A Public Document

1.	Agency Name				Date Stamp	California 000
-	County of Los Angeles					Form 802
	Division, Department, or Reg	ion (if applicable)		70	1	For Official Use Only
		Board of Supervisor, First District				
	Designated Agency Contact					
		-1				
	Patricia Ramirez, Ticket Adı Area Code/Phone Number	E-mail			Amendment (Must F	Provide Explanation in Part 3.)
	213-974-4111		county gov		Date of Original Filing:	
	213-374-4111	paramirez@bos.la	county.gov		Date of Original Filling.	(month, day, year)
2.	Function or Event Infor	mation		<u> </u>		
	Does the agency have a tick	et policy?	■ No □ F	Face Value of I	Each Ticket/Pass \$ _	30.00
	Event Description: Pomona	Provide Title/ Expla	[Date(s)	7 03 / 202	05 27 2024
	Ticket(s)/Pass(es) provided			f no:		
	Hokot(o)/i doo(oo) providod	by agonoy: 163		, no	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)	
	on the second of					
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 identif	fy 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
			Passes			
				ļ		
	B. Name of Indiv (Last, Firs		Number of Ticket(s)/ Passes		Identify one of the f	ollowing:
					onial Role Other ing "Ceremonial Role" or "Other" de	
				100000000000000000000000000000000000000	onial Role Other on "Other on "Other" des	
					5, 00,0, 00,	
			Number			
	C. Name of Outside Or		of Ticket(s)/	Describe the	public purpose made pur	suant to the agency's policy
	(monate dedices and		Passes		9116 1 (M) 90 (M) 90	
	Tenant Loteria		8	Per ticket po	licy 5.3 (i)	
					- X*	
	Steinmetz Park		10	Per ticket po	olicy 5.3 (i)	
		3			Comment of the Commen	
. '	Verification					
	I have read and understand FPF	PC Regulations 18944	.1 and 18942. I	I have verified th	nat the distribution set fo	orth above, is in accordance
1	with the requirements.					
G.	100	Patricia Rami	rez	Office	Manager	5/31/2024
•	Signature of Agency Head or Designe	e Pr	int Name	-	Title	(month, day, year)
	0					
	Comment:	12 11 1				

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	I U		-		<i> </i>	4		a.

1.	Agency Name				Date Stamp	California OOO
	County of Los Angeles					Form 8UZ
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Board of Supervisor, First D	istrict				
	Designated Agency Contact (**			
	Patricia Ramirez, Ticket Adr	ministrator				
	Area Code/Phone Number	E-mail	100		Amendment (Must Pr	ovide Explanation in Part 3.)
	213-974-4111	paramirez@bos.l	acounty.gov		Date of Original Filing: _	(month, day, year)
2.	Function or Event Inform	nation			A process of the second	
	Does the agency have a tick	et policy? Yes	s No D	ace Value of I	Each Ticket/Pass \$	30.00
	Event Description: Pomona		er an exception	Date(s)/	03 / 2024	05 , 27 , 2024
	Event Description.	Provide Title/ Exp	lanation	Jate(s)/		27 202
	Ticket(s)/Pass(es) provided I	by agency? Yes	s □ No ■ I	f no:		
				_	Name of Source	
	Was ticket distribution made	at the behest Yes	No 🔳	f yes:	Official's Name (Last, First)	
	of agency official?				20 50 10 10 10 10 10 10 10 10 10 10 10 10 10	
	Recipients	V-10-2				
	Use Section A to identify the agence	cy's department or unit.	• Use Section B to i	dentify an individua	al. Use Section C to identify	an outside organization.
			Number			
	A. Name of Agency, Depar	rtment or Unit	of Ticket(s)/ Passes	Describe the	public purpose made purs	uant to the agency's policy
				10000		
	R Name of Indiv	idual	Number			
	B. Name of Indiv (Last, First		of Ticket(s)/ Passes		Identify one of the fol	lowing:
				Ceremo	onial Role Other	Income
					ng "Ceremonial Role" or "Other" descr	
				Ceremo	onial Role Other	Income
				and the second s	ng "Ceremonial Role" or "Other" descr	
	C Name of Outside Org	janization	Number	Docariba the	nublia nurnaca da s	
	C. (include address and d		of Ticket(s)/ Passes	Describe the	public purpose made pursu	ant to the agency's policy
	Potroro Consiss Contar		40	Dankelar	i 5 0 (i)	A CONTRACTOR OF THE CONTRACTOR
	Potrero Service Center	<u> </u>	10	Per ticket pol	icy 5.3 (I)	
	San Gabriel Service Center		10	Don ticket	lieu F 2 (i)	
	San Gabrier Service Center		10	Per ticket pol	iicy 5.3 (I)	
1	/erification					
	have read and understand FPP	C Regulations 1894	4.1 and 18942. I	have verified th	at the distribution set fort	h above, is in accordance
V	vith the requirements					
	(MA	Patricia Ram	nirez	Office	Manager	5/31/2024
_	Signature of Agency Head or Designee) F	Print Name		Title	(month, day, year)
	Commont					
(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 Division, Department, or Region (if applicable) For Official Use Only Board of Supervisor, First District Designated Agency Contact (Name, Title) Patricia Ramirez, Ticket Administrator ■ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number 213-974-4111 paramirez@bos.lacounty.gov Date of Original Filing: . (month, day, year) 2. Function or Event Information 30.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ __ Yes No 🗆 Event Description: Pomona Fairplex Date(s) 05 / 03 / 2024 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No 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 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: Ceremonial Role Other ___ Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) **Passes**

