

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

**A Public Document**

<b>1. Agency Name</b> County of Los Angeles		Date Stamp	<b>California Form 802</b>
Division, Department, or Region <i>(if applicable)</i> Board of Supervisor, First District		For Official Use Only	
Designated Agency Contact <i>(Name, Title)</i> Patricia Ramirez, Ticket Administrator		<input type="checkbox"/> <b>Amendment</b> <i>(Must Provide Explanation in Part 3.)</i> Date of Original Filing: _____ <small><i>(month, day, year)</i></small>	
Area Code/Phone Number 213-974-4111	E-mail paramirez@bos.lacounty.gov		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ \_\_\_\_\_ \$96.00

Event Description: LA Phil    Date(s) 1 / 11 / 2026  
*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)*

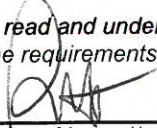
**3. Recipients**

• 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 <small><i>(Last, First)</i></small>	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small><i>If checking "Ceremonial Role" or "Other" describe below:</i></small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small><i>If checking "Ceremonial Role" or "Other" describe below:</i></small>
C. Name of Outside Organization <small><i>(include address and description)</i></small>	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Herald Christian Health Center	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 Print Name	Office Manager Title	2/3/2026 <small><i>(month, day, year)</i></small>
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Comment: \_\_\_\_\_