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

| Ceremonial Role Events and Ticket/Pass Distributions  |  |                                   |   | A Public Document                                     |                               |
|---|--|-----------------------------------|---|---|-------------------------------|
| 1. Agency Name  |  |                                   |   | Date Stamp  | 0.00                          |
| County of Los Angeles   |  |                                   |   |   | Form 802                      |
| Division, Department, or Regio  | n (if applicable)  |                                   |   |   | For Official Use Only         |
| Board of Supervisor, First District   |  |                                   |   |   |                               |
| Designated Agency Contact (Name, Title)   |  |                                   |   | i   |                               |
| Patricia Ramirez, Ticket Administrator  |  |                                   |   |   |                               |
| Area Code/Phone Number   E-mail   |  |                                   | Amendment (Mus  | t Provide Explanation in Part 3.)                     |                               |
| 213-974-4111  | paramirez@bos.lacounty.gov   |                                   |   | Date of Original Filing                               | (month, day, year)            |
| 2. Function or Event Inform   | ation  |                                   |   |   |                               |
| Does the agency have a ticke  | t policy?  | No□                               | Face Value of I   | Each Ticket/Pass \$ .                                 | 32.00                         |
|   |  |                                   |   |   |                               |
| Event Description: Pomona F   | Provide Title/ Explana   |                                   | Date(s)   | 02 202  | 05 , 26 , 2026                |
| Ticket(s)/Pass(es) provided b   |  |                                   | If no:  |   |                               |
| ricket(e)/r dos(es) provided b  | y agency: Tes L  | I NO                              | 11 110.   | Name of Source  |                               |
| Was ticket distribution made a  | t the behest Yes   | ] No ■                            | If yes:   | Official's Name (Last, First                          |                               |
| of agency official?   | .00 _  |                                   |   | Official's Name (Last, First                          | 9                             |
| <ul> <li>Recipients</li> <li>Use Section A to identify the agency</li> <li>Name of Agency, Departs</li> </ul> | Control of the Contro | Number<br>of Ticket(s)/<br>Passes |   |   | tify an outside organization. |
| B. Name of Individual (Last, First)   |  | Number<br>of Ticket(s)/<br>Passes | Identify one of the following:  Ceremonial Role  Other  Income If checking "Ceremonial Role" or "Other" describe below: |   |                               |
|   |  |                                   | Ceremo  | onial Role Other [ ong "Ceremonial Role" or "Other" d | Income                        |
| C. Name of Outside Organization (include address and description)   |  | Number<br>of Ticket(s)/<br>Passes | Describe the public purpose made pursuant to the agency's policy  |   |                               |
| Northgate   |  | 10                                | Per ticket policy 5.3 (i)   |   |                               |
| Verification I have read and understand FPPC with the requirements.   | Regulations 18944.1  | and 18942.                        | I have verified th  |   | orth above, is in accordar    |