4. Verification

YWCA - ELA

La Imperial

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 req	uirements.				,

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Per ticket policy 5.3 (i)

Per ticket policy 5.3 (i)

	Patricia Ramirez	Office Manager	5/31/2024
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

Print

Clear

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 30.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes No 🗆 Pomona Fairplex Date(s) 05 Event Description: 05 2024 27 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes No Name of Source Was ticket distribution made at the behest Yes ☐ No ■ If yes: . Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Number Name of Individual В. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other \square 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 Resurrection Church 12 Per ticket policy 5.3 (i) Nuevo Amanecer - Sister Trini 10 Per ticket policy 5.3 (i) 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.

Print

Signature of Agency Head or Designee

Comment: _

Clear

Print Name

Patricia Ramirez

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

5/31/2024

(month, day, year)

Office Manager

Title

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California County of Los Angeles **Form** 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 30.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes No 🗆 Event Description: Pomona Fairplex Date(s) 05 2024 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 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 \square Income If checking "Ceremonial Role" or "Other" describe below: 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 Public Matters** 10 Per ticket policy 5.3 (i)

4. Verification

ELA Women's Center

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.				

Per ticket policy 5.3 (i)

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1074	Patricia Ramirez	Office Manager	5/31/2024
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

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 Division, Department, or Region (if applicable) For Official Use Only Board of Supervisor, First District Designated Agency Contact (Name, Title) Patricia Ramirez, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number 213-974-4111 paramirez@bos.lacounty.gov Date of Original Filing: . (month, day, year) 2. Function or Event Information 30.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ __ Yes No 🗆 Event Description: Pomona Fairplex Date(s) 05 / 03 / 2024 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No 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 Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ **Passes** Number B. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other ___ Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) **Passes**

4. Verification

Comment:

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Alma

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	

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Per ticket policy 5.3 (i)

Per ticket policy 5.3 (i)

ast	Patricia Ramirez	Office Manager	5/31/2024	
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 30.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes No 🗆 Event Description: Pomona Fairplex Date(s) 05 / 03 2024 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No 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 Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ **Passes** Number B. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: 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**

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Comment:

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l hav∕e reàd and understand FPF	PC Regulations 18944.1	and 18942. I have	verified that the dis	tribution set forth above,	is in accordance
with the requirements.				ent american, enamely granter and a supplier super a value and activities of participation face and gr	
1 NA					

Per ticket policy 5.3 (i)

Per ticket policy 5.3 (i)

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(N/A	Patricia Ramirez	Office Manager	5/31/2024
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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FPPC Form 802 (2/2016)

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1.	Agency Name				Date Stamp	California OOO		
	County of Los Angeles					Form OUZ		
	Division, Department, or Reg	ion (if applicable)	89/80		1	For Official Use Only		
	Board of Supervisor, First D	istrict			_			
	Designated Agency Contact	(Name, Title)						
	Patricia Ramirez, Ticket Adı	ministrator			Amenda at 44 to			
	Area Code/Phone Number	E-mail				Provide Explanation in Part 3.)		
	213-974-4111	paramirez@bos.la	acounty.gov		Date of Original Filing:			
2.	Function or Event Inform	mation						
	Does the agency have a tick	ket policy? Yes	No □	Face Value of I	Each Ticket/Pass \$ _	30.00		
	Event Description: Pomona			Date(s)	, 03 , 2024	05 27 2024		
	Ticket(s)/Pass(es) provided	20 620		If no:	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)			
	• Use Section A to identify the agence A. Name of Agency, Depa		• Use Section B to Number of Ticket(s)/ Passes	A STATE OF THE STA		y an outside organization. suant to the agency's policy		
		Name of Individual (Last, First)			Identify one of the formula Role Other one of the regions of the r	Income 🔲		
					onial Role Other on "Other" des			
	C. Name of Outside Org	Number of Ticket(s)/ Passes	Describe the	e public purpose made pursuant to the agency's polic				
	Youth Climate Commission	1	10	Per ticket pol	licy 5.3 (i)			
	Healed Women Heal	8	Per ticket po	licy 5.3 (i)				
1	/erification							
1	have read and understand FPF with the requirements.	C Regulations 18944	!.1 and 18942.	l have verified th	at the distribution set fo	rth above, is in accordance		
•	T AAT	Patricia Ram	irez	Office	Manager	5/24/2024		
-	Signature of Agency Head or Designed		rint Name		Title	5/31/2024 (month, day, year)		
		***			.,	(month, day, year)		
(Comment:							

