Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions			A Public Document	
Agency Name			Date Stamp	California 802
County of Los Angeles				TOTAL CONTRACTOR OF THE PARTY O
Division, Department, or Region (if applicable)				For Official Use Only
Board of Supervisor, First District				
Designated Agency Contact (Name, Title)		2.523.88 0.2 25		
Patricia Ramirez, Ticket Administrator		-		
Area Code/Phone Number   E-mail			Mus	t Provide Explanation in Part 3.)
	paramirez@bos.lacounty.gov		Date of Original Filing	1:
, 10 074 4111	oo.idcodinty.gov			(month, day, year)
Function or Event Information				22.00
Does the agency have a ticket policy?	Yes No 🗆 🖟	Face Value of E	Each Ticket/Pass \$.	32.00
Event Description: Pomona Fairplex		Date(s)/_	02 , 2025	05 , 26 , 2025
Provide Title	/ Explanation			
Ticket(s)/Pass(es) provided by agency?	Yes □ No ■ I	f no:		
			Name of Source	
Vas ticket distribution made at the behest	Yes 🗌 No 🔳 📗	f yes:	Official's Name (Last, Firs	t)
of agency official?				7
Destricute				
Recipients	all alles Continue Decision		d Has Souther Charles	
Use Section A to identify the agency's department or u		identity an individua	use Section C to iden	tily 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			
				300
R Name of Individual	Number		Identify one of the	following
B. Name of Individual (Last, First)	of Ticket(s)/ Passes		Identify one of the	rollowing:
Control of the Contro		Ceremo	nial Role Other	Income
			ng "Ceremonial Role" or "Other"	
		0	alat Bata D	
			nial Role	
			<del>-</del> 20	
	Number			
C. Name of Outside Organization	Number of Ticket(s)/	Describe the	public purpose made po	ursuant to the agency's policy
(include address and description)	Passes			
San Angelo Park Seniors 16 Per ticket		Per ticket pol	Per ticket policy 5.3 (i)	
erification				
have read and understand FPPC Regulations 1	8944 1 and 18042	I have verified th	at the distribution set	forth above is in accordance
ith the requirements.	0044.1 unu 10942.	, navo vermed tri	at the distribution set	iorar above, is ill accordance
Patricia Ramirez		Office	ffice Manager 6/2	
Tatilola				6/26/2025
Signature of Agency Head or Designee	Print Name		IIIA	
Signature of Agency Head or Designee	Print Name		Title	(month, day, year)

Print

Clear

FPPC Form 802 (2/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)