

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 Supervisors, Third District

Designated Agency Contact (Name, Title)

Liz Rangel, Ticket Administrator

Area Code/Phone Number: 213-974-3333 E-mail: lrangel@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

Event Description: Concert at Walt Disney Concert Hall  
*Provide Title/Explanation*

Ticket(s)/Pass(es) provided by agency? Yes  No

Was ticket distribution made at the behest of agency official? No  Yes

Face Value of Each Ticket/Pass \$ 99.00

Date(s) 02 / 13 / 14

If no: Los Angeles Philharmonic  
*Name of Source*

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)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Joel Sappell	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Per ticket policy 5.3 (k)
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	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.

*Liz Rangel* Signature of Agency Head or Designee

Liz Rangel Print Name

Ticket Administrator Title

07/22/14 (Month, Day, Year)

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

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<b>1. Agency Name</b>		Date Stamp	California Form <b>802</b> For Official Use Only
County of Los Angeles			
Division, Department, or Region (If Applicable)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small>	
Board of Supervisors, Third District			
Designated Agency Contact (Name, Title)			
Liz Rangel, Ticket Administrator			
Area Code/Phone Number	E-mail		
213-974-3333	lrangel@bos.lacounty.gov		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No

Event Description: Play @ Mark Taper Forum  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No

Was ticket distribution made at the behest of agency official? No  Yes

Face Value of Each Ticket/Pass \$ \$50.00

Date(s) 02 / 15 / 14

If no: Performing Arts Center of Los Angeles County  
Name of Source

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)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Lennie Laguire	3	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> <u>Per ticket policy 5.3 (k)</u>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	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.

Liz Rangel      Liz Rangel      Ticket Administrator      07/22/14  
Signature of Agency Head or Designee      Print Name      Title      (Month, Day, Year)

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

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Board of Supervisors, Third District			
Designated Agency Contact (Name, Title)			
Liz Rangel, Ticket Administrator			
Area Code/Phone Number	E-mail		
213-974-3333	lrangel@bos.lacounty.gov		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No

Event Description: Opera @ Dorothy Chandler Pavilion  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No

Was ticket distribution made at the behest of agency official? No  Yes

Face Value of Each Ticket/Pass \$ \$240.00

Date(s) 03 / 05 / 14

If no: Performing Arts Center of Los Angeles County  
Name of Source

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)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Joel Bellman	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Per ticket policy 5.3 (k)
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	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.


Signature of Agency Head or Designee
Liz Rangel
Ticket Administrator
07/22/14
Print Name
Title
(Month, Day, Year)

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

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Board of Supervisors, Third District			
Designated Agency Contact (Name, Title)			
Liz Rangel, Ticket Administrator			
Area Code/Phone Number	E-mail		
213-974-3333	lrangel@bos.lacounty.gov		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No

Event Description: Concert at Walt Disney Concert Hall  
*Provide Title/Explanation*

Ticket(s)/Pass(es) provided by agency? Yes  No

Was ticket distribution made at the behest of agency official? No  Yes

Face Value of Each Ticket/Pass \$ 168.00

Date(s) 03 / 26 / 14

If no: Los Angeles Philharmonic  
*Name of Source*

If yes: \_\_\_\_\_  
*Official's Name (Last, First)*

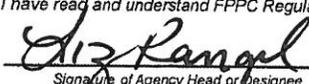
**3. Recipients**

• 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)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Yolanda Valadez	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Per ticket policy 5.3 (k)
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	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.


 Liz Rangel      Ticket Administrator      07/22/14  
*Signature of Agency Head or Designee*      *Print Name*      *Title*      *(Month, Day, Year)*

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

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**1. Agency Name**

County of Los Angeles  
 Division, Department, or Region (If Applicable)  
 Board of Supervisors, Third District  
 Designated Agency Contact (Name, Title)  
 Liz Rangel, Ticket Administrator  
 Area Code/Phone Number: 213-974-3333 E-mail: lrangel@bos.lacounty.gov

Date Stamp: \_\_\_\_\_

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 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 \$ 99.00

Event Description: Concert at Walt Disney Concert Hall  
 Provide Title/Explanation Date(s): 03 / 30 / 14

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: Los Angeles Philharmonic  
 Name of Source

Was ticket distribution made at the behest of agency official? No  Yes  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)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Alisa Katz	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Per ticket policy 5.3 (k)
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:

C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	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.

