Tickets Provided by Agency Report

1. Agency Name
   County of Los Angeles
   Division, Department, or Region (if applicable)
   Board of Supervisors, Third District
   Street Address
   500 W. Temple Street, Room 821, Los Angeles, CA 90012
   Area Code/Phone Number
   213-974-3333
   E-mail
   lrangel@bos.lacounty.gov
   Agency Contact (name and title)
   Liz RANGE

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 6 / 01 / 10
   Description of Event: Concert performed at Walt Disney Concert Hall
   Face Value of Ticket: $96.50
   Agency Event Yes No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency:
   Los Angeles Philharmonic
   Number of Tickets Received: 4
   Ticket(s) Provided to Agency: ☑ Gratuitously ☑ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

<table>
<thead>
<tr>
<th>Name of Official:</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Virginia Kruger</td>
<td>4</td>
<td>Retaining highly qualified county employees</td>
</tr>
</tbody>
</table>

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

   Name of Behesting Agency Official:
   Name of Individual or Organization: ____________________________
   Number of Tickets: ______
   Description of Organization:
   Address of Organization: Number and Street City State Zip Code
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)

5. Verification
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

   Signature of Agency Head or Designee
   Print Name
   Title
   Date: 06/28/10

   Comment: (Use this space or an attachment for any additional information including amendment explanation.)

FPPC Form 882 (Feb 09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Tickets Provided by
Agency Report

A Public Document

1. Agency Name
   County of Los Angeles
   Division, Department, or Region (if applicable)
   Board of Supervisors, Third District
   Street Address
   500 W. Temple Street, Room 821, Los Angeles, CA 90012

   Area Code/Phone Number
   213-974-3333
   E-mail
   irangel@bos.lacounty.gov

   Agency Contact (name and title)
   Liz Rangel

   Date Stamp

   Amendment (Must explain in Part 5.)
   Date of Original Filing: ___________ (month, day, year)

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 6/11/10
   Description of Event: Dodger game
   Face Value of Ticket: $60.00
   Agency Event
   Yes
   No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency:
   Los Angeles Dodgers
   Number of Tickets Received: 2
   Ticket(s) Provided to Agency:    Gratuitously
   Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

   Name of Official
   (Last, First)
   Number of Tickets
   State Whether the Distribution is Income to the Official or
   Describe the Public Purpose for the Distribution

   Yolanda Valadez
   2
   Retaining highly qualified county employees

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

   Name of Behesting Agency Official:

   Name of Individual or Organization:
   Number of Tickets:

   Description of Organization:

   Address of Organization:
   Number and Street
   City
   State
   Zip Code

   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)

5. Verification

   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

   Signature of Agency Head or Designee
   Liz Rangel
   Print Name
   Ticket Administrator
   Title
   Date
   (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
# Tickets Provided by Agency Report

**A Public Document**

1. **Agency Name**  
   County of Los Angeles  
   Division, Department, or Region (if applicable)  
   Board of Supervisors, Third District  
   **Street Address**  
   500 W. Temple Street, Room 821, Los Angeles, CA 90012  
   **Area Code/Phone Number**  
   213-974-3333  
   **E-mail**  
   irangel@bos.lacounty.gov  
   **Agency Contact (name and title)**  
   Liz Rangel  
   **Date Stamp**  
   California Form 802

2. **Event For Which Tickets Were Distributed**  
   **Date(s) of Event:** 6/13/10  
   **Description of Event:** Dodger game  
   **Face Value of Ticket:** $60.00  
   **Agency Event**  
   Yes  
   **No** (Identify source of tickets below.)  
   **Name of Outside Source of Ticket(s) Provided to Agency:** Los Angeles Dodgers  
   **Number of Tickets Received:** 2  
   **Ticket(s) Provided to Agency:**  
   - [x] Gratuitously  
   - [x] Pursuant to Contract

3. **Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)**  
   **Name of Official:** Liz Rangel  
   **Number of Tickets:** 2  
   **State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution:**  
   Retaining highly qualified county employees

4. **Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)**  
   **Name of Behesting Agency Official:**  
   **Name of Individual or Organization:**  
   **Number of Tickets:**  
   **Description of Organization:**  
   **Address of Organization:**  
   **City**  
   **State**  
   **Zip Code**  
   **Purpose for Distribution:** (Describe the public purpose for the distribution to the organization.)

