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

A Public Document

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1.	Agency Name County of Los Angeles					Date Stamp	California 802	
	Division, Department, or Region (if applicable)						For Official Use Only	
	Board of Supervisor, First District							
	Designated Agency Contact (Name, Title)							
	Patricia Ramirez, Ticket Administrator							
	Area Code/Phone Number E-mail					Amendment (Must Provide Explanation in Part 3.)		
	STATE OF THE STATE	Service Control of the Control of th				Date of Original Filing:		
	213-974-4111 paramirez@bos.lacounty.gov				Date of Original Filling.	(month, day, year)		
2.	Function or Event Information							
	Does the agency have a ticket policy? Yes ■ No □				ace Value of I	Each Ticket/Pass \$	\$100.00	
	Event Description: LA Phil Date(s) 8					, 19 , 202		
	Provide Title/ 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)			
	of agency official?							
2	Recipients							
٥.	• 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.							
	• Use section A to identify the agency's department of unit. • Use section is to identify an individual. • Use section C to identify an outside organization of the individual						y air outside organization.	
	A. Name of Agency, Department or Unit			of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy			
				Passes		Branch Republication and		
					14 			
		D. 2.9.32 a		to safe-wall				
				Number				
	B. Name of Indi			of Ticket(s)/ Passes		Identify one of the fe	ollowing:	
	(,),			1 40000	Ceremonial Role Other Income			
					Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:			
					1	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:		
			1		If check.	ing "Ceremoniai Role" or "Other" des	SCRIDE DEIOW:	
	C. Name of Outside Organization (include address and description)			Number of Ticket(s)/	Describe the public purpose made pursuant to the agency's policy			
				of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy			
	San Gabriel Valley Conservation Corps			4	Per ticket policy 5.3 (i)			
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١.	Verification							
	I have read and understand FPPC Regulations 18944.1 and 18942. I have verified th					hat the distribution set fo	rth above, is in accordance	
	with the requirements.							
	Signature of Agency Head or Designee Pri			rez Office		e Manager	9/10/2025	
						Title	(month, day, year)	
	Comment:						- and a superior - A	