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

| C | eremonial Role Even | ts and Ticket/I | A Public Document | | | | |
|----|--|-----------------------------------|-----------------------------------|--|--|------------------------------|--|
| 1. | Agency Name | | | | Date Stamp | California OA2 | |
| | County of Los Angeles | | | | 1 | Form 802 | |
| | 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.) Date of Original Filing: | | |
| | 213-974-4111 | paramirez@bos.lacounty.gov | | | | | |
| 2. | Function or Event Information | | | | | | |
| | Does the agency have a ticket policy? Yes ■ No □ Face Value of E | | | | Each Ticket/Pass \$ _ | \$95.00 | |
| | | | | | | | |
| | Event Description: LA Phil Provide Title/ Explanation Date(s) 5 / 3 | | | | 7 31 / 202 | | |
| | Ticket(s)/Pass(es) provided by agency? Yes No If no: Name of Source | | | | | | |
| | Trainer(s)/r ass(cs) provided by agency: | | | Name of Source | THE PROPERTY OF THE PROPERTY O | | |
| | Was ticket distribution made at the behest Yes ☐ No ■ If yes: | | | Official's Name (Last, First) | | | |
| | of agency official? | 103 | | | Official's Name (Last, First) | | |
| | | | | Management of the second of th | | | |
| 3. | Recipients | | | | | 4 | |
| | • 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 the public purpose made pursuant to the agency's policy | | | |
| | | | | | | | |
| | | | | | | | |
| | | | 1 | | | | |
| | | | 1 | | | | |
| | B. Name of India (Last, Firs | Number of Ticket(s)/ Passes | | Identify one of the following: | | | |
| | | S | | | Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: | | |
| | | | | | | | |
| | | | | Ceremonial Role Other Income | | | |
| | | | | | ing "Ceremonial Role" or "Other" de | | |
| | | | | | | | |
| | C. Name of Outside Organization (include address and description) | | Number of Ticket(s)/ Passes | Describe the | Describe the public purpose made pursuant to the agency's policy | | |
| | California Conservation Corp | | 2 | Per ticket po | r ticket policy 5.3 (i) | | |
| | | | | | | | |
| | | | | | | | |
| • | Verification | | | | | | |
| 1 | have read and understand FPPC Regulations 18944.1 and 18942. I have verified the | | | | nat the distribution set fo | orth above, is in accordance | |
| | vith the requirements. | | | | | | |
| | Patricia Ramirez | | rez | Office | Manager | 6/26/2025 | |
| - | Signature of Agency Head or Designee Print Name | | | Title | (month, day, year) | | |
| | 0 | | | | | | |
| | Comment: | | | | | | |
| | | | | | | | |