

**Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions**

A Public Document

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|--|--------------------------------------|---|----------------------------|
| 1. Agency Name | | Date Stamp | California Form 802 |
| 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 | | | |
| Area Code/Phone Number 213-974-4111 | E-mail paramirez@bos.lacounty.gov | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small> | |

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ \$43.00

Event Description: LA Phil Date(s) 1 / 5 / 2025
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? Yes No If yes: _____
Official's Name (Last, First)

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.

| A. Name of Agency, Department or Unit | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|---|-----------------------------|--|
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | Identify one of the following: |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| 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 |
| Sunshine Park Senior Center | 2 | 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
1/28/2025

Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____