

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

**A Public Document**

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

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 224.00

Event Description: LA Phil Date(s) 5 / 25 / 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)

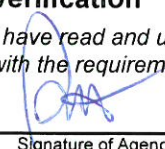
**3. Recipients**

• 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.

| <b>A.</b> | <b>Name of Agency, Department or Unit</b>                             | <b>Number of Ticket(s)/ Passes</b> | <b>Describe the public purpose made pursuant to the agency's policy</b>                                                                                                            |
|-----------|-----------------------------------------------------------------------|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|           |                                                                       |                                    |                                                                                                                                                                                    |
|           |                                                                       |                                    |                                                                                                                                                                                    |
|           |                                                                       |                                    |                                                                                                                                                                                    |
| <b>B.</b> | <b>Name of Individual (Last, First)</b>                               | <b>Number of Ticket(s)/ Passes</b> | <b>Identify one of the following:</b>                                                                                                                                              |
|           |                                                                       |                                    | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
|           |                                                                       |                                    | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| <b>C.</b> | <b>Name of Outside Organization (include address and description)</b> | <b>Number of Ticket(s)/ Passes</b> | <b>Describe the public purpose made pursuant to the agency's policy</b>                                                                                                            |
|           | Los Angeles Conservation Corp                                         | 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 6/26/2025  
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

Print

Clear