

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

A Public Document

|                                                        |                            |                                                                                                                                                    |                                                     |
|--------------------------------------------------------|----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>1. Agency Name</b>                                  |                            | Date Stamp                                                                                                                                         | <b>California Form 802</b><br>For Official Use Only |
| County of Los Angeles                                  |                            |                                                                                                                                                    |                                                     |
| <b>Division, Department, or Region</b> (if applicable) |                            |                                                                                                                                                    |                                                     |
| Board of Supervisor, First District                    |                            |                                                                                                                                                    |                                                     |
| <b>Designated Agency Contact</b> (Name, Title)         |                            | <input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)<br><br><b>Date of Original Filing:</b> _____<br>(month, day, year) |                                                     |
| Patricia Ramirez, Ticket Administrator                 |                            |                                                                                                                                                    |                                                     |
| <b>Area Code/Phone Number</b>                          | <b>E-mail</b>              |                                                                                                                                                    |                                                     |
| 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 \$ \$227.00

Event Description: LA Phil Date(s) 9 / 25 / 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)

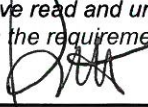
## 3. Recipients

• 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
|                                                                   |                             | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
| 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                                                                                                                   |
| Neighborhood Legal Services SGV                                   | 2                           | 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.

  
 Signature of Agency Head or Designee      Patricia Ramirez      Office Manager      10/1/2025  
Print Name      Title      (month, day, year)

Comment: \_\_\_\_\_

**Print** **Clear**