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

<u>C</u>	eremonial Role Even	ts and Ticket/P	A Public Document				
1.	Agency Name				Date Stamp	California 802	
	County of Los Angeles					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						
	Area Code/Phone Number E-mail			. Amendment (Mus	st Provide Explanation in Part 3.)		
	213-974-4111	ounty.gov		Date of Original Filing:			
_	Function or Event Information				(month, day, year)		
۷.	Described and the Color of the					32.00	
	Does the agency have a tick			Each Ticket/Pass \$.	32.00		
	Event Description: Pomona Fairplex Date(s) 05			, 02 , 2025	05 , 26 , 2026		
	Provide Title/ Explanation						
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐ If no:						
	Was ticket distribution made at the behest Yes ☐ No ☐ If yes: of agency official?			If yes:	Official's Name (Last, Firs	t)	
	of agency official?						
3.	Recipients						
	Use Section A to identify the agen-	cy's department or unit. • l	Jse Section B to	identify an individu	al. Use Section C to iden	tify an outside organization.	
	Number						
	A. Name of Agency, Department or Unit		of Ticket(s)/ Passes	Describe the	e public purpose made p	ursuant to the agency's policy	
	Company of the Compan						
				-			
	Number						
	B. Name of Indiv	of Ticket(s)/	Identify one of the following:				
	(2000, 1 110	/	Passes		_	_	
					onial Role Other Other on "Other" of "Other"		
				, snesk	ng coremonaritae or other t	describe below.	
			1000-100	-			
				The state of the s	onial Role Other Other		
				п спески	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				
	(include address and d	Passes	parameter and agono, a policy				
	LCLAA		10	Per ticket policy 5.3 (i)			
			10	T CI ticket po	10y 5.5 (1)		
1	/erification						
1	have read and understand FPP	C Regulations 18944.1	and 18942	l have verified th	at the distribution set (forth above is in accordance	
V	ith the requirements.				at the distribution sot f	orar above, is in accordance	
	Pro	Patricia Ramire	nirez Office		Manager	6/26/2025	
-	Signature of Agency Head or Designee	t Name		Title	(month, day, year)		
					.,	(month, day, year)	
	Comment:						
					_		