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 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ \_ Yes No 🗆 Date(s) 12 / 23 / Event Description: LA Phil 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 Describe the public purpose made pursuant to the agency's policy A. 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: Gabby Eddy 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 u | ınderstand FPPC Regulations | : 18944.1 and 18942. | I have verified that the | distribution set forth | above, is in accordance |
|-------------------|-----------------------------|----------------------|--------------------------|------------------------|-------------------------|
| with the requirem |                             |                      |                          |                        | ,                       |
|                   |                             |                      |                          |                        |                         |

| 10xxxx                               | Patricia Ramirez | Office Manager | 12/31/2024         |
|--------------------------------------|------------------|----------------|--------------------|
| Signature of Agency Head or Designee | Print Name       | Title          | (month, day, year) |

Print

Clear

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