Signature of Agency Head or Designee: *Liz Rangel* Print Name: Liz Rangel Title: Ticket Administrator Date: 07/22/14  
 (Month, Day, Year)

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

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Division, Department, or Region (If Applicable) Board of Supervisors, Third District			
Designated Agency Contact (Name, Title) Liz Rangel, Ticket Administrator		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small>	
Area Code/Phone Number 213-974-3333	E-mail lrangel@bos.lacounty.gov		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No

Event Description: Dodger game  
Provide Title/Explanation

Face Value of Each Ticket/Pass \$ 36.00

Date(s) 04 / 24 / 14

Ticket(s)/Pass(es) provided by agency? Yes  No

Was ticket distribution made at the behest of agency official? No  Yes

If no: Los Angeles Dodgers  
Name of Source

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)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Board of Supervisors Staff	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> <u>Per ticket policy 5.3 (k)</u>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	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.

<u>Liz Rangel</u> <small>Signature of Agency Head or Designee</small>	Liz Rangel <small>Print Name</small>	Ticket Administrator <small>Title</small>	07/22/14 <small>(Month, Day, Year)</small>
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Comment: \_\_\_\_\_

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Board of Supervisors, Third District			
Designated Agency Contact (Name, Title)			
Liz Rangel, Ticket Administrator			
Area Code/Phone Number	E-mail		
213-974-3333	lrangel@bos.lacounty.gov		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No

Event Description: Dodger game  
Provide Title/Explanation

Face Value of Each Ticket/Pass \$ 36.00

Date(s) 04 / 26 / 14

Ticket(s)/Pass(es) provided by agency? Yes  No

Was ticket distribution made at the behest of agency official? No  Yes

If no: Los Angeles Dodgers  
Name of Source

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)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Board of Supervisors Staff	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Per ticket policy 5.3 (k)
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Liz Rangel      Liz Rangel      Ticket Administrator      07/22/14  
Signature of Agency Head or Designee      Print Name      Title      (Month, Day, Year)

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

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Board of Supervisors, Third District			
Designated Agency Contact (Name, Title)			
Liz Rangel, Ticket Administrator			
Area Code/Phone Number	E-mail		
213-974-3333	lrangel@bos.lacounty.gov		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No

Event Description: Dodger game  
Provide Title/Explanation

Face Value of Each Ticket/Pass \$ 36.00

Date(s) 04 / 27 / 14

Ticket(s)/Pass(es) provided by agency? Yes  No

Was ticket distribution made at the behest of agency official? No  Yes

If no: Los Angeles Dodgers  
Name of Source

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)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Board of Supervisors Staff	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> <u>Per ticket policy 5.3 (k)</u>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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Liz Rangel
Ticket Administrator
07/22/14

Signature of Agency Head or Designee
Print Name
Title
(Month, Day, Year)

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Board of Supervisors, Third District			
Designated Agency Contact (Name, Title)			
Liz Rangel, Ticket Administrator			
Area Code/Phone Number	E-mail		
213-974-3333	lrangel@bos.lacounty.gov		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No

Event Description: Dodger game  
Provide Title/Explanation

Face Value of Each Ticket/Pass \$ 36.00

Date(s) 05 / 08 / 14

Ticket(s)/Pass(es) provided by agency? Yes  No

Was ticket distribution made at the behest of agency official? No  Yes

If no: Los Angeles Dodgers  
Name of Source

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)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Board of Supervisors Staff	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Per ticket policy 5.3 (k)
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C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	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.*

	Liz Rangel	Ticket Administrator	07/22/14
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

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Board of Supervisors, Third District			
Designated Agency Contact (Name, Title)			
Liz Rangel, Ticket Administrator			
Area Code/Phone Number	E-mail		
213-974-3333	lrangel@bos.lacounty.gov		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No

Event Description: Dodger game  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No

Was ticket distribution made at the behest of agency official? No  Yes

Face Value of Each Ticket/Pass \$ 36.00

Date(s) 05 / 09 / 14

If no: Los Angeles Dodgers  
Name of Source

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)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
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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.

	Liz Rangel	Ticket Administrator	07/22/14
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

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213-974-3333	lrangel@bos.lacounty.gov		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No

Event Description: Dodger game  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No

Was ticket distribution made at the behest of agency official? No  Yes

Face Value of Each Ticket/Pass \$ 36.00

Date(s) 05 / 10 / 14

If no: Los Angeles Dodgers  
Name of Source

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.

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Board of Supervisors Staff	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Per ticket policy 5.3 (k)
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C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	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.

Liz Rangel      Liz Rangel      Ticket Administrator      07/22/14  
Signature of Agency Head or Designee      Print Name      Title      (Month, Day, Year)

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

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Board of Supervisors, Third District			
Designated Agency Contact (Name, Title)			
Liz Rangel, Ticket Administrator			
Area Code/Phone Number	E-mail		
213-974-3333	lrangel@bos.lacounty.gov		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No

Event Description: Play @ Ahmanson Theatre  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No

Was ticket distribution made at the behest of agency official? No  Yes

Face Value of Each Ticket/Pass \$ \$165.00

Date(s) 05 / 10 / 14

If no: Performing Arts Center of Los Angeles County  
Name of Source

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)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Zev Yaroslavsky	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Per ticket policy 5.3 (b) & (e)
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	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.

	Liz Rangel	Ticket Administrator	07/22/14
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>
Comment: _____			

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

A Public Document

**1. Agency Name**

County of Los Angeles		Date Stamp	California Form <b>802</b> For Official Use Only
Division, Department, or Region (If Applicable) Board of Supervisors, Third District			
Designated Agency Contact (Name, Title) Liz Rangel, Ticket Administrator		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	Date of Original Filing: _____ (Month, Day, Year)
Area Code/Phone Number 213-974-3333	E-mail lrangel@bos.lacounty.gov		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No

Event Description: Dodger game  
Provide Title/Explanation

Face Value of Each Ticket/Pass \$ 36.00

Date(s) 05 / 11 / 14

Ticket(s)/Pass(es) provided by agency? Yes  No

Was ticket distribution made at the behest of agency official? No  Yes

If no: Los Angeles Dodgers  
Name of Source

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)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Board of Supervisors Staff	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Per ticket policy 5.3 (k)
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	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.

	Liz Rangel	Ticket Administrator	07/22/14
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

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

# 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> For Official Use Only
County of Los Angeles			
Division, Department, or Region (If Applicable)			
Board of Supervisors, Third District			
Designated Agency Contact (Name, Title)			
Liz Rangel, Ticket Administrator			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
213-974-3333	lrangel@bos.lacounty.gov	Date of Original Filing: _____ (Month, Day, Year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No

Event Description: Dodger game  
Provide Title/Explanation

Face Value of Each Ticket/Pass \$ 36.00

Date(s) 05 / 13 / 14

Ticket(s)/Pass(es) provided by agency? Yes  No

Was ticket distribution made at the behest of agency official? No  Yes

If no: Los Angeles Dodgers  
Name of Source

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)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Board of Supervisors Staff	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Per ticket policy 5.3 (k)
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	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.

	Liz Rangel	Ticket Administrator	07/22/14
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

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

# 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 Supervisors, Third District  
 Designated Agency Contact (Name, Title)  
 Liz Rangel, Ticket Administrator  
 Area Code/Phone Number: 213-974-3333 E-mail: lrangel@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   
 Event Description: Dodger game  
 Provide Title/Explanation: \_\_\_\_\_  
 Ticket(s)/Pass(es) provided by agency? Yes  No   
 Was ticket distribution made at the behest of agency official? No  Yes

Face Value of Each Ticket/Pass \$: 36.00  
 Date(s): 05 / 14 / 14  
 If no: Los Angeles Dodgers  
 Name of Source: \_\_\_\_\_  
 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)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Board of Supervisors Staff	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Per ticket policy 5.3 (k)
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	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.

Signature of Agency Head or Designee: Liz Rangel  
 Print Name: Liz Rangel Title: Ticket Administrator Date: 07/22/14  
 (Month, Day, Year)

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

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

A Public Document

**1. Agency Name**

County of Los Angeles		Date Stamp	California Form <b>802</b> For Official Use Only
Division, Department, or Region (If Applicable)			
Board of Supervisors, Third District			
Designated Agency Contact (Name, Title)			
Liz Rangel, Ticket Administrator		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small>	
Area Code/Phone Number	E-mail		
213-974-3333	lrangel@bos.lacounty.gov		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No

Event Description: Play @ Ahmanson Theatre  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No

Was ticket distribution made at the behest of agency official? No  Yes

Face Value of Each Ticket/Pass \$ \$165.00

Date(s) 05 / 16 / 14

If no: Performing Arts Center of Los Angeles County  
Name of Source

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)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Zev Yaroslavsky	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Per ticket policy 5.3 (b) & (e)
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	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.

