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

C	eremonial Role Even	ts and Ticket/	A Public Document				
1.	Agency Name				Date Stamp	California OOO	
	County of Los Angeles					Form 802	
	Division, Department, or Region (if applicable)				1	For Official Use Only	
	Board of Supervisor, First District						
	Designated Agency Contact (Name, Title)						
	Patricia Ramirez, Ticket Administrator						
	Area Code/Phone Number   E-mail			Amendment (Must Provide Explanation in Part 3.)			
	213-974-4111	paramirez@bos.lacounty.gov			Date of Original Filing:(month, day, year)		
2.	Function or Event Infor	mation					
	Does the agency have a ticket policy? Yes ■ No □ Face Value			Face Value of	Each Ticket/Pass \$ _	32.00	
	Event Description: Pomona Fairplex Date(s)						
	Provide Title/ Explanation Date(s)				02 / 202	05 _ 26 _ 2025	
	mener(e)/ des(es) provided by againsy: Tes [140]			Name of Source			
	Was ticket distribution made at the behest Yes ☐ No ☐ If yes:			Official's Name (Last, First			
	of agency official?			Official's Name (Last, First	)		
						olio e	
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, Depa	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy				
	B. Name of Indiv	Number of Ticket(s)/		Identify one of the following:			
	(Last, 1 lis	9	Passes	Ceremo	onial Role Other [	Income	
				lf checki	ing "Ceremonial Role" or "Other" d	escribe below:	
				TO A STATE OF THE	onial Role Other on "Other" d		
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe the	escribe the public purpose made pursuant to the agency's policy		
	Salazar Seniors		16	Per ticket policy 5.3 (i)			
		V					
. 1	Verification			1			
1	have read and understand FPP with the requirements.	C Regulations 18944	.1 and 18942.	I have verified th	at the distribution set f	orth above, is in accordance	
	fra	rez Office		Manager	6/26/2025		
-	Signature of Agency Head or Designee Print Name			<del></del>	Title	(month, day, year)	
	0						
	Comment:						

Clear

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