

A Public Document

1. Agency Name County of Los Angeles		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region <i>(if applicable)</i> Board of Supervisor, First District			
Designated Agency Contact <i>(Name, Title)</i> Patricia Ramirez, Ticket Administrator			☐ Amendment <i>(Must Provide Explanation in Part 3.)</i> Date of Original Filing: _____ <i>(month, day, year)</i>
Area Code/Phone Number 213-974-4111	E-mail paramirez@bos.lacounty.gov		

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 32.00

Event Description: Pomona Fairplex Date(s) 05 / 02 / 2025 05 / 26 / 2025
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: _____
Official's Name (Last, First)

3. 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.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role ☐ Other ☐ Income ☐ <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role ☐ Other ☐ Income ☐ <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Bassett Seniors	16	Per ticket policy 5.3 (i)

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.

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

Comment: _____

Print

Clear