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

Ceremonial Role Events and Ticket/Pass Distributions				A Public Document		
1. Agency Name				Date Stamp	California 802	
County of Los Angeles					Form OUZ	
Division, Department, or Region (if applicable)					For Official Use Only	
Board of Supervisor, First District						
Designated Agency Conta	ct (Name, Title)			1		
Patricia Ramirez, Ticket Administrator				Amandment (Mark)	Descrite Fundamental in Burton	
Area Code/Phone Number E-mail				Amendment (Must Provide Explanation in Part 3.)		
213-974-4111	paramirez@bos.la	paramirez@bos.lacounty.gov			Date of Original Filing:(month, day, year)	
2. Function or Event Info	ormation					
Does the agency have a t	■ No□ F	Face Value of I	Each Ticket/Pass \$ _	99.50		
Event Description: Hollyv		Date(s)	, 31 , 202,5			
Event Description.	Provide Title/ Expla	nation	Jate(s)			
Ticket(s)/Pass(es) provide	ed by agency? Yes I	□ No ■ I	f no:	Name of Source		
Was ticket distribution ma	de at the behest Yes [□ No 🔳 I	f yes:	Official's Name (Last, First)		
of agency official?						
8. Recipients					- Comment	
Use Section A to identify the ac	gency's department or unit. •	Use Section B to i	dentify an individu	al. Use Section C to identif	y an outside organization.	
		Number				
A. Name of Agency, Department or Unit		of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy			
Staff			Per ticket policy 5.3 (k)			
		2				
B. Name of Individual		Number of Ticket(s)/		Identify one of the following:		
(Last, i	First)	Passes		STORE OF THE RESERVED		
				onial Role Other		
			If checki	ing "Ceremonial Role" or "Other" de	scribe below:	
				onial Role Other	Income	
			If checkii	ng "Ceremonial Role" or "Other" des	scribe below:	
C. Name of Outside Organization (include address and description)		Number of Ticket(s)/	Describe the	public purpose made pur	suant to the agency's policy	
(morado dedicos di	ia accompaint)	Passes				
		***************************************		· · · · · · · · · · · · · · · · · · ·		
37 101 41						
Verification	'DDO D					
I have read and understand F with the requirements.	PPC Regulations 18944.	1 and 18942. I	have verified th	at the distribution set fo	rth above, is in accordance	
Patricia Rami		r07	Office	Managor	06/06/0005	
Signature of Agency Head or Designature	517 - 3869 V WWYEN TO CONSTANT AND CONSTANT OF THE CONSTANT OF	nt Name	Onice	Manager	06/26/2025	
- gone, - or rigoriof fload of Design		Hallo		Huc	(month, day, year)	
Comment:						

Print

Clear

FPPC Form 802 (2/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)