Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisor, First District Designated Agency Contact (Name, Title) Patricia Ramirez, Ticket Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number 213-974-4111 paramirez@bos.lacounty.gov Date of Original Filing: (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ _ Yes No 🗆 Event Description: LA Phil Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No Name of Source Was ticket distribution made at the behest Yes ☐ No ■ If yes: _ Official's Name (Last, First) of agency official? 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. Number A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other Income ___ If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other 🔲 Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes Alma Family Services 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	e, is in accordance
with the requirements.	

with the requirements.	Patricia Ramirez	Office Manager	6/26/2025
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			