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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)		3-10 8-1 7-2				
	Patricia Ramirez, Ticket Adı	ministrator			☐ Amendment (Must B	rovide Explanation in Part 3.)		
	Area Code/Phone Number	E-mail			Amendment (Wast F	Tovide Explanation III Part 3.)		
	213-974-4111	paramirez@bos.la	county.gov		Date of Original Filing: .	(month, day, year)		
2.	Function or Event Inform	mation				00.00		
	Does the agency have a tick		■ No □	Face Value of I	Each Ticket/Pass \$	30.00		
	Event Description: Pomona	Fairplex Provide Title/ Expla		Date(s)	03 , 202	05 , 27 , 2024		
	Ticket(s)/Pass(es) provided			lf no:				
	ricket(s)/1 ass(es) provided	by agency: Tes	□ 140 <u>■</u> 1	1110.	Name of Source			
	Was ticket distribution made	at the behest Yes	□ No 🔳 I	f yes:	Official's Name (Last, First)	O 53900		
	of agency official?				Oniciais Name (Last, First)			
3.	Recipients							
	Use Section A to identify the agen-	cy's department or unit. •	Use Section B to	identify an individu	al. Use Section C to identify	an outside organization.		
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe the	public purpose made purs	suant to the agency's policy		
			rasses					
	B. Name of Indiv				Identify one of the following:			
					onial Role Other on "Other" descriptions of "Ceremonial Role" or "Other" descriptions of the control of the con	Income Cribe below:		
				2000 00 1000	onial Role Other on "Other" descriptions of "Other" descriptions of the control o	Income Cribe below:		
	C. Name of Outside Org		Number of Ticket(s)/ Passes	Describe the	public purpose made purs	uant to the agency's policy		
	NAACP - SGV		2	Per ticket po	licy 5.3 (i)			
	Azusa Connects		2	Per ticket po	licy 5.3 (i)			
	Verification							
	I have read and understand FPF	PC Regulations 18944.	.1 and 18942.	I have verified th	at the distribution set for	th above, is in accordance		
	with the requirements.	D		0.00		=121 1222		
	Sim Va	Patricia Rami		Office	Manager	5/31/2024		
	Signature of Agency Head or Designe	e Pr	int Name		Title	(month, day, year)		
	Comment:	26-26			<u> </u>			

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1. Agency Name			Date Stamp	California Ono
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)				
Patricia Ramirez, Ticket Administrator				
Area Code/Phone Number E-mail			│	Provide Explanation in Part 3.)
213-974-4111 paramirez@bos.la	county gov		Date of Original Filing:	
paraminozessonia	oodinty.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 i	Each Ticket/Pass \$	30.00
Event Description: Pomona Fairplex		05	, 03 , 2024	05 , 27 , 2024
Provide Title/ Expla	anation			
	□ No ■ If	f no:		
			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, 1 list)	
Desirients				
8. Recipients	Har Cardia - Brasi	J		
Use Section A to identify the agency's department or unit.		T Individu	al. Use Section C to identif	y an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the	e public purpose made pur	suant to the agency's policy
	Passes			
B. Name of Individual	Number of Ticket(s)/		Identify one of the fo	ollowing
(Last, First)	of Ticket(s)/ Passes		identity one of the R	onowing:
		Ceremo	onial Role Other	Income
Aquilina Soriano Versoza	2	If checki	ing "Ceremonial Role" or "Other" des	scribe below:
		Per ticket po	olicy 5.3 (i)	
		Ceremo	onial Role Other	Income
Michael Flowers	1		ng "Ceremonial Role" or "Other" des	
		Per ticket po	olicy 5.3 (i)	
Name of Outside Outside Outside	Number			
C. Name of Outside Organization (include address and description)	of Ticket(s)/ Passes	Describe the	public purpose made purs	suant to the agency's policy
	rasses			
. Verification				
I have read and understand FPPC Regulations 18944	.1 and 18942. I	have verified th	at the distribution set fo	rth above, is in accordance
with the requirements.				
Patricia Rami	rez	Office	Manager	5/31/2024
Signature of Agency Head or Designee Pr	int Name	a d	Title	(month, day, year)
Comment:				

Print

A Public Document

1. Agency Name			Date Stamp	California Q02		
County of Los Angeles				Form OUZ		
Division, Department, or Region (if applicable)	0,000			For Official Use Only		
Board of Supervisor, First District		1				
Designated Agency Contact (Name, Title)						
Patricia Ramirez, Ticket Administrator		-	Amendment (Must F	Provide Explanation in Part 3.)		
Area Code/Phone Number E-mail				TOTAL Explanation in Fall 3.)		
213-974-4111 paramirez@b	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 \$ _	30.00		
Event Description: Pomona Fairplex	E/ Explanation	Date(s)	03 , 2024	05 , 27 , 2024		
Ticket(s)/Pass(es) provided by agency?		f no:				
(-,,,,			Name of Source			
Was ticket distribution made at the behest of agency official?	Yes ☐ No ☐ If	f yes:	Official's Name (Last, First)			
 Recipients Use Section A to identify the agency's department or use 	unit. •Use Section B to i	dentify an individual	. Use Section C to identif	fy an outside organization.		
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the p	public purpose made pur	suant to the agency's policy		
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the following:			
	, 40000	110 10 100	ial Role Other C			
			ial Role Other C			
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the p	Describe the public purpose made pursuant to the agency's po			
Just Us 4 Youth	2	Per ticket polic	cy 5.3 (i)			
Los Angeles Room & Board	2	Per ticket poli	cy 5.3 (i)			
. Verification						
I have read and understand FPPC Regulations 1 with the requirements.	8944.1 and 18942. I	have verified tha	nt the distribution set fo	orth above, is in accordance		
Patricia I	Ramirez	Office M	Manager	5/31/2024		
Signature of Agency Head or Designee	Print Name		Title	(month, day, year)		
Comment:						

Clear

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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 - 70 - 10 - 10 - 10 - 10 - 10 - 10 - 10			
	Patricia Ramirez, Ticket Adr	ministrator			Amondment (Mark 5	Devide Fundamentan in Devid (1)
	Area Code/Phone Number	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 Inform	mation				
	Does the agency have a tick	et policy? Yes	No 🔲 🛭	ace Value of I	Each Ticket/Pass \$	30.00
	Event Description: Pomona	Fairplex Provide Title/ Expl	[Date(s)/	, 03 , 2024	05 , 27 , 2024
	Ticket(s)/Pass(es) provided			f no:	Name of Source	
	Was ticket distribution made	at the behest Voc		f yes:		
	of agency official?	at the beneat 168	L NO	. , <u></u>	Official's Name (Last, First)	
3.	Recipients • Use Section A to identify the agence	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, Department or Unit		Number of Ticket(s)/ Passes	Describe the	e public purpose made pur	suant to the agency's policy
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the following:	
				Page 100 Const.	onial Role Other on "Other" des	
					onial Role Other on "Other" des	
	C. Name of Outside Org	Number of Ticket(s)/ Passes	Describe the	public purpose made purs	suant to the agency's policy	
	NAACP - Pomona		8	Per ticket po	licy 5.3 (i)	
	LGTBQ - SGV	4	Per ticket po	licy 5.3 (i)		
. '	Verification					
	I have read and understand FPF with the requirements.	C Regulations 1894	4.1 and 18942. I	have verified th	nat the distribution set fo	rth above, is in accordance
1	(dref	Patricia Ram	irez	Office	Manager	5/31/2024
-	Signature of Agency Head or Designer	e P	Print Name	-	Title	(month, day, year)
	Comment:					

Clear

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	Agency Name				Date Stamp	California 202		
	County of Los Angeles					Form OUZ		
	Division, Department, or Regi	on (if applicable)				For Official Use Only		
	Board of Supervisor, First D	istrict						
	Designated Agency Contact (Name, Title)						
	Patricia Ramirez, Ticket Adr	ninistrator			Amendment (Must l	Provide Explanation in Part 3.)		
7	Area Code/Phone Number	E-mail			Amendment (Musici	Tovide Explanation III Fait 3.)		
	213-974-4111	paramirez@bos.	lacounty.gov		Date of Original Filing:	(month, day, year)		
2.	Function or Event Inform	nation				00.00		
	Does the agency have a tick	et policy? Ye	es 🔳 No 🔲 🛭 F	ace Value of	Each Ticket/Pass \$ _	30.00		
8	Event Description: Pomona	Fairplex Provide Title/Ex	[Date(s)	05 , 27 , 2024			
	Ticket(s)/Pass(es) provided			f no:	Name of Source			
,	Was ticket distribution made	at the behest ve	s D No E I	f yes:				
	of agency official?	10	3 110		Official's Name (Last, First)			
	Recipients							
	Use Section A to identify the agence	:y's department or unit.		dentify an individu	al. Use Section C to identif	fy an outside organization.		
	A. Name of Agency, Depar	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency					
		B. Name of Individual (Last, First)			Identify one of the following:			
				The second secon	onial Role Other ing "Ceremonial Role" or "Other" des			
-								
-					onial Role Other ing "Ceremonial Role" or "Other" dea			
9	C. Name of Outside Org		Number of Ticket(s)/ Passes	If check	ing "Ceremonial Role" or "Other" des			
9			of Ticket(s)/	If check	ing "Ceremonial Role" or "Other" des	scribe below:		
	(include address and	description)	of Ticket(s)/ Passes	If check	e public purpose made pure	scribe below:		
	YWCA - SGV Homeless Solutions Suppo	description)	of Ticket(s)/ Passes	Describe the	e public purpose made pure	scribe below:		
1	YWCA - SGV Homeless Solutions Support Verification have read and understand FPF	ort Services	of Ticket(s)/ Passes 2	Describe the Per ticket po	e public purpose made pure	suant to the agency's policy		
1	YWCA - SGV Homeless Solutions Support	ort Services	of Ticket(s)/ Passes 2 2 2 44.1 and 18942.	Describe the Per ticket po	e public purpose made pure	suant to the agency's policy		

