Agency Report of:

C	eremonial Role Even	ts and Ticket/	A Public Document			
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)				1	
	Patricia Ramirez, Ticket Administrator					
	Area Code/Phone Number				Amendment (Must	Provide Explanation in Part 3.)
	213-974-4111	paramirez@bos.lacounty.gov		Date of Original Filing:(month, day, year)		
2.	Function or Event Information					(monur, day, year)
	D #			Face Value of	Fach Ticket/Pace \$	\$24.00
				Face Value of Each Ticket/Pass \$		
	Event Description: LA Phil Provide Title/ Explanation Date(s)			10 202		
	Ticket(s)/1 ass(es) provided by agency : Yes No 11 no			II 110	Name of Source	
				If yes:		
	of agency official?				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.					
					ial. Use Section C to identi	fy an outside organization.
	A. Name of Agency, Depa	Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy			
		Market Company of the	Passes			
			6			

			1			
	The second secon					
	B. Name of Indi	Number of Ticket(s)/	Identify one of the following:			
	(Last, Firs	et)	Passes			
					nonial Role Other	
				If check	king "Ceremonial Role" or "Other" de	scribe below:
				Cerem	nonial Role Other	Income
				If check	ring "Ceremonial Role" or "Other" de	scribe below:
		Manager 1				
	C. Name of Outside Or	Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy			
	(include address and	description)	Passes	Describe the	, paone parpose made par	suant to the agency's policy
	California Conservation Corp		2	Per ticket policy 5.3 (i)		
				Per licket po	olicy 5.3 (I)	
. ,	Verification		•	•		William Control of the Control of th
I	have read and understand FPF	PC Regulations 18944	1.1 and 18942	I have verified th	hat the distribution set fr	orth above is in accordance
	vith the requirements.				Tal tire dictribution cot re	and above, is in accordance
	Patricia Rami		rez Office		e Manager	6/26/2025
-	Signature of Agency Head or Designe				Title (month, day, year)	
	The second secon					(, au), your)
	Comment:	·	Management .			

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