5. **Verification**  
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.  
   **Signature of Agency Head or Designee:** Liz Rangel  
   **Print Name:** Liz Rangel  
   **Title:** Ticket Administrator  
   **Date of Original Filing:** 06/29/2010  
   **(month, day, year)**  
   **Comment:** (Use this space or an attachment for any additional information including amendment explanation.)

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FPPC Form 802 (Feb/09)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
# Tickets Provided by Agency Report

A Public Document

## 1. Agency Name
County of Los Angeles
Division, Department, or Region (if applicable)
Board of Supervisors, Third District
Street Address
500 W. Temple Street, Room 821, Los Angeles, CA 90012
Area Code/Phone Number
213-974-3333
E-mail
rangel@bos.lacounty.gov
Agency Contact (name and title)
Liz Rangel

## 2. Event For Which Tickets Were Distributed

<table>
<thead>
<tr>
<th>Date(s) of Event</th>
<th>Description of Event</th>
<th>Face Value of Ticket</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/12/10</td>
<td>Dodger game</td>
<td>$60.00</td>
</tr>
<tr>
<td>6/26/10</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Agency Event
- Yes
- No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency
Los Angeles Dodgers

Number of Tickets Received: 2
Ticket(s) Provided to Agency
- Gratuitously
- Pursuant to Contract

## 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benita Trujillo</td>
<td>2</td>
<td>Retaining highly qualified county employees</td>
</tr>
</tbody>
</table>

## 4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

<table>
<thead>
<tr>
<th>Name of Behesting Agency Official:</th>
<th>Number of Tickets:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Individual or Organization:</th>
<th>Number of Tickets:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Description of Organization:

Address of Organization:
Number and Street
City
State
Zip Code

Purpose for Distribution:
(Describe the public purpose for the distribution to the organization.)

## 5. Verification

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

Liz Rangel
Signature of Agency Head or Designee
Ticket Administrator
Print Name
Title
06/28/2014 (month, day, year)

Comment:
(Use this space or an attachment for any additional information including amendment explanation.)
Tickets Provided by Agency Report

1. Agency Name
   County of Los Angeles
   Division, Department, or Region (if applicable)
   Board of Supervisors, Third District

   Street Address
   500 W. Temple Street, Room 621, Los Angeles, CA 90012

   Area Code/Phone Number
   E-mail
   213-974-3333
   lrangel@bos.lacounty.gov

   Agency Contact (name and title)
   Liz Rangel

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

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 6/25/10
   Description of Event: Dodger game
   Face Value of Ticket: $60.00
   Amendment (Must explain in Part 5.)

   Agency Event
   □ Yes □ No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency:
   Los Angeles Dodgers

   Number of Tickets Received: 2
   Ticket(s) Provided to Agency:
   □ Gratuitously □ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

<table>
<thead>
<tr>
<th>Name of Official:</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vivian Rescalvo</td>
<td>2</td>
<td>Retaining highly qualified county employees</td>
</tr>
</tbody>
</table>

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

   Name of Behesting Agency Official: ________________________________

   Name of Individual or Organization: ________________________________
   Number of Tickets: _______

   Description of Organization: ________________________________

   Address of Organization: __________________________________________
   Number and Street: ______________________
   City: ______________________
   State: ______________________
   Zip Code: ______________________

   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)

   ________________________________

5. Verification

   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

   Signature of Agency Head or Delegilee
   ________

   Print Name
   Liz Rangel

   Title
   Ticket Administrator

   Date: 6/28/2010 2/14/11

   (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

FPPC Form 802 (Feb/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Tickets Provided by
Agency Report

A Public Document

1. Agency Name
   County of Los Angeles
   Division, Department, or Region (if applicable)
   Board of Supervisors, Third District
   Street Address
   500 W. Temple Street, Room 821, Los Angeles, CA 90012
   Area Code/Phone Number E-mail
   213-974-3333 lrangel@bos.lacounty.gov
   Agency Contact (name and title)
   Liz Rangel

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 6/27/10
   Description of Event: Dodger game
   Face Value of Ticket: $80.00
   Agency Event [X] Yes [ ] No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency:
   Los Angeles Dodgers
   Number of Tickets Received: 2
   Ticket(s) Provided to Agency: [ ] Gratuitously [X] Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)
   Name of Official:
   (Last, First) Number of Tickets State Whether the Distribution is Income to the Official or
   Lisa Garcia 2 Retaining highly qualified county employees

