ceremonial Role" or "Other" descr	ibe below:	
				Per ticket pe	olicy 5.3 (i)	
				200727425476365	onial Role Other of "Other" description on "Other" descriptions of "Other" descriptions of the control of the c	Income Libe below:
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe the	e public purpose made pursu	ant to the agency's policy
. 1	Verification	V V V V V V V V V V V V V V	Annual Management			
1	have read and understand FPF	PC Regulations 18944.	.1 and 18942. I	have verified th	hat the distribution set fort	h above, is in accordance
ı	with the requirements.					
	Char	Patricia Ramii		Admir	nistrative Director	2/26/2024
	Signature of Agency Head or Designe	ncy Head or Designee Print Name			Title	(month, day, year)

Print

Comment: _

Clear

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

Agency Report of:

C	eremonial Role Even	its and Ticket/	A Public Document						
1.	Agency Name		Date Stamp	0.115					
	County of Los Angeles			Form 802					
	Division, Department, or Reg	ion (if applicable)		- 100 - 100	†	For Official Use Only			
	Board of Supervisor, First D	District							
	Designated Agency Contact	(Name, Title)	1						
	Patricia Ramirez, Ticket Adr	ministrator							
	Area Code/Phone Number	E-mail		38	Amenament (Must F	Provide Explanation in Part 3.)			
	213-974-4111	paramirez@bos.la	acounty.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 \$ _	\$209.00			
	Event Description: LA Phil			Date(s)2	, 23 , 2024				
	Event Becomption.	Provide Title/ Expl	anation						
	Ticket(s)/Pass(es) provided	by agency? Yes	☐ No 🔳	If no:	Name of Source				
	Mos tisket distribution made	at the beheat							
	Was ticket distribution made of agency official?	at the benest Yes	ıı yes	Official's Name (Last, First)					
	or agency official:								
3.	Recipients	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, Depa	rtment or Unit	Number of Ticket(a)/)/ Describe the public purpose made pursuant to the agency's					
	A. Name of Agency, Depa	runent of onit	of Ticket(s)/ Passes	Describe the	the public purpose made pursuant to the agency's policy				
			<u> </u>						
	B. Name of Indiv	Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:				
				Ceremo	onial Role Other	Income			
	Mary Reita	2	If checki	ing "Ceremonial Role" or "Other" des					
				Per ticket po	olicy 5.3 (i)				
				Ceremo	onial Role Other	Income			
				If checki	ng "Ceremonial Role" or "Other" des	cribe below:			
	Name of Outside Organization		Number						
	C. (include address and description)		of Ticket(s)/ Passes	Describe the	public purpose made purs	uant to the agency's policy			
	Verification								
1	have read and understand FPP	C Regulations 18944	.1 and 18942. i	l have verified th	at the distribution set for	rth above, is in accordance			
ı	with the requirements.			W. 0280 10	We all faller discussions on				
_	- NAM	Patricia Rami		Admin	istrative Director	2/26/2024			
	Signature of Agency Head or Designer	e Pr	int Name		Title	(month, day, year)			
	Comment:				03.0000				