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

**A Public Document**

**1. Agency Name**

County of Los Angeles

**Division, Department, or Region** *(if applicable)*

Board of Supervisor, First District

**Designated Agency Contact** *(Name, Title)*

Patricia Ramirez, Ticket Administrator

| Area Code/Phone Number | E-mail |
|---|---|
| 213-974-4111 | paramirez@bos.lacounty.gov |

Date Stamp

**California Form 802**

For Official Use Only

☐ **Amendment** *(Must Provide Explanation in Part 3.)*

**Date of Original Filing:** _____ *(month, day, year)*

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ■ No ☐

Face Value of Each Ticket/Pass $ $124.00

Event Description: LA Phil *Provide Title/ Explanation*

Date(s) 3 / 15 / 2026 ____/____/____

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 ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* |
| | | Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* |

| 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 |
|---|---|---|
| CultivaLA | 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 | Print Name | Title | (month, day, year) |
|---|---|---|---|
| | Patricia Ramirez | Office Manager | 3/31/2026 |

Comment: _____

Print Clear