	Liz Rangel	Ticket Administrator	07/22/14
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

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

**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 Supervisors, Third District			
Designated Agency Contact (Name, Title)			
Liz Rangel, Ticket Administrator			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
213-974-3333	lrangel@bos.lacounty.gov	Date of Original Filing: _____ <small>(Month, Day, Year)</small>	

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ \$165.00

Event Description Play @ Ahmanson Theater    Date(s) 05 / 17 / 14    \_\_\_\_\_

Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?    Yes     No     If no: Performing Arts Center of Los Angeles County

Name of Source

Was ticket distribution made at the behest of agency official?    No     Yes     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)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Lori Wheeler	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> <u>Per ticket policy 5.3 (k)</u>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(Include address and description)</small>	Number of Ticket(s)/Pass(es)	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.

<i>Liz Rangel</i>	Liz Rangel	Ticket Administrator	07/22/14
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

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

**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 Supervisors, Third District			
<b>Designated Agency Contact (Name, Title)</b>			
Liz Rangel, Ticket Administrator			
<b>Area Code/Phone Number</b>	<b>E-mail</b>	<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)	
213-974-3333	lrangel@bos.lacounty.gov	<b>Date of Original Filing:</b> _____ <small>(Month, Day, Year)</small>	

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No

Event Description: Opera @ Dorothy Chandler Pavilion  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?    Yes     No

Was ticket distribution made at the behest of agency official?    No     Yes

Face Value of Each Ticket/Pass \$ \$240.00

Date(s) 05 / 21 / 14

If no: Performing Arts Center of Los Angeles County  
Name of Source

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)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Kieu-Anh King	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Per ticket policy 5.3 (k)
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(Include address and description)</small>	Number of Ticket(s)/Pass(es)	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.

 <small>Signature of Agency Head or Designee</small>	Liz Rangel <small>Print Name</small>	Ticket Administrator <small>Title</small>	07/22/14 <small>(Month, Day, Year)</small>
Comment: _____			

**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 Supervisors, Third District			
<b>Designated Agency Contact (Name, Title)</b>			
Liz Rangel, Ticket Administrator			
<b>Area Code/Phone Number</b>	<b>E-mail</b>	<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)	
213-974-3333	lrangel@bos.lacounty.gov	Date of Original Filing: _____ <small>(Month, Day, Year)</small>	

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No

Event Description: Opera @ Dorothy Chandler Pavilion  
Provide Title/Explanation

Face Value of Each Ticket/Pass \$ \$240.00

Date(s) 05 / 25 / 14

Ticket(s)/Pass(es) provided by agency?    Yes     No

Was ticket distribution made at the behest of agency official?    No     Yes

If no: Performing Arts Center of Los Angeles County  
Name of Source

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)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Zev Yaroslavsky	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Per ticket policy 5.3 (b) & (e)
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/Pass(es)	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.

	Liz Rangel	Ticket Administrator	07/22/14
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

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

# 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 Supervisors, Third District			
<b>Designated Agency Contact (Name, Title)</b>			
Liz Rangel, Ticket Administrator			
<b>Area Code/Phone Number</b>	<b>E-mail</b>	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
213-974-3333	lrangel@bos.lacounty.gov	Date of Original Filing: _____ <small>(Month, Day, Year)</small>	

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No

Event Description: Concert at Walt Disney Concert Hall  
Provide Title/Explanation

Face Value of Each Ticket/Pass \$ \$99.00

Date(s) 05 / 25 / 14

Ticket(s)/Pass(es) provided by agency?    Yes     No

Was ticket distribution made at the behest of agency official?    No     Yes

If no: Los Angeles Philharmonic  
Name of Source

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)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Kieu-Anh King	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Per ticket policy 5.3 (k)
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(Include address and description)</small>	Number of Ticket(s)/Pass(es)	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.

