## 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 Date of Original Filing: . paramirez@bos.lacounty.gov (month, day, year) 2. Function or Event Information 32.00 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ \_ Yes ■ No □ Event Description: Pomona Fairplex 2025 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 Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ **Passes** Number Name of Individual B. of Ticket(s)/ Identify one of the following: (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** The Wellness Center Per ticket policy 5.3 (i) 10 4. Verification

I have read and understand FPPC Regulations	18944.1 ar	nd 18942.	I have	verified that the	distribution se.	t forth above	, is in accorda	nce
with the requirements.								

John John Marie Ma	Patricia Ramirez	Office Manager	6/26/2025
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			