	Agency Name				Date Stamp	California Q02
County of Los Angeles						Form OUZ
	Division, Department, or Regi	on (if applicable)	1	For Official Use Only		
	Board of Supervisor, First Di	strict				
	Designated Agency Contact (/	Vame, Title)				
	Patricia Ramirez, Ticket Adm	ninistrator			Amondment (Must Due	usida Evalanatian in Bart 2 V
	Area Code/Phone Number	E-mail			. Amendment (Must Pro	ovide 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	Market 180 miles Money	4 - M. C 13 - 4 - M. B		
	Does the agency have a tick	et policy? Yes	■ No □ F	ace Value of I	Each Ticket/Pass \$	149.00
	Event Description: LA Phil			Date(s)5	, 31 , 2024	
	Ticket(s)/Pass(es) provided b			no:		
					Name of Source	
	Was ticket distribution made of agency official?	at the behest Yes	□ No ■ <sup>I1</sup>	yes:	Official's Name (Last, First)	
<ul> <li>Recipients</li> <li>Use Section A to identify the agency's department or unit.</li> <li>A. Name of Agency, Department or Unit</li> </ul>			Number of Ticket(s)/ Passes		al. Use Section C to identify a public purpose made pursu	
	B. Name of Indivi		Number of Ticket(s)/ Passes		Identify one of the foll	
	Ricky Choi		2		onial Role Other fing "Ceremonial Role" or "Other" description 5.3 (i)	Income Income
		and the second s			onial Role Other One "Other Other" description of "Other" description of "Other" description of "Other" description of the other	Income Income
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
1	Verification have read and understand FPP	C Regulations 18944	.1 and 18942. I	have verified th	nat the distribution set fort	h above, is in accordance
ı	vith the requirements.	Patricia Rami	rez	Office	Manager	5/31/2024
-	Signature of Agency Head or Designee		int Name		Title	(month, day, year)
	C					
	Comment:					

1. Agency Name			Date Stamp	California Q02
County of Los Angeles				Form OUZ
Division, Department, or Region (if applicable)				For Official Use Only
Board of Supervisor, First District		-		
Designated Agency Contact (Name, Title)				
Patricia Ramirez, Ticket Administrator			Amandmant (44 / 6	
Area Code/Phone Number E-mail			Amendment (Must Pro	vide Explanation in Part 3.)
213-974-4111 paramirez@bos.la	acounty.gov		Date of Original Filing:	(month, day, year)
2. Function or Event Information	West of the second			
Does the agency have a ticket policy? Yes	No □ F	ace Value of E	Each Ticket/Pass \$	99.00
Event Description: LA Phil  Provide Title/ Expi		Date(s)/	31 , 2024	
	anation	f no:		
ricket(3)/1 ass(es) provided by agency:	□ No ■ I	1110	Name of Source	
Was ticket distribution made at the behest Yes		f yes:		
of agency official?			Official's Name (Last, First)	
. Recipients			\$ 00 MIN 188 1 PAGE 1 PAGE 1	
<ul> <li>Use Section A to identify the agency's department or unit.</li> </ul>	al. Use Section C to identify a	an outside organization.		
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the	public purpose made pursu	ant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the foll	owing:
		Ceremo	onial Role Other	Income
Ricky Choi	2		ng "Ceremonial Role" or "Other" descri	
		Per ticket po	licy 5.3 (i)	
		Ceremo	onial Role Other	Income
			ng "Ceremonial Role" or "Other" descri	and the second s
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
				A A
Verification				
I have read and understand FPPC Regulations 18944 with the requirements.	1.1 and 18942. I	have verified th	at the distribution set fort	h above, is in accordance
Patricia Ram	irez	Office	Manager	5/31/2024
	rint Name		Title	(month, day, year)
, management	anne and description			(month, day, year)
Comment:				

_						TI UDIIC BOCUIICIIL	
1.	Agency Name		Date Stamp California 80				
	County of Los Angeles			TOIM			
	Division, Department, or Reg	gion (if applicable)		For Official Use Only			
	Board of Supervisor, First I	District					
	<b>Designated Agency Contact</b>	(Name, Title)					
	Patricia Ramirez, Ticket Ad	Iministrator			☐ Amendment (Must	Provide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail	39 E-1941		Amenament (wast	r rovide Explanation in Part 3.)	
	213-974-4111	paramirez@bos.la	county.gov		Date of Original Filing	:(month, day, year)	
<u>-</u> 2.	Function or Event Infor	rmation					
	Does the agency have a tic	ket policy?	■ No □ F	ace Value of	Each Ticket/Pass \$ _	109.00	
	15 A						
	Event Description: LA Phil	Provide Title/ Expla	anation	Date(s)5	20 202		
	Ticket(s)/Pass(es) provided						
			Name of Source				
	Was ticket distribution made	e at the behest Yes	□ No 🔳 I	f yes:	Official's Name (Last, First)		
	of agency official?				Official's Name (Last, 1 list)		
_	Desirients						
3.	Recipients	o ev/e domontos out ou vuite - e	Han Cantinu D to :	a	-1 - 11 5	e 2.77	
	Use Section A to identify the ager	icy's department or unit.	ai. Use Section C to ident	ify an outside organization.			
	A. Name of Agency, Depart	Number of Ticket(s)/ Passes	Describe the	scribe the public purpose made pursuant to the agency's policy			
		THE RESERVE OF THE PERSON OF T					
				1			
					100000000		
	B. Name of Indi	Number of Ticket(s)/ Passes		Identify one of the following:			
				Cerem	onial Role Other	Income	
	Milena Warns		2	If checking "Ceremonial Role" or "Other" describe below:			
				Per ticket po	olicy 5.3 (i)		
				Ceremo	onial Role Other	Income [	
				1	ng "Ceremonial Role" or "Other" de	_	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's polic			
	*						
	Verification						
	I have read and understand FP	PC Regulations 18944	.1 and 18942. I	have verified th	nat the distribution set fo	orth above, is in accordance	
	with the requirements.					azere, io in accordance	
	XX	Patricia Rami	rez	Office	Manager	5/31/2024	
	Signature of Agency Head or Design	ee Pr	int 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)		For Official Use Only		
	Board of Supervisor, First D	istrict				
	<b>Designated Agency Contact</b>	(Name, Title)				
	Patricia Ramirez, Ticket Adr	ministrator		1	Amendment (Must Pi	rovido Evalenation in Bort 3.1
	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	mation	100			
	Does the agency have a tick	ket policy? Yes	■ No □ F	ace Value of I	Each Ticket/Pass \$	257.00
	Event Description: LA Phil	Provide Title/ Expla		Date(s)	, 18 , 2024	
	Ticket(s)/Pass(es) provided			f no:		
	ricket(s)// ass(es) provided	by agency: res	□ No 🔳 I	1110.	Name of Source	
	Was ticket distribution made	at the behest Yes	□ No ■ I	f yes:	Official's Name (Last, First)	
	of agency official?	, , , , , , , , , , , , , , , , , , , ,			Official's Name (Last, First)	
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	van outside organization.
	A. Name of Agency, Depa	rtment or Unit	of Ticket(s)/ Passes	Describe the	public purpose made purs	uant to the agency's policy
	R Name of Individual		Number			
	B. Name of Indiv		of Ticket(s)/ Passes		Identify one of the fo	llowing:
	Lucille Roybal-Allard		4	The second secon	emonial Role Other Income locking "Ceremonial Role" or "Other" describe below:  policy 5.3 (i)	
					onial Role Other Onial Role" or "Other" desc	Income
	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					
	have read and understand FPF with the requirements.	PC Regulations 18944.	1 and 18942. I	have verified th	nat the distribution set for	th above, is in accordance
	1014	Patricia Ramii	rez	Office	Manager	5/31/2024
•	Signature of Agency Head or Designe	e Pr	int Name	<del></del>	Title	(month, day, year)
	Comment:					
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Δ	PI	hI	ic	Do	-111	ma	nf
$\sim$	u				- 1.11		

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)					
	Patricia Ramirez, Ticket Adı	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:	(month, day, year)	
2.	Function or Event Infor	mation					
	Does the agency have a tick	ket policy? Yes	■ No □ F	ace Value of	Each Ticket/Pass \$	259.00	
	Event Description: LA Phil		100000000000000000000000000000000000000	Date(s)5	, 17 , 2024		
	Event Description.	Provide Title/ Expla	nation L	Jate(s)			
	Ticket(s)/Pass(es) provided	by agency? Yes	□ No ■ I	f no:			
			,		Name of Source		
	Was ticket distribution made	at the behest Yes	□ No 🔳 l	f yes:	Official's Name (Last, First)		
	of agency official?				Omelare reame (East, 1 11st)		
_	Recipients			Addition			
•	• Use Section A to identify the agen	cv's denartment or unit •	al •Ise Section C to identif	fy an outside organization			
	- Ose section // to identify the agen	cy sucpartment of ant.	Number	T	ai. Ose section c to identifi	y an outside organization.	
	A. Name of Agency, Depa	of Ticket(s)/	Describe the public purpose made pursuant to the agency's po				
			Passes				
		- wome					
	B. Name of Indiv (Last, Firs	Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:		
				Ceremo	onial Role Other	Income	
	Maria Cano		2	lf checki	ing "Ceremonial Role" or "Other" des	scribe below:	
				Per ticket po	olicy 5.3 (i)		
				Ceremo	onial Role Other	Income	
					ing "Ceremonial Role" or "Other" des	·	
			1				
	Name of Outside Or	Number					
		C. Name of Outside Organization (include address and description)			Describe the public purpose made pursuant to the agency's po		
		1.0	- 10 to 10 10 10 10 10 10 10 10 10 10 10 10 10				
	Vanisia at is						
	Verification						
	have read and understand FPF with the requirements.	PC Regulations 18944.	1 and 18942. I	have verified th	nat the distribution set fo	rth above, is in accordance	
,	Mar are requirements.	Dateleie Derei		0.00		<b>2/23/222</b>	
-	Nel .	Patricia Ramii		Office	Manager	5/31/2024	
	Signature of Agency Head or Designe	e Pr	int Name		Title	(month, day, year)	
	Comment:						
		- Character and the second					

### Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp **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 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? If no: . Yes No 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	
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Reina Schmitz	2	Ceremonial Role Other Income 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:
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

⊸.	A	CI	 La	uc	"

		FPPC Regulations	18944.1 and 18942.	I have verified that the	distribution set forth al	bove, is in accordance
with the rec	quirements.					

1000		Patricia Ramirez
Signature of Agonou L	load or Docianos	Drint N

Office Manager

5/31/2024

Print Name

(month, day, year)

Comment:

1.	Agency Name				Date Stamp	California OOO
	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 (					
	Patricia Ramirez, Ticket Adr	ninistrator				
	Area Code/Phone Number	E-mail	10		Amendment (Must F	Provide Explanation in Part 3.)
515	213-974-4111	paramirez@bos.la	county.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Inforr	nation	) American			
	Does the agency have a tick	tet policy? Yes	■ No □ F	ace Value of I	Each Ticket/Pass \$ _	174.00
	Event Description: LA Phil			Date(s)5	, 12 , 2024	
	Event Description.	Provide Title/ Expla	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes	□ No ■ I	f no:	Name of Source	The state of the s
					Name of Source	
1	Was ticket distribution made	at the behest Yes	□ No 🔳 📑	f yes:	Official's Name (Last, First)	
	of agency official?					
}	Recipients		W			
•	Use Section A to identify the agence	cy's department or unit.	al. Use Section C to identif	fy an outside organization.		
	A. Name of Agency, Depar	Number of Ticket(s)/			suant to the agency's policy	
			Passes			
	B. Name of Indiv	Number of Ticket(s)/ Passes	Identify one of the following:			
				1	onial Role Other	Income
	Lucille Roybal-Allard		2	100454C41451100	ng "Ceremonial Role" or "Other" de	scribe below:
				Per ticket po	olicy 5.3 (i)	
					onial Role Other	
				If checki	ng "Ceremonial Role" or "Other" des	scribe below:
	C. Name of Outside Org	Number of Ticket(s)/ Passes	Describe the	public purpose made pur	suant to the agency's policy	
,_			1, = 1			*
-						
. v	/erification					
	have read and understand FPP	C Regulations 18944.	1 and 18942. I	have verified th	at the distribution set fo	orth above, is in accordance
	rith the requirements.					
	V A	Patricia Ramir	ez	Office	Manager	5/31/2024
	Signature of Agency Head or Designer	e Pri	nt Name	<del></del>	Title	(month, day, year)
(	Comment:		- 4000			

I. Agency Name			Date Stamp	California OOO
County of Los Angeles				Form OUZ
Division, Department, or Region (if applicable)				For Official Use Only
Board of Supervisor, First District				
Designated Agency Contact (Name, Title)				
Patricia Ramirez, Ticket Administrator			_	
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 Information		3 33.0		
Does the agency have a ticket policy? Yes	■ No□ F	ace Value of E	Each Ticket/Pass \$	277.00
Event Description: LA Phil		Date(s)	12 , 2024	
Event Description:	nation L	Date(s)/.	12 / 2020	
		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?			Onicial's Name (Last, Filst)	
<ul> <li>Recipients</li> <li>Use Section A to identify the agency's department or unit.</li> </ul>	Use Section B to i	dentify an individua	al. Use Section C to identif	v an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes			suant to the agency's policy
B. Name of Individual	Number		Identify one of the fo	Nowing:
(Last, First)	of Ticket(s)/ Passes		identity one of the id	ollowing.
Young-Gi Harabedian	2	7.750-2000-2000-00	onial Role Other on "Other" des	
	7		onial Role Other on "Other" des	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the	public purpose made purs	suant to the agency's policy
Verification				
I have read and understand FPPC Regulations 18944. with the requirements.	1 and 18942. I	have verified th	at the distribution set fo	rth above, is in accordance
Patricia Ramii	ez	Office	Manager	5/31/2024
Signature of Agency Head or Designee Pri	int Name		Title	(month, day, year)
Comment:		<u> </u>		

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisor, First District Designated Agency Contact (Name, Title) Patricia Ramirez, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number 213-974-4111 paramirez@bos.lacounty.gov Date of Original Filing: . (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ \_\_\_ Yes No 🗆 Event Description: LA Phil Date(s) 5 12 2024 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 Name of Agency, Department or Unit A. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy **Passes** Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other | Income If checking "Ceremonial Role" or "Other" describe below: Young-Gi Harabedian 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 Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Patricia Ramirez

Office Manager

5/31/2024

Signature of Agency Head or Designee

W

Print Name

Title

(month, day, year)

**Print** 

Clear

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

1.	Agency Name		Date Stamp California						
	County of Los Angeles			Form OUZ					
	Division, Department, or Reg	ion (if applicable)		For Official Use Only					
	Board of Supervisor, First D	District							
	Designated Agency Contact	(Name, Title)							
	Patricia Ramirez, Ticket Adı	ministrator							
	Area Code/Phone Number	E-mail	Amendment (Must F	Provide Explanation in Part 3.)					
	213-974-4111	paramirez@bos.la	ecounty gov		Date of Original Filing:				
	210 07 1 1117	paramirez@bos.ie	(month, day, year)						
2.	<b>Function or Event Infor</b>	mation							
	Does the agency have a tick	ket policy? Yes	■ No □ F	ace Value of I	Each Ticket/Pass \$	319.00			
		. , ,							
	Event Description: LA Phil	Provide Title/ Expla	[ anation	Date(s)/	202				
	Ticket(s)/Pass(es) provided			f no:					
	rionat(a)/r dee(ee) provided	by agonoy. Tes	Name of Source						
	Was ticket distribution made	at the behest Yes	□ No ■ I	f yes:					
	of agency official?				Official's Name (Last, First)				
100					HILL CO.				
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	rtment or Unit	Number of Ticket(s)/	Describe the	nublic nurnose made nur	suant to the agency's policy			
	A	Passes	Describe the	public purpose made pur	suant to the agency's policy				
						_			
			1						
			<del> </del>						
		Number							
	B. Name of Indiv (Last, Firs		of Ticket(s)/	Identify one of the following:					
	(Eddi, 7 Ho	9	Passes						
	Lucille Roybal-Allard	2		Ceremonial Role  Other  Income  Income					
	Lucille Noybal-Allard			000 000 100 100		scribe below.			
				Per ticket po	olicy 5.3 (1)				
					onial Role Other				
				If checkir	ng "Ceremonial Role" or "Other" des	scribe below:			
	-								
	C. Name of Outside Org	Number of Ticket(s)/	Describe the	be the public purpose made pursuant to the agency's policy					
	(include address and	Passes		para parposo maso paro	dunt to the agency a poncy				
_	/erification								
		C Dogulations 19044	4 40040 4	L					
И	have read and understand FPF with the requirements.	C Regulations 18944	.1 and 18942. I	have ventied th	at the distribution set fo	rth above, is in accordance			
		ro-7	O#:	F/04/0004					
-	Signature of Agency Head as Day's	rez	— Office	Manager	5/31/2024				
	Signature of Agency Head or Designer	e Pr	int Name		Title	(month, day, year)			
,	Comment:								
•	Johnnent.								

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1.	Agency Name		Date Stamp California Q 0 2						
	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)							
	Patricia Ramirez, Ticket Adr	ministrator	Amendment (Must Provide Explanation in Part 3.)						
	Area Code/Phone Number	E-mail			Z ramonamone (made, romae Explanation in ran 6.7				
	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	ket policy? Yes	ace Value of I	Each Ticket/Pass \$ _	149.00				
	Event Description: LA Phil			Date(s)5	, 2 , 2024				
	Ticket(s)/Pass(es) provided	by agency? Yes	f no:	Name of Source					
	Was ticket distribution made	at the behest voc							
	of agency official?	at the periodic 168	□ 140 ■ ·	.,	Official's Name (Last, First)				
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 identi	fy an outside organization.			
	A. Name of Agency, Depa	Number of Ticket(s)/ Passes	Describe the	e the public purpose made pursuant to the agency's policy					
	B. Name of Indiv (Last, Firs	Number of Ticket(s)/ Passes		Identify one of the following:					
		_		onial Role Other					
	Martin Moreno	2	If checking "Ceremonial Role" or "Other" describe below:						
				Per ticket po	olicy 5.3 (i)				
				The second secon	onial Role Other				
				If checkii	ing "Ceremonial Role" or "Other" describe below:				
	Name of Outside Org	Number							
	C. (include address and	of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's po						
				No.					
٠. ١	/erification								
I	I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in according to the requirements.								
١	with the requirements.								
	LOVA	rez Office		Manager	5/31/2024				
	Signature of Agency Head or Designe	int Name	90	Title	(month, day, year)				
	Comment:		1		<u></u>				
			3100.100	***************************************					

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1.	Agency Name		Date Stamp California Q n							
	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)	1							
	Patricia Ramirez, Ticket Adr	ninistrator	Amondment (Mark)	Duritte Fortes (in Bod 0.)						
	Area Code/Phone Number	E-mail	Amendment (Must Provide Explanation in Part 3.)  Date of Original Filing:							
	213-974-4111	paramirez@bos.la								
2.	Function or Event Inform	mation								
	Does the agency have a tick	tet policy? Yes	Each Ticket/Pass \$	20.00						
	Event Description: Los Ange	eles County Museu	//	12 , 31 , 202						
	Ticket(s)/Pass(es) provided		geles County Museum	of Art						
	Was ticket distribution made	at the behest Vos								
	of agency official?	163		f 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	e public purpose made pursuant to the agency's policy					
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes	Cerem	Identify one of the fo	ollowing:				
				lf checki	ing "Ceremonial Role" or "Other" de:	scribe below:				
				Annual Control	onial Role Other Cing "Ceremonial Role" or "Other" des					
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe the	e public purpose made pur	suant to the agency's policy				
	K9 Youth Alliance		20	Per ticket policy 5.3 (i)						
ı	Verification I have read and understand FPF	PC Regulations 18944	1.1 and 18942. I	l have verified tl	hat the distribution set fo	orth above, is in accordance				
	with the requirements.	irez	Office Manager 5/31/2							
•	Signature of Agency Head or Designe	rint Name	-	Title	(month, day, year)					
			212							