Agency Report of:

Ceremoniai Role Events and	I TICKET/Pass Dis	stributions	A Public Document	
1. Agency Name		Da	te Stamp California OO3	
County of Los Angeles			Form 802	
Division, Department, or Region (if applicable)			For Official Use Only	
Board of Supervisor, First District			in the real field	
Designated Agency Contact (Name, Title	e)			
Patricia Ramirez, Ticket Administrate	or			
Area Code/Phone Number E-mail			idment (Must Provide Explanation in Part 3.)	
213-974-4111 parami	rez@bos.lacounty.gov	Date of O	riginal Filing:	
	,,,,,		(month, day, year)	
2. Function or Event Information				
Does the agency have a ticket policy	/? Yes ■ No □	Face Value of Each Tick	et/Pass \$\$134.00	
Event Description: LA Phil		Date(s) 10 , 26 , 2	024	
Event Description.	ovide Title/ Explanation	Date(s)		
Ticket(s)/Pass(es) provided by agend	cy? Yes □ No ■	If no:		
		Name of S	Source	
Was ticket distribution made at the b	ehest Yes No	If yes:Official's Na	ame (Last, First)	
of agency official?		omoral of the	The (Lust, 1 may)	
B. Recipients				
Use Section A to identify the agency's departre	ment or unit • Use Section P	to identify an individual Her Co-	tion Chaideast	
ose section in to lacinary the agency's departi	Number		tion C to identify an outside organization.	
A. Name of Agency, Department or L	Jnit of Ticket(s	Describe the public purp	Describe the public purpose made pursuant to the agency's policy	
	Passes			
		10		
B. Name of Individual	Number of Ticket(s	Identify one of the following:		
(Last, First)	Passes			
Dan Faldman		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:		
Ben Feldman	2			
		Per ticket policy 5.3 (i)	1	
		Ceremonial Role		
		If checking "Ceremonial F	Role" or "Other" describe below:	
Name of Outside Organization	Number of Ticket(s)	/ Describe the public purp	Describe the public purpose made pursuant to the agency's policy	
(include address and description	Passes		see made parodulit to the agency's poincy	
Verification				
I have read and understand FPPC Regula	tions 18944.1 and 1894	2. I have verified that the distri	ibution set forth above is in accordance	
with the requirements.			zanon set form above, is in accordance	
Pa	tricia Ramirez	Office Manager	10/31/2024	
Signature of Agency Head or Designee Print Name		Tit		
			(, co,, year)	
Comment:				
¥.				