Ceremonial Role Events and Ticket/Pass Distributions A Public Document Date Stamp California 1. Agency Name **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 E-mail Date of Original Filing: . 213-974-4111 paramirez@bos.lacounty.gov (month, day, year) 2. Function or Event Information 32.00 Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Yes No 🗆 Event Description: Pomona Fairplex 2025 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No No Name of Source Was ticket distribution made at the behest Yes ☐ No ■ 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 Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number B. Name of Individual 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 of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes 10 Per ticket policy 5.3 (i) Thai CDC 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. 6/26/2025 Patricia Ramirez Office Manager Print Name Title (month, day, year) Signature of Agency Head or Designee

Comment:

Agency Report of: