Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisor, First District Designated Agency Contact (Name, Title) Patricia Ramirez, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 213-974-4111 Date of Original Filing: _ paramirez@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ _ Does the agency have a ticket policy? Yes ■ No □ Event Description: Hollywood Bowl Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No No Name of Source Was ticket distribution made at the behest Yes ☐ No ■ If yes: _ Official's Name (Last, First) of agency official? 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. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes Staff Per ticket policy 5.3 (k) 2 Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other \square Income ___ If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other \Box Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) **Passes**

4	1/	_	.i	£;	-	H	_	n	
44.	v	e	rı	п	-1	и	()	п	

		and understand FPPC Regulations	18944.1 and 18942.	I have verified that th	e distribution set fo	rth above,	is in accordance
with the	requ	irements.					

D/A	Patricia Ramirez	Office Manager
Signature of Agency Head or Designee	Print Name	Title

10/1/2025 (month, day, year)

Comment: