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

\mathbf{C}	eremonial Role Even	ts and Ticket/P	A Public Document			
1.	Agency Name County of Los Angeles				Date Stamp	California 802
						Form OUZ
	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				☐ Amondment (Must	Provide Fundamental in Book (2)
	Area Code/Phone Number E-mail				Amendment (Must Provide Explanation in Part 3.)	
	213-974-4111	county.gov		Date of Original Filing:		
2	Function or Event Information				(monal, day, year)	
	Does the agency have a tick	=	Food Value of	Food Tielsot/Door &	32.00	
			race value of Each Ticket/Pass \$			
	Event Description: Pomona Fairplex Date(s) Date(s)				02 , 2026	05 , 26 , 2025
	Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes □ No ■ If no:					
	ricket(3)/r ass(es) provided	_ NO ■	II 110	Name of Source		
	Was ticket distribution made		If yes:			
	of agency official?			Official's Name (Last, First)		
3.	Recipients	, ,				
	Use Section A to identify the agence	cy's department or unit. • U		identify an individu	al. Use Section C to identi	fy an outside organization.
	A. Name of Agency, Department or Unit		Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy		
			Passes			
]				
	No. 1					
	B. Name of Indiv	Number of Ticket(s)/	Identify one of the following:			
	(Last, First	9	Passes			
					onial Role Other Cing "Ceremonial Role" or "Other" de	
				II CHECKI	ng Ceremoniai Role or Other de	scribe below:
			We see the secondary			
					onial Role Other C	
				If checking "Ceremonial Role" or "Other" describe below:		
	-					
	C. Name of Outside Org	Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy			
	(molade address and c	rescription)	Passes			
	Ukrainian Art Center		10	Per ticket pol	licy 5.3 (i)	
				ļ		
_						
	Verification					
1	have read and understand FPP	C Regulations 18944.1	and 18942.	l have verified th	at the distribution set fo	rth above, is in accordance
١	with the requirements.					
_	4ma			Manager	6/26/2025	
	Signature of Agency Head or Designee	Name		Title	(month, day, year)	
	Comment:					
	- J. Alliona			TOWN NO. OF THE PERSON NAMED IN COLUMN NAMED I		
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