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 30.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes No 🗆 Date(s) __05 Pomona Fairplex 05 27 2024 **Event Description:** Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No 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 Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ **Passes** Number B. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. 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** God's Pantry 12 Per ticket policy 5.3 (i) CultivaLA 12 Per ticket policy 5.3 (i) 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

Comment:

Print

Patricia Ramirez

Print Name

Clear

with the requirements.

Signature of Agency Head or Designee

5/31/2024

(month, day, year)

Office Manager

Title

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 30.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes No 🗆 Pomona Fairplex 05 27 2024 **Event Description:** Date(s) -Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No If no: Name of Source Was ticket distribution made at the behest Yes ☐ No ■ If yes: _ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization. Number Name of Agency, Department or Unit A. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ **Passes** Number 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 Other Ceremonial Role 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 Bassett Seniors** 8 Per ticket policy 5.3 (i) Califiornia Conservation Corps 8 Per ticket policy 5.3 (i) 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Patricia Ramirez Office Manager 5/31/2024 Signature of Agency Head or Designee Print Name Title (month, day, year)

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Comment:

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

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Form For Official Use Only Amendment (Must Provide Explanation in Part 3.) Date of Original Filing:
Date of Original Filing:
Value of Each Ticket/Pass \$
Name of Source Official's Name (Last, First)
Name of Source Official's Name (Last, First)
Name of Source : Official's Name (Last, First)
Name of Source : Official's Name (Last, First)
:Official's Name (Last, First)
Official's Name (Last, First)
y an individual. Use Section C to identify an outside organization.
y an individual. Use Section C to identify an outside organization.
Describe the public purpose made pursuant to the agency's policy
Identify one of the following:
Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
Describe the public purpose made pursuant to the agency's policy
r ticket policy 5.3 (i)
r ticket policy 5.3 (i)
e verified that the distribution set forth above, is in accordance
Office Manager 5/31/2024
-

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp 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 30.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes ■ No □ Pomona Fairplex Date(s) __05 05 **Event Description:** 27 2024 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes 🔲 No 🔳 If no: Name of Source Was ticket distribution made at the behest Yes ☐ No ■ 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 В. of Ticket(s)/ Identify one of the following: (Last, First) **Passes** Ceremonial Role Other Income ___ If checking "Ceremonial Role" or "Other" describe below: Jose Sanchez 3 Per ticket policy 5.3 (i) Ceremonial Role Other \Box Income ___ Nathaniel Salazar If checking "Ceremonial Role" or "Other" describe below: 2 Per ticket policy 5.3 (i) Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements, Patricia Ramirez Office Manager 5/31/2024

Print

Signature of Agency Head or Designee

Comment:

Clear

Print Name

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

(month, day, year)

Title

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. Agency	Name				Date Stamp	California 802
County o	of Los Angeles					Form OU2
Division,	Department, or Region	on (if applicable)				For Official Use Only
Board of	Supervisor, First Di	strict				
Designate	ed Agency Contact (/	Vame, Title)			1	
Patricia F	Ramirez, Ticket Adm	ninistrator			Amendment (Must 5	Provide Explanation in Part 3.)
Area Code	e/Phone Number	E-mail		***************************************		
213-974-	4111	paramirez@bos.lad	county.gov		Date of Original Filing:	(month, day, year)
Functio	n or Event Inforn	nation				30.00
Does the	agency have a ticke	et policy? Yes			Each Ticket/Pass \$	30.00
Event De	scription: Pomona I	Fairplex Provide Title/ Expla.	nation [Date(s)	, 03 , 202 <mark>4</mark>	05 , 27 , 2024
Ticket(s)/	Pass(es) provided b	5500 F		f no:	Name of Source	
Was ticke	et distribution made	at the behest Yes [f yes:	Official's Name (Last, First)	
of agend	cy official?				Onicial's Name (East, 1 list)	
Recipio		<i>(</i> , <u>d</u> ,		. 1 1.26		
• Use Section	on A to identify the agency	y's department or unit. •	Number	dentify an individu	ual. Use Section C to identif	y an outside organization.
Α.	Name of Agency, Depart	tment or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
			Number			
В.	Name of Indivi (Last, First)		of Ticket(s)/ Passes		Identify one of the fo	ollowing:
				A CONTRACTOR OF THE CONTRACTOR	nonial Role Other cing "Ceremonial Role" or "Other" des	
					nonial Role Other ting "Ceremonial Role" or "Other" des	
	Name of Outside Org (include address and d		Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	suant to the agency's policy
C.			0	Per ticket po	olicy 5.3 (i)	
	ian American Emplo	oyee Assoc.	8			
LAC Asi	ian American Emplo	oyee Assoc.	8	Per ticket po	olicy 5.3 (i)	
LAC Asi	ddy - SBCC	oyee Assoc.		Per ticket po	olicy 5.3 (i)	
LAC Asi Gaby Ed Verificati I have read	ddy - SBCC ion (and understand FPP)		8		, , , , , , , , , , , , , , , , , , , ,	rth above, is in accordanc
LAC Asi Gaby Ed	ddy - SBCC ion (and understand FPP)		8 1 and 18942.	I have verified to	, , , , , , , , , , , , , , , , , , , ,	rth above, is in accordanc 5/31/2024

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp 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 30.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes ■ No □ Pomona Fairplex 05 **Event Description:** 05 27 2024 Date(s). Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No No If no: . Name of Source Was ticket distribution made at the behest Yes ☐ No ■ If yes: _ Official's Name (Last, First) of agency official? Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization. Number A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ **Passes** Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) **Passes** Ceremonial Role Other Income Lisa Nashua 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: Reggie Clark 2 Per ticket policy 5.3 (i) Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes 4. Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Patricia Ramirez Office Manager 5/31/2024 Signature of Agency Head or Designee Print Name Title (month, day, year)

Print

Comment:

Clear

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

A Public Document

1. Agency Name			Date Stamp	California QQ2			
County of Los Angeles				Form OUZ			
Division, Department, or Region (if app	licable)			For Official Use Only			
Board of Supervisor, First District							
Designated Agency Contact (Name, Title)		, i				
Patricia Ramirez, Ticket Administrato	or		Amendment (Must Provide Explanation in Part 3.)				
Area Code/Phone Number E-mail		£2	Amendment (Must F	Provide Explanation in Part 3.)			
213-974-4111 paramir	ez@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 B	Each Ticket/Pass \$	30.00			
Event Description: Pomona Fairplex	vide Title/ Explanation	Date(s)	03 , 2024	05 27 2024			
Ticket(s)/Pass(es) provided by agence		If no:					
ricket(3)/r ass(es) provided by agent	y: Tes NO	11 110.	Name of Source				
Was ticket distribution made at the be of agency official?	ehest Yes No	If yes:	Official's Name (Last, First)				
8. Recipients			The second secon				
 Use Section A to identify the agency's departn 	nent or unit. • Use Section B t	o identify an individu	al. Use Section C to identif	fy an outside organization			
A. Name of Agency, Department or U	Number			suant to the agency's policy			
B. Name of Individual	Number of Ticket(s)	1	Identify one of the fo	ollowing:			
(Last, First)	Passes		_				
Maria Brenes	2		onial Role Other Onial Role Other Other des				
			onial Role Other	1 D			
Reina Schmitz	2		ng "Ceremonial Role" or "Other" des				
,	_	Per ticket po	olicv 5.3 (i)				
C. Name of Outside Organization (include address and description	Number of Ticket(s)/ Passes			suant to the agency's policy			
. Verification							
I have read and understand FPPC Regula with the requirements.	tions 18944.1 and 18942	2. I have verified th	at the distribution set fo	orth above, is in accordance			
	Alda Danil	0.00		F/0.1/0.00 1			
	tricia Ramirez	Office	Manager	5/31/2024			
Signature of Agency Head or Designee	Print Name		Title	(month, day, year)			
Comment:							