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
   Name of Behesting Agency Official:
   Name of Individual or Organization: ________________________________ Number of Tickets: ______
   Description of Organization: __________________________________________
   Address of Organization: Number and Street City State Zip Code
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)

5. Verification
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.
   Liz Rangel
   Signature of Agency Head or Designee
   Print Name
   Title
   Date (month, day, year): 06/29/2010 3/9/11
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
Tickets Provided by Agency Report

1. Agency Name
   County of Los Angeles

   Division, Department, or Region (if applicable)
   Board of Supervisors, Third District

   Street Address
   500 W. Temple Street, Room 821, Los Angeles, CA 90012

   Area Code/Phone Number
   213-974-3333

   E-mail
   lirangel@bos.lacounty.gov

   Agency Contact (name and title)
   Liz Rangel

   Date Stamp

   California Form 802

   [For Official Use Only]

   □ Amendment (Must explain in Part 5.)

   Date of Original Filing: _________

   (month, day, year)

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 09/22/10
   Description of Event: Dodger Game
   Face Value of Ticket: $60.00

   Agency Event □ Yes □ No (Identify source of tickets below.)

   Name of Outside Source of Ticket(s) Provided to Agency:
   Los Angeles Dodgers

   Number of Tickets Received: 2
   Ticket(s) Provided to Agency: □ Gratuitously □ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

<table>
<thead>
<tr>
<th>Name of Official:</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elan Shultz</td>
<td>2</td>
<td>Income</td>
</tr>
</tbody>
</table>

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

   Name of Behesting Agency Official:

   Name of Individual or Organization: ____________________________________________ Number of Tickets: __________

   Description of Organization:

   Address of Organization:
   Number and Street ____________________________ City __________ State __________ Zip Code __________

   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)

   __________________________________________________________________________

5. Verification

   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

   Signature of Agency Head or Designee
   Liz Rangel

   Print Name
   Ticket Administrator

   Title

   2/9/10

   (month, day, year)

   Comment: (Use this space or an attachment for any additional information including amendment explanation.)

   ____________________________________________

FPPC Form 802 (Feb/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
# Tickets Provided by Agency Report

**A Public Document**

### 1. Agency Name
- County of Los Angeles

**Division, Department, or Region (if applicable):**
- Board of Supervisors, Third District

**Street Address:**
- 500 W. Temple Street, Room 621, Los Angeles, CA 90012

**Area Code/Phone Number:**
- 213-974-3333

**E-mail:**
- lrangel@bos.lacounty.gov

**Agency Contact (name and title):**
- Liz Rangel

### 2. Event For Which Tickets Were Distributed
- **Date(s) of Event:** 12/31/10
- **Description of Event:** Concert performed at Walt Disney Concert Hall
- **Face Value of Ticket:** $93.00

**Agency Event:** Yes  
**No (Identify source of tickets below):** No

**Name of Outside Source of Ticket(s) Provided to Agency:** Los Angeles Philharmonic

**Number of Tickets Received:** 2  
**Ticket(s) Provided to Agency:** 
- Gratuously
- Pursuant to Contract

### 3. Agency Official(s) Receiving Ticket(s)
(Use a continuation sheet for additional names)

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Joel Sappell</td>
<td>2</td>
<td>Retaining highly qualified county employees</td>
</tr>
</tbody>
</table>

### 4. Individual or Organization Receiving Ticket(s)
(Provided at the behest of an agency official.)

- **Name of Behesting Agency Official:**

- **Name of Individual or Organization:**

- **Number of Tickets:**

- **Description of Organization:**

- **Address of Organization:**
  - Number and Street
  - City
  - State
  - Zip Code

**Purpose for Distribution:** (Describe the public purpose for the distribution to the organization.)

### 5. Verification

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

**Signature of Agency Head or Designee:**  
**Print Name:** Liz Rangel  
**Title:** Ticket Administrator  
**Date (month, day, year):** 2/9/2011

**Comment:** (Use this space or an attachment for any additional information including amendment explanation.)

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**FPPC Form 802 (Feb/09)**

**FPPC Toll-Free Helpline:** 866/ASK-FPPC (866/275-3772)