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

| Ceremonial Role Events and Ticket/Pass Distributions | | | | A | 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) | | | | | | |
| Patricia Ramirez, Ticket Administrator | | | | | | |
| Area Code/Phone Number E-mail | | | . Must F | Provide Explanation in Part 3.) | | |
| 213-974-4111 | paramirez@bos.lacounty.gov | | | Date of Original Filing: | | |
| 2. Function or Event Infor | mation | | | | | |
| Does the agency have a ticket policy? Yes ■ No □ Face Value of | | | Each Ticket/Pass \$ | 32.00 | | |
| Event Description: Pomona Fairplex Date(s) | | | Date(s) | , 02 , 2025 | 05 , 26 , 202 | |
| Event Description. | Provide Title/ Expla | anation | Date(s) | | 20 202 | |
| Ticket(s)/Pass(es) provided | | | If no: | Name of Source | | |
| | | | | Name of Source | | |
| Was ticket distribution made at the behest Yes ☐ No ■ If yes: | | | Official's Name (Last, First) | | | |
| of agency official? | | | | Official's Name (Last, First) | | |
| | | | | | Manual W. Jan | |
| 3. Recipients | | | | | | |
| Use Section A to identify the ager | ıcy's department or unit. • | Use Section B to | identify an individu | al. Use Section C to identif | fy 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 | | | |
| | The state of the s | | | | | |
| | | 1 | | | | |
| | | | | | | |
| | | | | | | |
| | | Number | 7 (200)-200 | | | |
| B. Name of Indi (Last, Fir | | of Ticket(s)/ Passes | | Identify one of the fo | ollowing: | |
| | | | | onial Role Other on "Other on "Other" des | | |
| | | | | | | |
| | | | Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below: | | | |
| | | | II CHECK | ng Ceremoniai Role of Other des | scribe below. | |
| | | | | | | |
| C. Name of Outside Organization (include address and description) | | Number of Ticket(s)/ Passes | Describe the | Describe the public purpose made pursuant to the agency's policy | | |
| Carolyn Rosas Senior Program | | 16 | Per ticket policy 5.3 (i) | | | |
| | | | | | | |
| | | | | | | |
| . Verification | | | | | | |
| I have read and understand FPI with the requirements. | PC Regulations 18944. | .1 and 18942. | I have verified th | at the distribution set fo | rth above, is in accordance | |
| Pro | rez | Office | Manager | 6/26/2025 | | |
| Signature of Agency Head or Designe | int Name | 1 | Title | (month, day, year) | | |
| | | | | | | |
| Comment: | | | | | | |
| | | | | | | |