١.	Agency Name				Date Stamp	California 202	
	County of Los Angeles			Form OUZ			
	Division, Department, or Reg	ion (if applicable)	1454		1	For Official Use Only	
	Board of Supervisor, First D	Pistrict					
	Designated Agency Contact	(Name, Title)					
	Patricia Ramirez, Ticket Adı	ministrator			Amendment (Must Provide Explanation in Part 3.)		
	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)	
	Function or Event Infor	mation					
	Does the agency have a tick	ket policy? Yes	■ No □ F	ace Value of	Each Ticket/Pass \$	99.00	
	Event Description: LA Phil			Date(s)			
	Ticket(s)/Pass(es) provided			f no:			
					Name of Source		
	Was ticket distribution made of agency official?	at the behest Yes	□ No ■ <sup>l¹</sup>	f yes:	Official's Name (Last, First)		
	Recipients						
	Use Section A to identify the agen	cy's department or unit.		dentify an individu	ial. Use Section C to identif	y an outside organization.	
	A. Name of Agency, Depa	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy				
	B. Name of Indiv	Number of Ticket(s)/ Passes	Identify one of the following:				
	Hugh Crooks		2	Ceremonial Role Other Income Income Income Income Per ticket policy 5.3 (i)			
					onial Role Other ing "Ceremonial Role" or "Other" des	Income Income	
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	suant to the agency's policy	
-							
1	/erification haye read and understand FPF	PC Regulations 18944	.1 and 18942. I	have verified th	hat the distribution set fo	orth above, is in accordance	
١	vith the requirements.	Patricia Rami	rez	Admir	nistrative Director	3/29/2024	
-	Signature of Agency Head or Designe		rint Name	-	Title	(month, day, year)	
	Comment:						

1.	Agency Name				Date Stamp	California Q02			
	County of Los Angeles				~	Form OUZ			
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only			
	Board of Supervisor, First D	istrict							
	Designated Agency Contact (	(Name, Title)	***						
	Patricia Ramirez, Ticket Adr	ministrator		1	Amondment (Must Dre	vide Funtanetian in Dark 2.)			
	Area Code/Phone Number	E-mail			Amendment (Must Pro	vide Explanation in Part 3.)			
	213-974-4111	paramirez@bos.la	county.gov		Date of Original Filing:	(month, day, year)			
2.	Function or Event Inform	mation			-				
	Does the agency have a tick	et policy? Yes	■ No□ F	ace Value of I	Each Ticket/Pass \$	89.00			
	Event Description: LA Phil	- W		Date(s)	, 2 , 24				
	Tieket(e)/Deee(ee) provided	Provide Title/ Expla		£					
	Ticket(s)/Pass(es) provided	by agency? Yes	□ No 🔳 I	r no:	Name of Source				
	Was ticket distribution made	at the behest Yes	□ No ■ I	f yes:	Official's Name (Last, First)				
	of agency official?	103			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.								
	A. Name of Agency, Depa	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy						
				1					
				+					
		Number							
		B. Name of Individual (Last, First)			Identify one of the following:				
			Passes	Ceremo	onial Role Other	Income			
	Hugh Crooks		2		If checking "Ceremonial Role" or "Other" describe below:				
				Per ticket po	olicy 5.3 (i)				
		1.080 11 80	10 30000	Ceremo	onial Role Other	Income			
					ng "Ceremonial Role" or "Other" descri				
	Name of Outside Org	ganization	Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's					
	(include address and	description)	Passes	Describe the	public purpose made pursui	ant to the agency's policy			
	Verification								
	I have read and understand FPF	PC Regulations 18944.	1 and 18942. I	have verified th	nat the distribution set fortl	n above, is in accordance			
	with the requirements.	-50			,				
	( CYCH	Patricia Ramir	ez	Admin	istrative Director	3/29/2024			
•	Signature of Agency Head or Designer	e Pri	nt Name		Title	(month, day, year)			
	-								
	Comment:				5-440				

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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	istrict				
	Designated Agency Contact		1			
	Patricia Ramirez, Ticket Adr	ministrator				
	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:	
	210 07 7 1111	paramire2@b03.ia	county.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	et policy? Yes	■ No□ F	ace Value of	Each Ticket/Pass \$	107.00
					450	
	Event Description: LA Phil	Provide Title/ Expla	enation [	Date(s)	<u>/ 3 / 24 </u>	
	Ticket(s)/Pass(es) provided			f no:		
	(0)	-, agains, 103			Name of Source	
	Was ticket distribution made	at the behest Yes	□ No ■ If	f yes:	Official's Name (Last, First)	
	of agency official?				Official's Name (Last, First)	
	Recipients					
	Use Section A to identify the agen-	cy's department or unit. •	Use Section B to i	dentify an individu	al. Use Section C to identif	y an outside organization.
	A Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/	Describe the	e public purpose made pur	suant to the agency's policy
	<b>A</b> :		Passes		o permo per podo midao par	outile to the agency 5 poncy
	R Name of Indiv	Number				
	B. Name of Indiv (Last, Firs		of Ticket(s)/ Passes		Identify one of the fe	ollowing:
	2 35300			Ceremo	onial Role Other	Income \( \square\)
	Tom Atkins		4	If checking "Ceremonial Role" or "Other" describe below:		
				Per ticket po	olicy 5.3 (i)	
	C SAME OF THE PARTY OF THE PART					
				200000000000000000000000000000000000000	onial Role  Other  Other  Onial Role  Other  Other  Other  Other	
						5/10 50/6W.
			Nb.			
	C. Name of Outside Org		Number of Ticket(s)/	Describe the	public purpose made purs	suant to the agency's policy
	(melade address and s	description	Passes			
					195	
1	/erification					
	have read and understand FPF	C Regulations 18944	1 and 18942. I	have verified th	nat the distribution set fo	rth above, is in accordance
	vith the requirements.	3			Ж	an above, to m about adition
	(CYXXX)	Patricia Ramii	rez	Admin	nistrative Director	3/29/2024
-	Signature of Agency Head or Designe	para communication and an artist and an artist and an artist and artist artist and artist artist and artist artist and artist artist artist and artist art	int Name		Title	(month, day, year)
			- maser (85h) (558)		92249E73	(////// ) ///
(	Comment:					
		-				

