Agency Report of:

Ceremonial Role Events and Ticket/F	Pass Dist	ributions	A	Public Documen
1. Agency Name			Date Stamp	0-1:5
County of Los Angeles				Form 802
Division, Department, or Region (if applicable)			1	For Official Use Only
Board of Supervisor, First District				
Designated Agency Contact (Name, Title)			1	
Patricia Ramirez, Ticket Administrator			Amondment (Must F	Provide Explanation in Part 3.)
Area Code/Phone Number E-mail			Amendment (Must P	rovide Explanation in Part 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 ticket policy? Yes	■ No □	Face Value of	Each Ticket/Pass \$	\$230.00
Event Description: LA Phil Provide Title/ Expla	 nation	Date(s)4	, 20 , 24	
		If no:		
			Name of Source	
Was ticket distribution made at the behest Yes of agency official?	□ No ■	If yes:	Official's Name (Last, First)	
3. Recipients	Llas Castian Day	: d &		
Use Section A to identify the agency's department or unit.	Number Number	dentify an individu	al. Use Section C to identify	y an outside organization.
A. Name of Agency, Department or Unit	of Ticket(s)/ Passes	Describe the	public purpose made purs	suant to the agency's policy
B. Name of Individual	Number of Ticket(s)/		Identify one of the fo	ollowing:
(Last, First)	Passes		Tuestany one of the fe	nowing.
Edward Chang	0		onial Role Other of "Other" design "Ceremonial Role" or "Other" design of "Other" de	
Edward Chang	2			cribe below:
		Per ticket po	onial Role Other O	
			ing "Ceremonial Role" or "Other" desc	Income L
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the	public purpose made purs	uant to the agency's policy
. Verification		l		
I have read and understand FPPC Regulations 18944.	1 and 18942.	I have verified th	nat the distribution set for	rth above, is in accordance
with the requirements. Patricia Ramir	ez	Admin	istrative Director	4/30/2024
Signature of Agency Head or Designee Print	nt Name		Title	(month, day, year)
Comment:				

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

Ceremonial Role Ever	its and Ticket/l	Pass Dist	ributions		A Public Document
. Agency Name				Date Stamp	California 802
County of Los Angeles					Form OUZ
Division, Department, or Reg	jion (if applicable)			1	For Official Use Only
Board of Supervisor, First I	District				
Designated Agency Contact					
Patricia Ramirez, Ticket Ad	ministrator				
Area Code/Phone Number	IE-mail			Amendment (Must	Provide Explanation in Part 3.)
213-974-4111	paramirez@bos.la	county gov		Date of Original Filings	
210 074 4111	paramirez@bos.ia	county.gov		Date of Original Filing:	(month, day, year)
. Function or Event Infor	mation				
Does the agency have a tick	ket policy?	■ No□ □	Face Value of I	Each Ticket/Pass \$ _	\$64.00
1870 - 17					
Event Description: LA Phil	D 11- TW /E /		Date(s) <u>4</u>	, 21 , 24	
Ticket(s)/Pass(es) provided	Provide Title/ Expla		E		
ricket(s)/Fass(es) provided	by agency? Yes	□ No ■	T no:	Name of Source	
Was ticket distribution made	at the hehest Voc		f yes:		
of agency official?	at the periodic 168	□ NO ■ .	. , 00	Official's Name (Last, First)	
Recipients • Use Section A to identify the agen	cy's department or unit. •	Use Section B to i	identify an individu	al. Use Section C to identi	fy an outside organization.
A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe the	public purpose made pur	suant to the agency's policy
B. Name of Indiv (Last, Firs		Number of Ticket(s)/ Passes		Identify one of the f	ollowing:
Esther Lim		2		onial Role Other on "Other" des	Income cribe below:
			Ceremo	onial Role Other on "Other" des	
C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	public purpose made purs	suant to the agency's policy
Verification	OC Pagulations 19011	1 and 19040	boug	of the edictions	
I have read and understand FPF with the requirements.	Patricia Ramir			at the distribution set fo	rth above, is in accordance 4/30/2024
Signature of Agency Head or Designer		nt Name		Title	(month, day, year)
				M3770	(month, day, year)
Comment:	1910-5				
		- 186 - 286 - 12 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			

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 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? Face Value of Each Ticket/Pass \$ ____ Yes No 🗆 Event Description: LA Phil Date(s) 4 / 21 / 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. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other _ Income Esther Lim 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:
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
erific	ation		

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: _

regulations (see) and (see)2.	. Have vermed that the distribution set forth	r above, is in accordance	
Patricia Ramirez	Administrative Director	4/30/2024	

Signature of Agency Head or Designee

Administrative Director

4/30/2024

Print Name

Title

(month, day, year)

