

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

A Public Document

|                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                |                                                     |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>1. Agency Name</b><br>County of Los Angeles<br><b>Division, Department, or Region (if applicable)</b><br>Board of Supervisor, First District<br><b>Designated Agency Contact (Name, Title)</b><br>Patricia Ramirez, Ticket Administrator<br><b>Area Code/Phone Number</b><br>213-974-4111<br><b>E-mail</b><br>paramirez@bos.lacounty.gov |  | Date Stamp                                                                                                                                     | <b>California Form 802</b><br>For Official Use Only |
|                                                                                                                                                                                                                                                                                                                                             |  | <input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)<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 \$ 32.00  
Event Description: Pomona Fairplex Date(s) 05 / 02 / 2025 05 / 26 / 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.

| A. Name of Agency, Department or Unit                             | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy                                                                                                                   |
|-------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                   |                             |                                                                                                                                                                                    |
|                                                                   |                             |                                                                                                                                                                                    |
|                                                                   |                             |                                                                                                                                                                                    |
| B. Name of Individual (Last, First)                               | Number of Ticket(s)/ Passes | Identify one of the following:                                                                                                                                                     |
|                                                                   |                             | 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> |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy                                                                                                                   |
| Alhambra Dream Center                                             | 10                          | 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