-	DESCRIPTION.			2000			
$\boldsymbol{\Lambda}$	(C)	1 h	110	117	00	 200	nt
~		JI K J	IRU.		u Du	 n ne	9 11 11 11 9

1.	Agency Name				Date Stamp	California Q02	
	County of Los Angeles					Form OUZ	
	Division, Department, or Reg	ion (if applicable)				For Official Use Only	
	Board of Supervisor, First D	istrict					
	Designated Agency Contact	Name, Title)			2		
	Patricia Ramirez, Ticket Adr	ministrator			Amendment (Must Pro	vido Evalonation in Dad 3.)	
	Area Code/Phone Number	E-mail			Amendment (Wast Flo	vide Explanation in Part 3.)	
	213-974-4111 paramirez@bos.lacounty.gov				Date of Original Filing:(month, day, year)		
2.	Function or Event Inform	mation					
	Does the agency have a tick	et policy? Yes	■ No□	Face Value of B	Each Ticket/Pass \$	238.00	
	Event Description: LA Phil	Provide Title/ Expl	l anation	Date(s)/	7 , 24		
	Ticket(s)/Pass(es) provided			f no:	Name of Source		
	Was ticket distribution made	at the behest Yes	□ No ■ I	f yes:	Official's Name (Last, First)		
	of agency official?						
3.	Recipients  • Use Section A to identify the agence	Number					
	A. Name of Agency, Depa	rtment or Unit	of Ticket(s)/ Passes	)/ Describe the public purpose made pursuant to the agency's police			
	B. Name of Indiv	Number of Ticket(s)/ Passes		Identify one of the foll	owing:		
	Daria Chaikovsky	2	Ceremonial Role Other Income For ticket policy 5.3 (i)				
				70 70 70 70 70 70 70 70 70 70 70 70 70 7	onial Role Other Ong "Ceremonial Role" or "Other" descri	Income Income	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe the	public purpose made pursua	ant to the agency's policy	
. \	Verification						
1	have read and understand FPF	C Regulations 18944	1.1 and 18942.	l have verified th	at the distribution set forth	n above, is in accordance	
V	with the requirements.			9350 March 60			
_	ON	Patricia Rami	20/20/20/20	Admin	istrative Director	3/29/2024	
11 <del>5 -</del>	Signature of Agency Head or Designer	P P	rint Name		Title	(month, day, year)	
	Comment:	- W 5 2 - W 1 - W 1					

1.	Agency Name				Date Stamp	California Q02
	County of Los Angeles					Form OUZ
	Division, Department, or Reg	ion (if applicable)	F		1	For Official Use Only
	Board of Supervisor, First D	istrict				
	Designated Agency Contact (	(Name, Title)				
	Patricia Ramirez, Ticket Adr	ministrator	Amendment (Must Provide Explanation in Part 3.)			
	Area Code/Phone Number	E-mail			Amendment (wast Pro	ovide Explanation in Part 3.)
	213-974-4111 paramirez@bos.lacounty.gov				Date of Original Filing: _	(month, day, year)
2.	Function or Event Inform	mation				440.00
	Does the agency have a tick	ket policy? Yes	■ No 🗆 F	Face Value of I	Each Ticket/Pass \$	142.00
	Event Description: LA Phil		ſ	Date(s)	9 , 24	1 1
	Evolic Booonpaon.	Provide Title/ Expla	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes	□ No ■ I	f no:	Name of Source	
	Mas ticket distribution made	ot the beheat v		f yes:	Name or Source	
	Was ticket distribution made of agency official?	at the benest Yes [	」No■ '	1 yes	Official's Name (Last, First)	
	or agency official?					
3.	Recipients					
	• Use Section A to identify the agen-	cy's department or unit. •	Use Section B to i	dentify an individu	al. Use Section C to identify	an outside organization.
	A. Name of Agency, Depa	Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy	
	B. Name of Indiv (Last, Firs	Number of Ticket(s)/ Passes		Identify one of the following:		
	IZ I P				onial Role Other Other	Income
	Kimberly Jimenez		2	If checking "Ceremonial Role" or "Other" describe below:  Per ticket policy 5.3 (i)		
				Per ticket po	olicy 5.3 (I)	
				A STATE OF THE STA	onial Role Other Other on "Other descriptions" on "Other" descriptions on "Other" descriptions on "Other" descriptions on the other of	Income
				II Griecki	ng Ceremonal Note of Other descr	tue below.
			Number			
	C. Name of Outside Or (include address and		of Ticket(s)/ Passes	Describe the	public purpose made pursu	ant to the agency's policy
			F 45505			
,	Verification					
		DC Bogulations 18044	1 and 10012	I have verified th	hat the distribution ast for	th above is in accompany
1	I have read and understand FPF with the requirements.	C Regulations 16944.	1 anu 10942.	ı nave venned tr	iai ine distribution set fort	n above, is in accordance
	Patricia Ramirez			Admir	nistrative Director	3/29/2024
	Signature of Agency Head or Designe		nt Name		Title	(month, day, year)
	,				2	(
	Comment:				70.3	7.00

