

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

A Public Document

|                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                  |                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>1. Agency Name</b><br>County of Los Angeles<br>Division, Department, or Region (if applicable)<br>Board of Supervisor, First District<br>Designated Agency Contact (Name, Title)<br>Patricia Ramirez, Ticket Administrator<br>Area Code/Phone Number<br>213-974-4111<br>E-mail<br>paramirez@bos.lacounty.gov |  | Date Stamp                                                                                                                       | <b>California Form 802</b><br>For Official Use Only |
|                                                                                                                                                                                                                                                                                                                 |  | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)<br>Date of Original Filing: _____<br>(month, day, year) |                                                     |

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ \_\_\_\_\_ \$299.00

Event Description: LA Phil Provide Title/ Explanation Date(s) 3 / 1 / 2025

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"/><br>If checking "Ceremonial Role" or "Other" describe below: |
|                                                                   |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br>If checking "Ceremonial Role" or "Other" describe below: |
| 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                                                                                                    |
| Shower of Hope                                                    | 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.

Signature of Agency Head or Designee Patricia Ramirez Office Manager 2/28/2025  
Print Name Title (month, day, year)

Comment: \_\_\_\_\_

Print

Clear