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1.	Agency Name				Date Stamp	California OOO			
	County of Los Angeles					Form OUZ			
	Division, Department, or Region (if applied	able)	100 TO	W-10.00.10.10.10		For Official Use Only			
	Board of Supervisor, First District				, ",				
	Designated Agency Contact (Name, Title)								
	Patricia Ramirez, Ticket Administrator	C.			Amendment (Must Provide Explanation in Part 3.)				
	Area Code/Phone Number E-mail				Amendment (Must F	Provide Explanation in Part 3.)			
	213-974-4111 paramire	z@bos.laco	ounty.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 B	Each Ticket/Pass \$	30.00			
	Event Description: Pomona Fairplex			Date(s)/	03 , 2024	05 , 27 , 2024			
	Ticket(s)/Pass(es) provided by agency	de Title/Explana		If no:					
	ricket(s)/Fass(es) provided by agency	r Yes ∐	No 🔳	II 110	Name of Source				
	Was ticket distribution made at the bel of agency official?	nest Yes□	No 🔳	If yes:	Official's Name (Last, First)				
3.	Recipients								
<i>,</i> .	Use Section A to identify the agency's department	ent or unit. •Us	e Section B to	identify an individu	al. Use Section C to identif	v an outside organization			
	A. Name of Agency, Department or Un		Number of Ticket(s)/			suant to the agency's policy			
			Passes						
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:			
	Maria Salas		2		onial Role Other on "Other" des				
	Rosa Soto		2	Ceremo	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			<u> </u>					
	I have read and understand FPPC Regulati with the requirements.	ons 18944.1	and 18942.	I have verified th	at the distribution set fo	rth above, is in accordance			
	1 A/No	ricia Ramire:	7	Office	Manager	5/31/2024			
	Signature of Agency Head or Designee		Name		Title	(month, day, year)			
	- Vindia 21. Galley House of Bookgroot	1 1111			Huc	(month, day, year)			
	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 Date of Original Filing: . 213-974-4111 paramirez@bos.lacounty.gov (month, day, year) 2. Function or Event Information 30.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes No 🗆 Event Description: Pomona Fairplex Date(s) __05 05 27 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 A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ **Passes** Number B. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes

Robert Meneses	2	Ceremonial Role Other Income L If checking "Ceremonial Role" or "Other" describe below: Per ticket policy 5.3 (i)
Brian Tabatabai	2	Ceremonial Role Other Income I
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

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4.	\/	0	r	ifi	-	3	*1	-	m
—	w	c				a	L	u	

Comment:

l have∕read	I and understand FPPC Regulations	18944.1 and 18942.	I have verified that the	distribution set forth above	ve, is in accordance
with the red	quirements.				TO THE SECOND CONTRACTOR OF THE SECOND CONTRAC

(X/th	Patricia Ramirez	Office Manager	5/31/2024
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Print

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FPPC Form 802 (2/2016)

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1	Agency Name				Date Stamp	California OOO			
••	County of Los Angeles		Dute otamp	Form 802					
	Division, Department, or Reg	ion (if applicable)		For Official Use Only					
		36.7							
	Board of Supervisor, First D								
	Designated Agency Contact	(Name, Litle)							
	Patricia Ramirez, Ticket Ad				Amendment (Must Provide Explanation in Part 3.)				
	Area Code/Phone Number	E-mail							
	213-974-4111	paramirez@bos.la	county.gov		Date of Original Filing:	(month, day, year)			
~	Function or Event Infor	notion .							
۷.						30.00			
	Does the agency have a tick				Each Ticket/Pass \$ _				
	Event Description: Pomona	Fairplex		Date(s)	, 03 , 2024	05 , 27 , 2024			
		Provide Title/ Expla	anation						
	Ticket(s)/Pass(es) provided	by agency? Yes	□ No 🔳 I	f no:	Name of Source				
					Name of Source				
	Was ticket distribution made	at the behest Yes	□ No 🔳 ¹	f yes:	Official's Name (Last, First)				
	of agency official?				1				
_	Decinionts		VIII TO THE TOTAL THE TOTAL TO THE TOTAL TOT			Standard Standard			
3.	Recipients	. /	Har Cartley D.t.	1					
	Use Section A to identify the agen	cy's department or unit.		dentify an individu	ai. Use Section C to identi	fy an outside organization.			
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/	Describe the	public purpose made pu	rsuant to the agency's policy			
			Passes						
	R Name of Indiv	idual	Number	110000000000000000000000000000000000000					
	B. Name of Indiv (Last, Firs		of Ticket(s)/ Passes		Identify one of the f	following:			
		***************************************		Ceremo	onial Role Other	Income			
				The state of the s	ng "Ceremonial Role" or "Other" de				
					onial Role Other C				
						W. S.			
	C. Name of Outside Or		Number of Ticket(s)/	Describe the	public purpose made pur	suant to the agency's policy			
	(include address and	description)	Passes						
	San Gabriel Valley Conser	vation Corn	10	Per ticket po	licy 5 3 (i)				
		valion corp	10	1 or ticket po	110y 0.0 (1)				
	Puente Hills Project Outrea	ach	16	Dor tiplest = -	liov 5 2 (i)				
	Puente milis Project Outrea	acn	16	Per ticket po	iicy 5.3 (I)				
. ,	Verification								
	have read and understand FPF	PC Regulations 18044	1 and 18942	I have verified th	at the distribution set for	orth above is in accordance			
	with the requirements.	O Negaladorio 10344.	. i ana 10342. I	nave vermed ti	iat the distribution set it	oran above, is in accordance			
	V/4	Patricia Rami	re7	Office	Manager	5/31/2024			
-	Signature of Agency Head or Designe		int Name		Title	(month, day, year)			
	organization of Agentry Fredu of Designe		in Hame		Tiue	(month, day, year)			
	Comment:			200 (20)					
	namental management of the design of the state of the sta				200 12 22 22 22 22 22 22 22 22 22 22 22 22				