1.	Agency Name				Date Stamp	California 202				
	County of Los Angeles					Form OUZ				
	Division, Department, or Reg	ion (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	Amendment (Mustr	TOVIDE Explanation in Fait 3.)					
	213-974-4111	paramirez@bos.la	county.gov		Date of Original Filing:(month, day, year)					
2.	Function or Event Information									
	Does the agency have a tick	cet policy? Yes	■ No □ F	ace Value of	Each Ticket/Pass \$	28.00				
	Event Description: LA Phil		9 _ 24							
	Event Description.	Provide Title/ Expla	anation							
	Ticket(s)/Pass(es) provided	by agency? Yes	□ No 🔳 I	f no:	Name of Source					
	Men tiplest distribution made	at the behavior	1	f vec:						
	Was ticket distribution made of agency official?	at the benest Yes	□ No 🔳 ¹	f yes:	Official's Name (Last, First)					
	or agency official?									
3.	Recipients									
	• Use Section A to identify the agen	cy's department or unit.	ual. Use Section C to identify	an outside organization.						
	A. Name of Agency, Depa	Number of Ticket(s)/	Describe the	e public purpose made pursuant to the agency's policy						
	A. Name of Agency, Bepa	Passes	Describe th	e public purpose made purs	suant to the agency's policy					
	B. Name of Indiv	Number of Ticket(s)/	Identify one of the following:							
	(Last, Firs	t)	Passes							
				(888239007682015	onial Role Other	Income				
	Julietta Perez		2	1	ing "Ceremonial Role" or "Other" des	cribe below:				
				Per ticket po	olicy 5.3 (i)					
				Section 2015	onial Role Other O	Income				
				If checki	ing "Ceremonial Role" or "Other" des	cribe below:				
	C. Name of Outside Or (include address and		Number of Ticket(s)/	Describe the	e public purpose made purs	uant to the agency's policy				
	(morado dadreso dila	иссеприон,	Passes							
				,						
			<u> </u>		14. carried 1860					
	Verification					200 V9 COC VI VV				
	I have read and understand FPF with the requirements.	PC Regulations 18944	.1 and 18942. I	I have verified ti	hat the distribution set fo	rth above, is in accordance				
	MA	Patricia Rami	ro7	Admir	nistrative Director	2/20/2024				
	Signature of Agency Head or Designe	to statementary transport and action	int Name	Aumir	Title	3/29/2024				
	Orginature of Agency flead of Designe	PI	int Name		nue	(month, day, year)				
	Comment:		·							

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		# H. # H	II & -	 E DU -			a

1. Ag	gency Name		Date Stamp California 202			
	ounty of Los Angeles			Form OUZ		
Div	vision, Department, or Reg	on (if applicable)				For Official Use Only
Во	oard of Supervisor, First D	istrict				
De	signated Agency Contact (	Name, Title)				
Pa	itricia Ramirez, Ticket Adr	ninistrator	Amendment (Must Pr	ovide Explanation in Part 3.)		
Are	ea Code/Phone Number	E-mail		ovido Explanation in valt 6.7		
21	3-974-4111	paramirez@bos.la	Date of Original Filing:(month, day, year)			
2. Fu	ınction or Event Infor	nation				
Do	es the agency have a tick	et policy? Yes	No □	Face Value of I	Each Ticket/Pass \$	28.00
Ev	ent Description: LA Phil			Date(s)3	, 23 , 24	
LV	ent Description.	Provide Title/ Expl	lanation			
Tic	ket(s)/Pass(es) provided	by agency? Yes	□ No ■	If no:	Name of Source	
10/0	as ticket distribution made	at the beheat		If yes:		
	as ticket distribution made f agency official?	at the benest Yes	∐ No ■	11 yes	Official's Name (Last, First)	
O1	agency officials					
3. R	Recipients				-	
• (	Use Section A to identify the agend	cy's department or unit.	<ul> <li>Use Section B to</li> </ul>	identify an individu	al. Use Section C to identify	an outside organization.
A	Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/	Describe the	e public purpose made purs	uant to the agency's policy
			Passes			
В		Number of Ticket(s)/				
	(Last, Firs	t)	Passes			
	Watta David			31/25/27/2008/27/20	onial Role Other Other or "Other" descriptions on the other of the other	Income _
J	ulietta Perez		2	1		inde below.
				Per ticket po		
					onial Role Other on "Other on "Other" descriptions	Income
				, and an	ng coremanarior or other desc	inde below.
1830			Number			
C.	Name of Outside Org		of Ticket(s)/ Passes	Describe the	public purpose made purs	uant to the agency's policy
1000			r daaca			
-						
Vor	rification					
	ve read and understand FPF	C Regulations 1804/	1 1 and 18049	I have verified #	nat the distribution set for	th ahove is in accordance
with	the requirements.	O Nogalations 10945	i unu 10372.	i nave vermeu u	iat the distribution set for	an above, is in accordance
	AA	Patricia Ram	irez	Admir	nistrative Director	3/29/2024
Si	ignature of Agency Head or Designe	as and an entrance and the contract of the con	rint Name		Title	(month, day, year)
Cor	mment:					

