

# 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> |
| County of Los Angeles                           |                            |   | For Official Use Only      |
| Division, Department, or Region (if applicable) |                            |   |                            |
| Board of Supervisor, First District             |                            |   |                            |
| Designated Agency Contact (Name, Title)         |                            | <input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)<br>Date of Original Filing: _____<br>(month, day, year) |                            |
| Patricia Ramirez, Ticket Administrator          |                            |   |                            |
| Area Code/Phone Number                          | E-mail                     |   |                            |
| 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 \$ \_\_\_\_\_ \$43.00

Event Description: LA Phil    Date(s) 2 / 8 / 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 (Last, First)                               | Number of Ticket(s)/ Passes | Identify one of the following:   |
| Jimmy Wu  | 2                           | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small><br>Per ticket policy 5.3 (i) |
|   |                             | 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   |
|   |                             |  |
|   |                             |  |

**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.*

|   |                           |                      |                                   |
|---|---------------------------|----------------------|-----------------------------------|
|  | Patricia Ramirez          | Office Manager       | 3/2/2026                          |
| <small>Signature of Agency Head or Designee</small>                                 | <small>Print Name</small> | <small>Title</small> | <small>(month, day, year)</small> |

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

Print
Clear