	gency Report of: eremonial Role Even	its and Ticket/I	Pass Dist	ributions	A	Public Document	
-	Agency Name			Date Stamp	California a a a		
	County of Los Angeles				Form 802		
	Division, Department, or Region (if applicable)				For Official Use Only		
	Board of Supervisor, First D	District					
	Designated Agency Contact (Name, Title)						
	Patricia Ramirez, Ticket Administrator				Amondment (44-44	2-11-5-11-11-11-11-11-11-11-11-11-11-11-1	
	Area Code/Phone Number	E-mail	E-mail			Amendment (Must Provide Explanation in Part 3.) Date of Original Filing:	
	213-974-4111 paramirez@bos.lacounty				Date of Original Filing:		
2.	Function or Event Information						
	Does the agency have a ticket policy? Yes ■ No □ Face Value of Each Tick				Each Ticket/Pass \$	\$195.00	
	Event Description: LA Phil Date(s) 6 / 1				<u>, 1 , 2025</u>		
	Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes □ No ■ If no:						
					Name of Source		
	Was ticket distribution made at the behest Yes ☐ No ☐ If yes:			Official's Name (Last, First)			
	of agency official?						
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 th	Describe the public purpose made pursuant to the agency's policy		
	B. Name of Individual		Number of Ticket(s)/		Identify one of the following:		
	(Last, First)		Passes				
					Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:		
					Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:		
	C. Name of Outside Or (include address and	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy				
	Cultivala	2	Per ticket po	policy 5.3 (i)			
				1			
٠ ،	Verification		I				
1	have read and understand FPF	PC Regulations 18944	.1 and 18942.	l have verified ti	hat the distribution set fo	rth above, is in accordance	
ν	th the requirements.						
	CAA	ez Office		Manager	6/26/2025		
-	Signature of Agency Head or Designe	int Name		Title	(month, day, year)		
	Comment:						
	Comment:						

Clear