## 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 E-mail 213-974-4111 paramirez@bos.lacounty.gov Date of Original Filing: . (month, day, year) 2. Function or Event Information 268.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ \_\_\_ Yes No 🗌 Event Description: LA Phil Date(s) \_\_\_\_\_/ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No Was ticket distribution made at the behest Yes ☐ No ■ 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 of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes

В.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Rachel	Kirk	2	Ceremonial Role Other Income Fraction Income Fraction of "Ceremonial Role" or "Other" describe below:  Per ticket policy 5.3 (i)
			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
100000000000000000000000000000000000000			

4. Verification

Comment:

	and understand FPPC Regulations	18944.1 and 18942.	I have verified that the	⊦distribution set forth a	bove, is in accordance
with the red	quirements.				N - 200 000 0 000 000

Patricia Ramirez

Administrative Director

3/29/2024

Signature of Agency Head or Designee

Print Name

(month, day, year)

1. Agency Name					Date Stamp California Q 0 4		
	County of Los Angeles					Form OUZ	
	Division, Department, or Reg	ion (if applicable)		W 10 00		For Official Use Only	
	Board of Supervisor, First D	istrict					
	Designated Agency Contact (	(Name, Title)					
	Patricia Ramirez, Ticket Adr	ministrator			Amendment (Must Pro	vide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail	9 (1. 2. 2) (200-10-2)	nuovo en			
	213-974-4111	paramirez@bos.la	county.gov		Date of Original Filing:(month, day, year)		
2.	Function or Event Infor	mation				447.00	
	Does the agency have a tick	ket policy? Yes	■ No □ F	ace Value of I	Each Ticket/Pass \$	147.00	
	Event Description: LA Phil		,	Date(s)	, 15 , 24	, ,	
	Event Description.	Provide Title/ Expl	anation				
	Ticket(s)/Pass(es) provided	by agency? Yes	☐ No ☐ I	f no:	Name of Source		
	Mas tisket distribution made	at the hebeet					
	Was ticket distribution made	actine benest Yes	∐ No 🔳 📙	f yes:	Official's Name (Last, First)		
	of agency official?						
3.	Recipients						
	• Use Section A to identify the agen-	cy's department or unit.	· Use Section B to i	dentify an individu	al. Use Section C to identify a	an outside organization.	
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made pursu	ant to the agency's policy	
			1 45363				
				1			
				1		Charles de Maria de Maria	
		Number					
	B. Name of Indiv (Last, Firs		of Ticket(s)/ Passes		Identify one of the foll	lowing:	
				Ceremo	onial Role Other	Income	
	Julietta Perez		2	If checki	ing "Ceremonial Role" or "Other" descri		
				Per ticket po	olicy 5.3 (i)		
		1 - 0000 CD		Ceremo	onial Role Other	Income	
				If checki	ng "Ceremonial Role" or "Other" descri	be below:	
C. Name of Outside Organization (include address and description)			Number of Ticket(s)/ Passes	Describe the	public purpose made pursu	ant to the agency's policy	
		**************************************				_	
. ,	Verification						
	l have read and understand FPF	PC Regulations 18044	1 1 and 18049	I have verified th	nat the distribution set fort	h above is in accordance	
	with the requirements.	O Regulations 10374	unu 10372. I	navo vonneu li	at the distribution set forti	r above, is in accordance	
	AND	Patricia Rami	rez	Admin	nistrative Director	3/29/2024	
	Signature of Agency Head or Designe	11 V	rint Name		Title	(month, day, year)	
	Consideration and the Annual Police of Supplied State (September 1997)		- vere entre e		4250000		
	Comment:						

## **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 E-mail 213-974-4111 Date of Original Filing: . paramirez@bos.lacounty.gov (month, day, year) 2. Function or Event Information 190.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ \_\_\_ Yes No 🗆 Event Description: LA Phil Date(s) \_ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No Was ticket distribution made at the behest Yes ☐ No ■ 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 Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Other Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below. Diego Rodriguez 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

Comment:

I have rea	d and understand FF	PPC Regulations	18944.1 and 18942.	I have verified that the	ne distribution set forth above	e, is in accordance
with the re	eguirements.					

