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

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1.	Agency Name				Date Stamp	California 802	
	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				Amendment (Must F	Provide Explanation in Part 3.)	
	ACTION CONTROL OF THE PROPERTY	paramirez@bos.lacounty.gov			Date of Original Filing:		
	213-374-4111 ps	aramirez@bos.iac	County.gov		(month, day, year)		
2.	Function or Event Informa	tion					
	Does the agency have a ticket policy? Yes ■ No □ F			Face Value of	Each Ticket/Pass \$	\$115.00	
	Event Description: LA Phil Date(s) 12				<u> 14 </u>		
	Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☐ No ■ If no:						
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ■ If no:				Name of Source		
				If yes:			
	of agency official?			Official's Name (Last, First)			
	or agonoy omoral.						
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						
	No.					suant to the agency's policy	
			of Ticket(s)/ Passes		a passe parpose made pare	buding to the agency a policy	
	Number						
	B. Name of Individua (Last, First)	of Ticket(s)/ Passes	Identify one of the following:				
			газэез	S. BURTONES, S.		_	
	Elvia Torres			monial Role Other Income Ching "Ceremonial Role" or "Other" describe below:			
	Livia Torres	2	Per ticket po		onbe below.		
				<u> </u>	,		
					onial Role Other	Income	
				If check	ing "Ceremonial Role" or "Other" desi	cribe below:	
	C. Name of Outside Organization		Number of Ticket(s)/	Describe the	Describe the public purpose made pursuant to the agency's polic		
	(include address and desc	Passes	parameter the parameter made parameter the agency's policy				
	Verification						
1	have read and understand FPPC F	Regulations 18944.1	and 18942.	l have verified th	nat the distribution set for	rth above, is in accordance	
ι	Patricia Ramirez Office						
112-	LOVE	ez	Office	Manager	12/31/2024		
	Signature of Agency Head or Designee Print Name				Title	(month, day, year)	
	Comment:						