	<u>Liz Rangel</u>	<u>Ticket Administrator</u>	<u>07/22/14</u>
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

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

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

A Public Document

<b>1. Agency Name</b>		Date Stamp	California Form <b>802</b> For Official Use Only
County of Los Angeles			
Division, Department, or Region (If Applicable)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small>	
Board of Supervisors, Third District			
Designated Agency Contact (Name, Title)			
Liz Rangel, Ticket Administrator			
Area Code/Phone Number	E-mail		
213-974-3333	lrangel@bos.lacounty.gov		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No

Event Description: Dodger game  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No

Was ticket distribution made at the behest of agency official? No  Yes

Face Value of Each Ticket/Pass \$ 36.00

Date(s) 05 / 27 / 14

If no: Los Angeles Dodgers  
Name of Source

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)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Board of Supervisors Staff	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Per ticket policy 5.3 (k)
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	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.

*Liz Rangel*  
Signature of Agency Head or Designee

Liz Rangel

Print Name

Ticket Administrator

Title

07/22/14

(Month, Day, Year)

Comment:

\_\_\_\_\_

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

A Public Document

<b>1. Agency Name</b>		Date Stamp	California Form <b>802</b> For Official Use Only
County of Los Angeles			
Division, Department, or Region (If Applicable)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small>	
Board of Supervisors, Third District			
Designated Agency Contact (Name, Title)			
Liz Rangel, Ticket Administrator			
Area Code/Phone Number	E-mail		
213-974-3333	lrangel@bos.lacounty.gov		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No

Event Description: Opera @ Dorothy Chandler Pavilion  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No

Was ticket distribution made at the behest of agency official? No  Yes

Face Value of Each Ticket/Pass \$ \$240.00

Date(s) 05 / 29 / 14

If no: Performing Arts Center of Los Angeles County  
Name of Source

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)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Joel Bellman	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Per ticket policy 5.3 (k)
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	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.

Liz Rangel      Liz Rangel      Ticket Administrator      07/22/14  
Signature of Agency Head or Designee      Print Name      Title      (Month, Day, Year)

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

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

A Public Document

<b>1. Agency Name</b>		Date Stamp	California Form <b>802</b> For Official Use Only
County of Los Angeles			
Division, Department, or Region (If Applicable)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small>	
Board of Supervisors, Third District			
Designated Agency Contact (Name, Title)			
Liz Rangel, Ticket Administrator			
Area Code/Phone Number	E-mail		
213-974-3333	lrangel@bos.lacounty.gov		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No

Event Description: Play @ Ahmanson Theater  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No

Was ticket distribution made at the behest of agency official? No  Yes

Face Value of Each Ticket/Pass \$ \$165.00

Date(s) 05 / 30 / 14

If no: Performing Arts Center of Los Angeles County  
Name of Source

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)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Ann Miller	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Per ticket policy 5.3 (k)
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	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.

Liz Rangel      Liz Rangel      Ticket Administrator      07/22/14  
Signature of Agency Head or Designee      Print Name      Title      (Month, Day, Year)

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

# 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 Supervisors, Third District			
Designated Agency Contact (Name, Title)			
Liz Rangel, Ticket Administrator			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
213-974-3333	lrangel@bos.lacounty.gov	Date of Original Filing: _____ <small>(Month, Day, Year)</small>	

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No

Event Description: Play @ Ahmanson Theater  
Provide Title/Explanation

Face Value of Each Ticket/Pass \$ \$165.00

Date(s) 05 / 31 / 14

Ticket(s)/Pass(es) provided by agency?    Yes     No

If no: Performing Arts Center of Los Angeles County  
Name of Source

Was ticket distribution made at the behest of agency official?    No     Yes

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)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Kieu-Anh King	3	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Per ticket policy 5.3 (k)
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	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.

	Liz Rangel	Ticket Administrator	07/22/14
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

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

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 Supervisors, Third District

Designated Agency Contact (Name, Title)

Liz Rangel, Ticket Administrator

Area Code/Phone Number | E-mail

213-974-3333 | lrangel@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

Event Description: Dodger game

Provide Title/Explanation

Face Value of Each Ticket/Pass \$ 36.00

Date(s) 05 / 31 / 14

Ticket(s)/Pass(es) provided by agency? Yes  No

Was ticket distribution made at the behest of agency official? No  Yes

If no: Los Angeles Dodgers

Name of Source

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)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Board of Supervisors Staff	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Per ticket policy 5.3 (k)
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	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.

Liz Rangel Liz Rangel Ticket Administrator 07/22/14

Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

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