Patricia Ramirez

Administrative Director

3/29/2024

Signature of Agency Head or Designee

Print Name

Title

(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 E-mail 213-974-4111 Date of Original Filing: paramirez@bos.lacounty.gov (month, day, year) 2. Function or Event Information 90.00 Face Value of Each Ticket/Pass \$ \_\_ Does the agency have a ticket policy? Yes ■ No □ Date(s) \_\_\_\_\_/ 17 Event Description: LA Phil Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🔳 Was ticket distribution made at the behest Yes ☐ No ■ 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 A. of Ticket(s)/ Passes Number Name of Individual B. identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Shayla Price 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.

Comment:

Patricia Ramirez

Administrative Director

3/29/2024

ture of Agency Head or Designee

Print Name

Title

(month, day, year)

Print

Clear

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

## 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 E-mail 213-974-4111 paramirez@bos.lacounty.gov Date of Original Filing: . (month, day, year) 2. Function or Event Information 80.00 Face Value of Each Ticket/Pass \$ \_\_\_ Does the agency have a ticket policy? Yes 🔳 No 🗌 Date(s) 3 / 19 Event Description: LA Phil Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🔳 Name of Source Was ticket distribution made at the behest Yes ☐ No ■ 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 Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Deanna Stanley 2 Per ticket policy 5.3 (i)

4.	Verification		27	
	I have feed and understand FPPC with the requirements.	Regulations 18944.1 and 18942. I	have verified that the distribution set forth	above, is in accordance
	PAA.	Patricia Ramirez	Administrative Director	3/29/2024
	Signature of Agency Head or Designee	Print Name	Title	(month day year)

Number

of Ticket(s)/

Passes

Ceremonial Role

Other

Describe the public purpose made pursuant to the agency's policy

If checking "Ceremonial Role" or "Other" describe below:

Comment: \_\_\_\_

C.

Income

Name of Outside Organization

(include address and description)

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		нкви	116 -	11 24	7 C _ II		C	

1.	Agency Name				Date Stamp	California 202
	County of Los Angeles					Form OUZ
	Division, Department, or Regi	on (if applicable)	THE REPORT OF THE PERSON			For Official Use Only
	Board of Supervisor, First D	istrict				
	Designated Agency Contact (	Name, Title)				
	Patricia Ramirez, Ticket Adr	ninistrator			Amendment (Must Pr	rovide 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 Inform	nation				400.00
	Does the agency have a tick	et policy? Ye	s No 🗆 🖠	Face Value of I	Each Ticket/Pass \$	190.00
	Event Description: LA Phil			Date(s)	, 22 , 24	
		Provide Title/ Ex	planation			
	Ticket(s)/Pass(es) provided	by agency? Ye	s 🗌 No 🔳 🏻	t no:	Name of Source	
	Was ticket distribution made	at the behest Ye		f yes:		
	of agency official?	, ,			Official's Name (Last, First)	
3.	Recipients		A 1. 10 11 11 11 11 11 11 11 11 11 11 11 11			
٥.	Use Section A to identify the agence	cy's department or unit.	• Use Section B to	identify an individu	al. Use Section C to identify	an outside organization.
			Number			evision (green plants and a second
	A. Name of Agency, Depa	rtment or Unit	of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy
	B. Name of Indiv		Number of Ticket(s)/		Identify one of the fo	llowing:
	(Last, Firs	<i>t</i> )	Passes			
	Daiou Ma		2		onial Role Other on Other of Other other of Other other other of Other othe	Income I
	Daisy Ma		2	Per ticket po	_	Silve Bolow.
					onial Role	Income L
	Name of Outside Or	nanization	Number			
C. Name of Outside Organization (include address and description)			of Ticket(s)/ Passes	Describe the	public purpose made purs	uant to the agency's policy
	Verification					
	I have read and understand FPF	PC Regulations 1894	14.1 and 18942.	I have verified th	hat the distribution set for	th above, is in accordance
1	with the requirements.		Mari a scoonin			
	K ACA	Patricia Rar		Admir	nistrative Director	3/29/2024
	Signature of Agency Head or Designe	e	Print Name		Title	(month, day, year)
	Comment:					
	and the state of t					

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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				
	<b>Designated Agency Contact</b>	(Name, Title)				
	Patricia Ramirez, Ticket Adı	ministrator	Amondment (Must	Provide Evalenation in Rest 3.1		
	Area Code/Phone Number E-mail				Amendment (wast	Provide Explanation in Part 3.)
	213-974-4111	paramirez@bos.la	county.gov		Date of Original Filing	(month, day, year)
2.	2. Function or Event Information					
	Does the agency have a ticl	ket policy? Yes	■ No □ F	ace Value of	Each Ticket/Pass \$ _	190.00
	Event Description: LA Phil	. , , , , , , , , , , , , , , , , , , ,		Date(s)3	, 24 , 24	
	Event Description:	Provide Title/ Expla	Date(s)			
	Ticket(s)/Pass(es) provided	Name		f no:	Name of Source	
	Was ticket distribution made	at the behest Yes	Official's Name (Last, First)			
	of agency official?		Omerai s ivame (Last, i iist)			
_	Desirients		W. W. V			
3.	Recipients	su's department or unit	al Also Costion C to ident	16. no no haide non nicotion		
	Use Section A to identify the agen	cy's department or unit.	al. Use Section C to ident	iry an outside organization.		
	A. Name of Agency, Depart	Number of Ticket(s)/ Passes	Describe the	e public purpose made pu	rsuant to the agency's policy	
		N. C.				
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes	Identify one of the following:		
				Cerem	onial Role Other	Income
	Tracey Evenston		2	If check	ing "Ceremonial Role" or "Other" de	escribe below:
				Per ticket po	olicy 5.3 (i)	
				Cerem	onial Role Other	Income
				If checki	ing "Ceremonial Role" or "Other" de	escribe below:
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's po		rsuant to the agency's policy
			Passes			
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	16. 41					(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
	Verification					
	I have read and understand FPI with the regular ments.	PC Regulations 18944	.1 and 18942. I	have verified th	nat the distribution set f	orth above, is in accordance
	QAH)	Datalala Dani	wo	A 11 2	violenting Disast	0/00/0004
	Sirvet V	Patricia Rami		Admir	nistrative Director	3/29/2024
	Signature of Agency Head or Designe	ee Pr	int Name		Title	(month, day, year)
	Comment:					
	Comment.					