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1.	Agency Name				Date Stamp	California 802		
	County of Los Angeles			Form OUZ				
	Division, Department, or Reg	ion (if applicable)	11	For Official Use Only				
	Board of Supervisor, First D	istrict		, ,				
	Designated Agency Contact (Name, Title)						
	Patricia Ramirez, Ticket Adr	ministrator	Amondment (Mark)	Describe Francisco in Book 0.)				
	Area Code/Phone Number	*****		Amendment (Must)	Provide Explanation in Part 3.)			
	213-974-4111	paramirez@bos.lad	county.gov		Date of Original Filing:			
2.	Function or Event Inform	mation						
	Does the agency have a tick	et policy? Yes	Each Ticket/Pass \$ _	30.00				
	Event Description: Pomona	Fairplex Provide Title/ Explai	[Date(s)	05, 27, 2024			
	Ticket(s)/Pass(es) provided			f no:	Name of Source			
	Was ticket distribution made	at the behest Yes [□ No 🔳 🏻	f yes:	Official's Name (Last, First)			
	of agency official?				omoidro stamo (Edol, Filol)			
3.	Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. Use Section C to identify an outside organization. Number							
	A. Name of Agency, Depart	of Ticket(s)/ Passes	Describe the	ibe the public purpose made pursuant to the agency's policy				
	B. Name of Indiv	ridual	Number of Ticket(s)/		Identify one of the f	ollowing:		
	(Last, Firs	t)	Passes	Coron	onial Role Other			
	Sam Pratter	2		ing "Ceremonial Role" or "Other" de				
	Martha Jimenez	6	Ceremonial Role Other Income Income Fredering "Ceremonial Role" or "Other" describe below: Per ticket policy 5.3 (i)					
	C. Name of Outside Org	Number of Ticket(s)/ Passes	Ficket(s)/ Describe the public purpose made pursuant to the agency's po					
				3				
. 1	/erification							
	have 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	with the requirements.							
	100	Patricia Ramir	ez	Office	Manager	5/31/2024		
	Signature of Agency Head or Designe	e Pri	nt Name		Title	(month, day, year)		
	Comment:			NEED SOUTH				

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1.	Agency Name			The state of the s	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 Adı	ministrator						
	Area Code/Phone Number			Amendment (Must 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	nation						
	Does the agency have a tick	et policy? Yes	Each Ticket/Pass \$ _	30.00				
	Event Description: Pomona	Fairplex	03 , 2024	05 , 27 , 2024				
	Ticket(s)/Pass(es) provided	Provide Title/Expla		f no:				
	ricket(s)/Fass(es) provided	by agency? Yes I	Name of Source					
	Was ticket distribution made	at the behest Yes						
	of agency official?	.00		f yes:	Official's Name (Last, First)			
				-				
3.	Recipients							
	Use Section A to identify the agence	cy's department or unit. •	Use Section B to i	dentify an individua	al. Use Section C to identi	fy an outside organization.		
	A. Name of Agency, Depar	Number of Ticket(s)/ Passes	Describe the	public purpose made pursuant to the agency's policy				
	Staff		84	Per ticket po	policy 5.3 (k)			
	B. Name of Indiv		Number of Ticket(s)/ Passes		Identify one of the f	following:		
				F-00 (00.0)	onial Role Other on "Other" de	The state of the s		
					onial Role Other on "Other" de			
	C. Name of Outside Org	Number of Ticket(s)/ Passes	Describe the	e public purpose made pursuant to the agency's policy				
. ,	Verification		W. W. T. W. T. W.					
1	have read and understand FPF with the requirements.	C Regulations 18944.	1 and 18942. I	have verified th	at the distribution set fo	orth above, is in accordance		
,	XAAA	.07	O#:	Office Manager 5/31/2024				
-	Signature of Agency Head on Decime	Patricia Ramir	nt Name	— — Опісе	-	5/31/2024		
	Signature of Agency Head or Designer	e Pri	Title	(month, day, year)				
	Comment:							