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 Rangel

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 01/01/10
   Description of Event: Concert performed at Ahmanson Theatre
   Face Value of Ticket: $75.00
   Agency Event Yes No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency:
   Performing Arts Center of Los Angeles County
   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>Regina Marquez</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.
   Liz Rangel
   Signature of Agency Head or Designee Print Name Title
   Ticket Administrator 5/18/2010
   (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
**Tickets Provided by**
**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

---

**2. Event For Which Tickets Were Distributed**

<table>
<thead>
<tr>
<th>Date(s) of Event:</th>
<th>01/16/10</th>
</tr>
</thead>
</table>

**Description of Event:**
Concert performed at Ahmanson Theatre

**Face Value of Ticket:**
$75.00

---

**Agency Event**
☑ Yes  ☐ No (Identify source of tickets below.)

**Name of Outside Source of Ticket(s) Provided to Agency:**
Performing Arts Center of Los Angeles County

**Number of Tickets Received:**
4

**Ticket(s) Provided to Agency:**
☑ Gratuitously  ☑ Pursuant to Contract

---

**3. Agency Official(s) Receiving Ticket(s)**

<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>Benita Trujillo</td>
<td>4</td>
<td>retaining highly qualified county employees</td>
</tr>
</tbody>
</table>

---

**4. Individual or Organization Receiving Ticket(s)**

<table>
<thead>
<tr>
<th>Name of Behesting Agency Official:</th>
<th>Name of Individual or Organization:</th>
<th>Number of Tickets:</th>
</tr>
</thead>
</table>

**Description of Organization:**

**Address of Organization:**

<table>
<thead>
<tr>
<th>Number and Street</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

**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**
5/18/2010

**Comment:** (Use this space or an attachment for any additional information including amendment explanation.)
Tickets Provided by                     A Public Document
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 Rangel

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 01 24 10  
   Description of Event: Concert performed at Ahmanson Theatre 
   Face Value of Ticket: $75.00  
   Agency Event: Yes  No (Identify source of tickets below.) 
   Name of Outside Source of Ticket(s) Provided to Agency: Performing Arts Center of Los Angeles County 
   Number of Tickets Received: 2  
   Ticket(s) Provided to Agency:  

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)
   Name of Official: Yolanda Valadez
   (Last, First)  
   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:  
   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:  
   Title: Ticket Administrator  
   Date: 5/18/2010  
   (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
**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** trangel@bos.lacounty.gov

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

**2. Event For Which Tickets Were Distributed**
Date(s) of Event: 01/27/10

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.)

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

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>Cynthia Scott</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**
Liz Rangel

**Print Name**
Ticket Administrator

**Title**
5/18/2010

(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  
   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: 1/29/10  
   Description of Event: Concert performed at Walt Disney Concert Hall  
   Face Value of Ticket: $100.00  
   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: 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>Benita Trujillo 2</td>
<td>retaining highly qualified county employees</td>
<td></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: |  |
| 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:  
Ticket Administrator:  
5/18/2010  
(month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
**Tickets Provided by A Public Document**

<table>
<thead>
<tr>
<th>1. Agency Name</th>
<th>County of Los Angeles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division, Department, or Region (if applicable)</td>
<td>Board of Supervisors, Third District</td>
</tr>
<tr>
<td>Street Address</td>
<td>500 W. Temple Street, Room 821, Los Angeles, CA 90012</td>
</tr>
<tr>
<td>Area Code/Phone Number</td>
<td>E-mail</td>
</tr>
<tr>
<td>213-974-3333</td>
<td><a href="mailto:lrangel@bos.lacounty.gov">lrangel@bos.lacounty.gov</a></td>
</tr>
<tr>
<td>Agency Contact (name and title)</td>
<td>Liz Rangel</td>
</tr>
</tbody>
</table>

**2. Event For Which Tickets Were Distributed**

<table>
<thead>
<tr>
<th>Date(s) of Event:</th>
<th>Description of Event: Concert performed at Walt Disney Concert Hall</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/29/10</td>
<td></td>
</tr>
<tr>
<td>Face Value of Ticket:</td>
<td>$93.00</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 Philharmonic

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: Lourdes Arevalo</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Last, First)</td>
</tr>
<tr>
<td></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.

Liz Rangel  Liz Rangel  Ticket Administrator  5/18/2010

Signature of Agency Head or Designee  Print Name  Title  (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-FPCC (866/275-3772)
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 Rangel

   Amendment (Must explain in Part 5.)

   Date of Original Filing: ___/___/___

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 01/30/10
   Description of Event: Concert performed at Dorothy Chandler Pavilion
   Face Value of Ticket: $90.00
   Agency Event: □ Yes □ No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency:
   Performing Arts Center of Los Angeles County
   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

   Cynthia Scott       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
   5/18/2010

   (month, day, year)

   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
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 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:** 01/31/10
   **Description of Event:** Concert performed at Dorothy Chandler Pavilion
   **Face Value of Ticket:** $90.00

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

   **Name of Outside Source of Ticket(s) Provided to Agency:** Performing Arts Center of Los Angeles County

   **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)

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<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>
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</thead>
<tbody>
<tr>
<td>Regina Marquez</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**
   Liz Rangel

   **Print Name**
   Liz Rangel

   **Title**
   Ticket Administrator

   **Date (month, day, year)**
   5/18/2010

   **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)