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1.	Agency Name				Date Stamp	California 000
	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 Adı	ministrator				
	Area Code/Phone Number	E-mail			Amendment (Must P	rovide 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?	No □ F	ace Value of	Each Ticket/Pass \$	64.00
		, , , , ,				
	Event Description: LA Phil	Provide Title/ Expl	[	Date(s)	, 26 , 24	
	Ticket(s)/Pass(es) provided	# 00 mm m m m m m m m m m m m m m m m m		f no:		
	rioket(e)/r des(es) provided	by agency: 1es	□ NO ■ 1	1110	Name of Source	
	Was ticket distribution made	at the behest Yes	□ No ■ If	f yes:		
	of agency official?	100			Official's Name (Last, First)	333333
	•					
3.	Recipients					
	<ul> <li>Use Section A to identify the agen-</li> </ul>	cy's department or unit.	ial. Use Section C to identify	y an outside organization.		
	A Name of Agency, Depa	rtmont or Unit	Number	Describe the	bit	
	A. Name of Agency, Depa	runent or Onit	of Ticket(s)/ Passes	Describe the	e public purpose made pur	suant to the agency's policy
			+			
			Number			
	B. Name of Indiv		of Ticket(s)/		Identify one of the fo	ollowing:
	(Last, Firs	()	Passes			
				500050000000000000000000000000000000000	onial Role Other	Income
	Martha Jimenez		2		ing "Ceremonial Role" or "Other" des	cribe below:
				Per ticket po	olicy 5.3 (i)	
		30. 1000 1000		Ceremo	onial Role  Other	Income
			1	lf checki	ing "Ceremonial Role" or "Other" des	cribe below:
	C Name of Outside Or	Number				
	C. (include address and		of Ticket(s)/ Passes	Describe the	public purpose made purs	uant to the agency's policy
			7 40000			
			<del> </del>			
٠ ١	/erification					
1	have read and understand FPF	PC Regulations 18944	1.1 and 18942. I	have verified th	hat the distribution set for	rth above, is in accordance
V	vith the requirements					
	N 142	Patricia Ram	irez	Admir	nistrative Director	3/29/2024
-	Signature of Agency Head or Designe	e P	rint Name		Title	(month, day, year)
						,,
1	Comment:					
		100 (100 (100 (100 (100 (100 (100 (100				

Division, Department, or Region (if applicable)  Board of Supervisor, First District  Designated Agency Contact (Name, Title)  Patricia Ramirez, Ticket Administrator  Area Code/Phone Number 213-974-4111  E-mail paramirez@bos.lacounty.gov  Date of Original Filling:	1.	Agency Name			A STATE OF THE STA	Date Stamp	California 802
Board of Supervisor, First District  Designated Agency Contact (Name, Tible)  Patricia Ramirez, Ticket Administrator  Area Code/Phone Number   E-mail   paramirez@bos.lacounty.gov   Date of Original Filing:							Form OUZ
Designated Agency Contact (Name, Title) Patricia Ramirez, Ticket Administrator Area Code/Phone Number 213-974-4111  Date of Original Filing:		Division, Department, or Reg	ion (if applicable)				For Official Use Only
Patricia Ramirez, Ticket Administrator  Area Code/Phone Number   E-mail   paramirez@bos.lacounty.gov   Date of Original Filing:   (month. day. year)    2. Function or Event Information  Does the agency have a ticket policy?   Yes   No   Face Value of Each Ticket/Pass \$ 42.00    Event Description:   LA Phil   Date(s)   3   26   24        Frowde Title/ Explanation   If no:   Name of Source   Name of Source   If yes:   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.  A. Name of Agency, Department or Unit   Number of Ticket(s)/ Passes   Describe the public purpose made pursuant to the agency's policy   Passes   Ceremonial Role   Other   Income   Income							
Area Code/Phone Number 213-974-4111		Designated Agency Contact	(Name, Title)			1	
Area Code/Phone Number 213-974-4111		Patricia Ramirez, Ticket Adı	ministrator			Amendment (Must P	rovide Explanation in Part 3 )
2. Function or Event Information  Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 42.00  Event Description: LA Phill		Area Code/Phone Number	E-mail			Amendment (Mastri	Tovide Explanation III Falt 5.)
Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 42.00  Event Description: LA Phil Date(s) 3 _ 26 _ 24		213-974-4111	paramirez@bo	os.lacounty.gov		Date of Original Filing:	(month, day, year)
Event Description: LA Phil  Provide Titler Explanation  Ticket(s)/Pass(es) provided by agency? Yes	2.	Function or Event Infor	mation				
Event Description: LA Phil		Does the agency have a tick	cet policy?	Vec ■ No □	Face Value of	Fach Ticket/Pass \$	42.00
Ticket(s)/Pass(es) provided by agency? Yes No If no:    Name of Source		10 <del>7</del> 0	•				
Ticket(s)/Pass(es) provided by agency? Yes No If no:    Name of Source		Event Description:		/Evaluation	Date(s)		
Was ticket distribution made at the behest Yes  No  fagency official?    No  fagency official?		Ticket(s)/Pass(es) provided			f no		
of agency official?  3. Recipients  • Use Section A to identify the agency's department or unit.  A. Name of Agency, Department or Unit  B. Name of Individual (Last, First)  Of Ticket(s)/ Passes  Oscribe the public purpose made pursuant to the agency's policy  Passes  Oscribe the public purpose made pursuant to the agency's policy  Identify one of the following:  Ceremonial Role   Other   Income    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:  Per ticket policy 5.3 (i)  Ceremonial Role   Other   Income    If checking "Ceremonial Role" or "Other" describe below:  Describe the public purpose made pursuant to the agency's policy  Of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy		rioket(a)/r uss(cs) provided	by agency:	ies 🗆 No 🔳	1110.	Name of Source	
A. Name of Agency, Department or Unit  B. Name of Individual (Last, First)  Number of Ticket(s)/ Passes    Describe the public purpose made pursuant to the agency's policy   Describe the public purpose made pursuant to the agency's policy   Describe the public purpose made pursuant to the agency's policy   Describe the public purpose made pursuant to the agency's policy   Describe the public purpose made pursuant to the agency's policy   Describe the public purpose made pursuant to the agency's policy   Describe the public purpose made pursuant to the agency's policy   Describe the public purpose made pursuant to the agency's policy   Describe the public purpose made pursuant to the agency's policy   Describe the public purpose made pursuant to the agency's policy   Describe the public purpose made pursuant to the agency's policy   Describe the public purpose made pursuant to the agency's policy   Describe the public purpose made pursuant to the agency's policy		Was ticket distribution made	at the behest	Yes □ No ■ I	f yes:		
*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 of Ticket(s)/ Passes   Describe the public purpose made pursuant to the agency's policy						Official's Name (Last, First)	
*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 of Ticket(s)/ Passes   Describe the public purpose made pursuant to the agency's policy	Settings	complete to the transfer of the second property constraints and the second constraints are second constraints.		7 A - A - A - A - A - A - A - A - A - A			
A. Name of Agency, Department or Unit    Number of Ticket(s)/ Passes	3.						
A. Name of Agency, Department or Unit  of Ticket(s)/ Passes    Describe the public purpose made pursuant to the agency's policy		Use Section A to identify the agen	cy's department or u	nit. •Use Section B to i	dentify an individu	ial. Use Section C to identify	an outside organization.
B. Name of Individual (Last, First)  Martha Jimenez  Onumber of Ticket(s)/ Passes  Ceremonial Role Other Income In		A. Name of Agency, Depa	rtment or Unit	of Ticket(s)/	Describe the	e public purpose made purs	suant to the agency's policy
B. Name of Individual (Last, First)  of Ticket(s)/ Passes  Ceremonial Role Other Income  Income  Per ticket policy 5.3 (i)  Ceremonial Role Other Income  Ceremonial Role Other Income				1 43563			
B. Name of Individual (Last, First)  of Ticket(s)/ Passes  Ceremonial Role Other Income  Income  Per ticket policy 5.3 (i)  Ceremonial Role Other Income  Ceremonial Role Other Income							
B. Name of Individual (Last, First)  of Ticket(s)/ Passes  Ceremonial Role Other Income  Income  Per ticket policy 5.3 (i)  Ceremonial Role Other Income  Ceremonial Role Other Income			20040001-03	aller and a second			
B. Name of Individual (Last, First)  of Ticket(s)/ Passes  Ceremonial Role Other Income  Income  Per ticket policy 5.3 (i)  Ceremonial Role Other Income  Ceremonial Role Other Income					1		
B. Name of Individual (Last, First)  of Ticket(s)/ Passes  Ceremonial Role Other Income  Income  Per ticket policy 5.3 (i)  Ceremonial Role Other Income  Ceremonial Role Other Income				Number			
Martha Jimenez  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:  C.   Name of Outside Organization   Number of Ticket(s)/   Describe the public purpose made pursuant to the agency's policy			of Ticket(s)/	Identify one of the following:			
Per ticket policy 5.3 (i)  Ceremonial Role Other Income Income Income  If checking "Ceremonial Role" or "Other" describe below:  Number of Outside Organization  Outside Organization of Ticket(s)/  Describe the public purpose made pursuant to the agency's policy							Income
Ceremonial Role Other Income  If checking "Ceremonial Role" or "Other" describe below:  C. Name of Outside Organization  Other Income  Number of Ticket(s)/  Describe the public purpose made pursuant to the agency's policy		Martha Jimenez		2			cribe below:
C. Name of Outside Organization  Number of Ticket(s)/  Describe the public purpose made pursuant to the agency's policy					Per ticket po	olicy 5.3 (i)	
C. Name of Outside Organization Sumber of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy				8	Ceremo	onial Role Other	Income
C. Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy				5	If checki	ing "Ceremonial Role" or "Other" desc	cribe below:
C. Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy							
		Name of Outside Or		Describe the public purpose made pursuant to the agency's			
		(include address and	description)		Describe the	s public purpose made purs	uant to the agency's poncy
			31 N=				
. Verification		/erification					
			OC Begulations 1	90444 and 19049	l barra resified th	hat the distribution and for	dla alama ta tu anno d
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.	v	vith the read and understand FPF vith the requirements.	C Regulations 16	5944.1 and 16942.1	nave vennea tr	nat the distribution set for	rn above, is in accordance
		NAA.	Datricia B	Pamirez	Admir	nietrative Director	2/20/2024
	_	Signature of Agency Hood or Docises			Aumir	5. S.	87-50 W. C.
Signature of Agency Head or Designee Print Name Title (month, day, year)		organization Agency nead of Designe	E	riint name		line	(month, day, year)

