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

County of Los Angeles Date Stamp	C	eremonial Role Even	ts and Ticket/	A Public Document				
Division, Department, or Region (if applicable) Profifical Use Celly	1.	Agency Name				Date Stamp	California OOO	
Board of Supervisor, First District Designated Agency Contact (Name, Title) Patricia Ramilez, Ticket Administrator Area Code/Phone Number E-mail paramirez@bos.lacounty.gov Date of Original Filing:		County of Los Angeles					Form OUZ	
Designated Agency Contact (Name Title) Patricial Ramirez, Ticket Administrator Area Code/Phone Number 213-974-4111		Division, Department, or Region (if applicable)				1	For Official Use Only	
Designated Agency Contact (Name Title) Patricial Ramirez, Ticket Administrator Area Code/Phone Number 213-974-4111		Board of Supervisor, First District						
Area Code/Phone Number 213-974-4111 paramirez@bos.lacounty.gov Date of Original Filing:						1		
Area Code/Phone Number 213-974-4111 paramirez@bos.lacounty.gov Date of Original Filing:		Patricia Ramirez Ticket Administrator						
213-974-4111 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 Event Description: Pomona Fairplex For the tight of the provide trans/Explanation Ticket(s)/Pass(es) provided by agency? Yes No If no: Name of Source Was ticket distribution made at the behest Yes No If yes: Official's Name (Last, First) Frequency of agency official? Face Value of Each Ticket/Pass \$ 32.00 Date(s) 05 02 2026 05 26 2026 Passes Was ticket distribution made at the behest Yes No If no: Name of Source Was ticket distribution made at the behest Yes No If yes: Official's Name (Last, First) Face Value of Each Ticket(s)/Passes Face Value of Each Ticket(s)/Passes Income If yes: Official's Name (Last, First) Face Value of Each Ticket(s)/Passes Face Value of Each Ticket(s)/Passes If yes: Official's Name (Last, First) Face Value of Each Ticket(s)/Passes Face Value of Each						Amendment (Must Provide Explanation in Part 3.)		
2. Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 32.00 Event Description: Pornor Fairplex Provide Time Explanation Ticket(s)/Pass(es) provided by agency? Yes No Face Value of Each Ticket/Pass \$ 32.00 Event Description: Pornor Fairplex Provide Time Explanation Ticket(s)/Pass(es) provided by agency? Yes No Face Value of Each Ticket/Pass \$ 32.00 Event Description: Pornor Fairplex Passes Was ticket distribution made at the behest Yes No Face Value of Each Ticket/Since Passes If yes: Name of Source Name of Agency, Department or Unit Value Section B to identify an individual. Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Officials Number of Ticket(s)/Passes B. Name of Individual (Last, First) Number of Ticket(s)/Passes Describe the public purpose made pursuant to the agency's policy Passes Ceremonial Role Other Income Income		213-974-4111	AL DESCRIPTION OF THE PROPERTY			Date of Original Filing:		
Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 32.00 Event Description: Prowde Titled Explanation	_	Function or Event Infor	rmation				(month, day, year)	
Event Description: Pomona Fairplex	٤.						32 00	
Ticket(s)/Pass(es) provided by agency? Yes No If no: Name of Source If yes: Name of Source If yes: Official's Name (Last, First)							02.00	
Ticket(s)/Pass(es) provided by agency? Yes No If no: Name of Source If yes: Name of Source If yes: Official's Name (Last, First)		Event Description: Pomona Fairplex Date(s)				02 , 2025	05 , 26 , 2026	
Was ticket distribution made at the behest Yes			Provide Title/ Expl	anation				
Was ticket distribution made at the behest Yes No		Ticket(s)/Pass(es) provided	by agency? Yes	☐ No ■	If no:			
Recipients - Use Section B to identify an individual. Use Section C to identify an outside organization. A. Name of Agency, Department or Unit								
Potrero Service Center Number of Ticketely Passes Number of Ticketely Passes Ceremonial Role Other Other describe below: Number of Ticketely Passes Ceremonial Role Other Income Income Inchesing Ceremonial Role or Other describe below: Number of Ticketely Passes Ceremonial Role Other Income Income Inchesing Ceremonial Role or Other describe below: Number of Ticketely Passes Ceremonial Role Other Income I					ir yes:	Official's Name (Last, First)		
Sumbor of Ticket(s) Describe the public purpose made pursuant to the agency's policy		of agency oπicial?					•	
B. Name of Individual (Last, First) of Ticket(s)/ Passes Identify one of the following: Ceremonial Role Other Income	•	Use Section A to identify the agence	Number of Ticket(s)/					
If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role" or "Other" describe below:				of Ticket(s)/		Identify one of the	e following:	
C. Name of Outside Organization (include address and description) Potrero Service Center 16 Per ticket policy 5.3 (i) 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)						Spart of the state		
C. (include address and description) Potrero Service Center 16 Per ticket policy 5.3 (i) 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 Fint Name Title Office Manager (month, day, year)					7 (1.50) (1.50) (1.50)			
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Signature of Agency Head or Designee Print Name Title (month, day, year)	1	have read and understand FPP						
(main, asy, year)	-	Signature of Agency Head or Designee Print Name						
Comment:							(, way, you.)	
		Comment:						