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 Date of Original Filing: . 213-974-4111 paramirez@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ \_ Does the agency have a ticket policy? Yes ■ No □ Event Description: LA Phil Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No No 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 Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ **Passes** Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Gabriela Eddy 4 Per ticket policy 5.3 (i) Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (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.

Signature of Agency Head or Designee Print Name Office Manager

Title

6/28/2024

(month, day, year)

Comment: \_

C	eremonial Role Even	ts and Ticket/F	ass Distr	ributions	Α	<b>Public Document</b>	
	Agency Name County of Los Angeles Division, Department, or Region (if applicable)				Date Stamp	California 802	
						For Official Use Only	
	Board of Supervisor, First District						
	Designated Agency Contact (Name, Title)						
	Patricia Ramirez, Ticket Administrator				Amendment (Must P	rovide Explanation in Part 3.)	
	Area Code/Phone Number E-mail			COLUMN TO THE PROPERTY OF THE			
	213-974-4111	13-974-4111 paramirez@bos.lacounty.gov			Date of Original Filing:(month, day, year)		
2.	Function or Event Infor	unction or Event Information					
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	Event Description: LA Phil Date(s) Date(s)				, 29 , 2024		
		Provide Title/Expla	nation				
	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:						
	of agency official?				Official's Name (Last, First)		
	Desirients	- Control Control					
	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.						
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	(Last, Firs	et)	Passes				
					onial Role  Other  ing "Ceremonial Role" or "Other" des		
			- 1		onial Role Other on "Other" des		
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe the	escribe the public purpose made pursuant to the agency's policy		
	Armenian Relief Society		4	Per ticket po	Per ticket policy 5.3 (i)		
	Verification I have read and understand FPI	PC Regulations 18944	1 and 180/2	I have verified t	hat the distribution set fo	with about in in accordance	
	with the requirements.	Patricia Rami			e Manager	6/28/2024	

Comment: \_

**Print**