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1. Agency Name			Date Stamp	California 802
County of Los Angeles				Form For Official Use Only
Division, Department, or Region (if applicable)	Division, Department, or Region (if applicable)			
Board of Supervisor, First District				
Designated Agency Contact (Name, Title)				
Patricia Ramirez, Ticket Administrator			Amendment (Must P	rovide Explanation in Part 3.)
Area Code/Phone Number E-mail				,
213-974-4111 paramirez@bo	os.lacounty.gov		Date of Original Filing:	(month, day, year)
2. Function or Event Information				
Does the agency have a ticket policy?	Yes ■ No □ F	ace Value of E	ach Ticket/Pass \$	142.00
Event Description: LA Phil		Date(s)3/_	27 , 24	
Provide Title.	Explanation	Date(s)		
		f no:	Name of Source	
Was ticket distribution made at the behest	Yes 🗌 No 🔳 🏻 I	f yes:	Official's Name (Last, First)	
of agency official?				
3. Recipients	9 9 9			
<ul> <li>Use Section A to identify the agency's department or u</li> </ul>	nit. •Use Section B to id	dentify an individual	I. Use Section C to identify	y an outside organization.
	Number			
A. Name of Agency, Department or Unit	of Ticket(s)/ Passes	Describe the	public purpose made pur	suant to the agency's policy
		<del>                                     </del>		
	Number			
B. Name of Individual (Last, First)	of Ticket(s)/ Passes		Identify one of the fo	ollowing:
		Ceremor	nial Role Other	Income
Rose Burgueno	2		g "Ceremonial Role" or "Other" des	1
		Per ticket pol	icy 5.3 (i)	
		Ceremon	nial Role  Other	Income
		No. and Control of the Control of th	"Ceremonial Role" or "Other" des	
Name of Outside Organization	Number			
(include address and description)	of Ticket(s)/ Passes	Describe the p	public purpose made purs	uant to the agency's policy
				v v
. Verification		Į.		
	8011 1 and 10010 1	have verified the	at the distribution act fo	rth above in in accordance
I have read and understand FPPC Regulations 1 with the requirements.	0944. i anu 10942. i	nave venned ina	at the distribution set to	rın above, is in accordance
Patricia F	Ramirez	Admini	strative Director	3/29/2024
Signatore of Agency Head or Designee	Print Name		Title	(month, day, year)
- Grande Congress, Floor of Dobiginos	· · · · · · · · · · · · · · · · · · ·		riuc	(monus, day, year)
Comment:				

Clear

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1.	Agency Name				Date Stamp	California 000	
	County of Los Angeles					Form OUZ	
	Division, Department, or Region (if applicable)				1	For Official Use Only	
	Board of Supervisor, First District						
	Designated Agency Contact (	Name, Title)			1		
	Patricia Ramirez, Ticket Administrator				П A		
	Area Code/Phone Number	county.gov		Date of Original Filing:			
	213-974-4111						
2.	Function or Event Information						
	Does the agency have a ticket policy? Yes ■ No □ Fac			ace Value of I	Each Ticket/Pass \$ _	216.00	
	Event Description: LA Phil Provide Title/ Explanation Date(s)				, 28 , 24		
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ If no:						
	Was ticket distribution made at the behest Yes ☐ No ☐ If yes: of agency official?				Official's Name (Last, First)		
	or agono, omolar.						
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		suant to the agency's policy	
	B. Name of Indiv	idual	Number		Idontify and of the f	all acute or	
	(Last, Firs		of Ticket(s)/ Passes		Identify one of the fo		
	Ethel Gardner		2		onial Role  Other  on Other  on Other  on Other  on Other des		
					onial Role Other of "Other" des		
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe the	Describe the public purpose made pursuant to the agency's policy		
1	Verification						
	ave read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance In the requirements.						
7		rez	Administrative Director 3/29/2024		3/30/3034		
	Signature of Agency Head or Designe	int Name Admir		Title	(month, day, year)		
	- Grand - Gran				Hue	(monun, day, year)	
	Comment:	omment:					