Print

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

	gency Report of: eremonial Role Event	ts and Ticket/	Pass Distr	ibutions	A	Public Document
	Agency Name		775 T. A. C.		Date Stamp	Collifornia
	County of Los Angeles					Form 802
	Division, Department, or Regi	on (if applicable)			1	For Official Use Only
	Board of Supervisor, First Di	strict				
	Designated Agency Contact (/	Vame, Title)	1		1	
	Patricia Ramirez, Ticket Adm	ninistrator				
		E-mail			Amendment (Must P	Provide Explanation in Part 3.)
	213-974-4111	paramirez@bos.la	acounty.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Inforn	nation				
	Does the agency have a ticke	et policy?	■ No □ F	Face Value of	Each Ticket/Pass \$	\$129.00
	Event Description: LA Phil	. , , , , ,	ar can distant a c ol			
	Event Description:	Provide Title/ Expla	[anation	Date(s)	<u>, 24 , 24 </u>	
	Ticket(s)/Pass(es) provided b	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		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?				Omolars Ivallie (Last, First)	
3.	Recipients • Use Section A to identify the agency	y's department or unit.	· Use Section B to i	dentify an individ	ual. Use Section C to identify	y an outside organization.
	A. Name of Agency, Depart	ment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	suant to the agency's policy
	B. Name of Indivi	dual	Number of Ticket(s)/		Identify one of the fo	allowing:
	(Last, First)		Passes		identity one of the re	mowing.
	Diana Vargas		2		nonial Role Other in	Income Cribe below:
				Cerem	ionial Role Other ing "Ceremonial Role" or "Other" description of "O	Income I
	C. Name of Outside Orga (include address and de	anization escription)	Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy
,						
I	verification have read and understand FPPC with the requirements.	Regulations 18944.	.1 and 18942. I	have verified ti	hat the distribution set for	th above, is in accordance
,	AA	Dotrinia Darri	ro-7	۸ ــا ـــ ۱	piotrotivo Dinast	1/00/000
-	Signature of Agency Head or Designee	Patricia Ramii		Admir	nistrative Director	4/30/2024
	orginature or Agency mead or Designee	Pr	int Name		Title	(month, day, year)
	Comment:					
			112230			

Agency Report of:

C	eremonial Role Events and Ticket/Pass Distributions				A Public Docume		
1.	Agency Name	ncy Name				0-1:6	
	County of Los Angeles					Form 802	
	Division, Department, or Reg	ion (if applicable)	150		1	For Official Use Only	
	Board of Supervisor, First D	District					
	Designated Agency Contact				1		
	Patricia Ramirez, Ticket Adı	ministrator					
	Area Code/Phone Number	E-mail			Amendment (Must Pi	rovide Explanation in Part 3.)	
	213-974-4111	paramirez@bos.la	county.gov		Date of Original Filing: _		
_						(month, day, year)	
2.	Function or Event Infor					¢97.00	
	Does the agency have a tick	ket policy? Yes	■ No □	Face Value of	Each Ticket/Pass \$	\$87.00	
	Event Description: LA Phil			Date(s) 4	, 24 , 24	1 1	
		Provide Title/ Expla	anation	<i>Dato</i> (0)	· — — ·		
	Ticket(s)/Pass(es) provided	by agency? Yes	□ No ■	If no:			
	Man tinket distribution or of	-1.0-1-1	Nacco agrees	If	Name of Source		
	Was ticket distribution made	at the benest Yes	☐ No 🗐	If yes:	Official's Name (Last, First)		
	of agency official?						
3.	Recipients						
	Use Section A to identify the agent	cy's department or unit.	Use Section B to	identify an individu	ial. Use Section C to identify	an outside organization	
			Number				
	A. Name of Agency, Department or Unit		of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy	
			1 45555				
	-		 				
			Number				
	B. Name of Indiv		of Ticket(s)/ Passes		Identify one of the fo	llowing:	
		9	rasses				
	Diana Vargas		2		onial Role Other or "Other or "Other" desc	Income Income	
	guo		-	Per ticket po			
				 			
				•	onial Role Other on "Other on "Other" descriptions	Income I	
					ng delamentary or of other descri	ibe below.	
			Number				
	C. Name of Outside Org		Number of Ticket(s)/	Describe the	public purpose made pursu	ant to the agency's policy	
			Passes				
٠ ١	Verification						
1	have read and understand FPP	C Regulations 18944.	1 and 18942.	l have verified th	at the distribution set fort	h above, is in accordance	
V	with the requirements.						
	LNOB	Patricia Ramii	rez	Admin	istrative Director	4/30/2024	
	Signature of Agency Head or Designee	Pr	int Name		Title	(month, day, year)	
3	Commont:						
	Comment:						

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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 Date of Original Filing: paramirez@bos.lacounty.gov (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _____ Yes No 🗆 Event Description: LA Phil Date(s) 4 27 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 of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income Nadia Bashier 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

Comment: _

I have read and understand FPPC Regula	tions 18944.1 and 1894	2. I have verified that the	distribution set forth above	is in accordance
with the requirements				
0/11/				

1 Of Att	Patricia Ramirez	Administrative Director	4/30/2024
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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Agency Report of:

	eremoniai Role Even	its and licket/l	ass Disti	ributions	Α	Public Document
1.	Agency Name			and the second s	Date Stamp	California OOO
	County of Los Angeles					Form 802
	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 Adr	ministrator				
	Area Code/Phone Number	E-mail			Amendment (Must P	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	et policy?	■ No□ □	Face Value of	Each Ticket/Pass \$	\$90.00
		ies pelie). Tes				
	Event Description: LA Phil	Provide Title/ Expla	I	Date(s)	<u>, 28 , 24 </u>	
	Ticket(s)/Pass(es) provided			f no:		
	ricket(s)/Fass(es) provided	by agency? Yes	□ No ■ I	I 110.	Name of Source	
	Was ticket distribution made	at the behest Ves		f yes:		
	of agency official?	163			Official's Name (Last, First)	
	,					
3.	Recipients					
	 Use Section A to identify the agend 	cy's department or unit. •	Use Section B to i	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 th	e public purpose made purs	suant to the agency's policy
			Passes			
			1			
	B. Name of Indiv (Last, Firs		Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:
				Cerem	nonial Role Other	Income
	Ben Feldman		2	If check	king "Ceremonial Role" or "Other" desi	cribe below:
				Per ticket po	olicy 5.3 (i)	
				Cerem	onial Role Other	Income
					ing "Ceremonial Role" or "Other" desc	
	Name of Outside Ou		Number			
	C. Name of Outside Org		of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy
			rasses			
		- ' - '	1,			
	Museum and the second s					
١. ١	Verification					
	I have read and understand FPP	C Regulations 18944.	1 and 18942. I	have verified th	hat the distribution set for	th above, is in accordance
	with the requirements.					
	and	Patricia Ramir	ez	Admir	nistrative Director	4/30/2024
•	Signature of Agency Head or Designer	e Pri	nt Name		Title	(month, day, year)
	Comment:					
				a. n.Atministra		

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 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? Face Value of Each Ticket/Pass \$ ___ Yes ■ No □ Event Description: LA Phil Date(s) 4 / 30 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. 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 Waqas Rehman 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

A	Varification
⊸.	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.

Prod	Patricia Ramirez	Administrative
Signature of Agency Head or Designee	Print Name	

Director 4/30/2024 Title (month, day, year)

Comment:

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

		Diot	ributions		Public Documen
1. Agency Name				Date Stamp	California 802
County of Los Angele					
Division, Department,					For Official Use Only
	Board of Supervisor, First District				
Designated Agency Co	ontact (Name, Title)				
Patricia Ramirez, Tick				Amendment (Must I	Provide Explanation in Part 3.)
Area Code/Phone Num	nber E-mail	10 to			
213-974-4111	paramirez@bos	lacounty.gov		Date of Original Filing:	(month, day, year)
2. Function or Event	Information			Vancous Control of the Control of th	
Does the agency have	e a ticket policy?	es No 🗆	Face Value of E	ach Ticket/Pass \$ _	\$44.00
Event Description: LA	A Phil		Date(s)4/_		
Event Description	Provide Title/ Ex	planation	Date(s)/_	00) 24	
Ticket(s)/Pass(es) pro			If no:		
				Name of Source	
	made at the behest Ye	s 🗌 No 🔳	If yes:	Official's Name (Last, First)	
of agency official?				Oπiciar's Name (Last, First)	
. Recipients			3770		
Use Section A to identify t	he agency's department or unit.		identify an individual	I. Use Section C to identif	y an outside organization.
A. Name of Agenc	cy, Department or Unit	Number of Ticket(s)/ Passes	Describe the	public purpose made pur	suant to the agency's policy
	of Individual ast, First)	Number of Ticket(s)/ Passes	into a coon	Identify one of the fo	ollowing:
Waqas Rehman		2	DOMESTIC DESCRIPTION OF THE PROPERTY OF THE PR	nial Role Other of "Other" des	Income Cribe below:
			Ceremon	ial Role Other of "Ceremonial Role" or "Other" descriptions	Income Cribe below:
	side Organization ss and description)	Number of Ticket(s)/ Passes	Describe the p	oublic purpose made purs	uant to the agency's policy
Verification I have read and understar with the requirements.	nd FPPC Regulations 1894 Patricia Ram				
Signature of Agency Head as	The second secon	7073 NASSES	Adminis	strative Director	4/30/2024
Signature of Agency Head or I	Designee	Print Name		Title	(month, day, year)

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