Agency Report of:
Ceremonial Role Events and Ticket/Admission Distributions

1. **Agency Name**
   - County of Los Angeles
   - Board of Supervisors, Third District

2. **Function, Event, or Ceremonial Role Information**
   - **Title:** Performing Arts Center of Los Angeles County
   - **Description:** Play at Ahmanson Theatre
   - **Face Value of Each Admission:** $115.00
   - **Date(s):** 07, 06, 11

3. **Ticket(s)/Admission(s) provided by agency?**
   - **Yes [x] No [ ]**

4. **Was the distribution to persons identified below made at the behest of an agency official?**
   - **Yes [ ] No [x]**

5. **The identity of recipient(s) and the explanation:**
   - **Zev Yaroslavsky**
     - **Number of Ticket(s):** 2
     - **Agency Official:**
       - **Yes [x] No [ ]**
     - **Income:**
       - **Job duties require attendance/monitoring** [ ]

6. **Verification**
   - **I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.**
   - **Signature of Agency Head or Designee:** Liz Rangel
   - **Print Name:** Liz Rangel
   - **Title:** Ticket Administrator
   - **Date:** 08/05/11

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

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

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

3. **Designated Agency Contact (Name, Title)**  
Liz Rangel

4. **Area Code/Phone Number**  
213-974-3333

5. **E-mail**  
irangel@bos.lacounty.gov

6. **Function, Event, or Ceremonial Role Information**  
**Title**: Performing Arts Center of Los Angeles County
**Face Value of Each Admission**: $115.00
**Description**: Play at Ahmanson Theatre

7. **Date(s)**  
07/08/11

8. **Ticket(s)/Admission(s) provided by agency?**  
Yes [x] No [ ]

9. **Was the distribution to persons identified below made at the behest of an agency official?**  
Yes [ ] No [x]

10. **The identity of recipient(s) and the explanation:**

<table>
<thead>
<tr>
<th>Name (Last, First) of Organization (Name, Address, Description)</th>
<th>Number of Admission(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tim Pershing</td>
<td>2</td>
<td>Yes [x]</td>
</tr>
</tbody>
</table>

11. **Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

**Signature of Agency Head or Designee**  
Liz Rangel

**Print Name**  
Ticket Administrator

**Title**  
08/05/11

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

pursuant to Contract
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

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
   - Designated Agency Contact (Name, Title)
     - Liz Rangel
   - Area Code/Phone Number
     - 213-974-3333
   - E-mail
     - lrangel@bos.lacounty.gov

2. **Function, Event, or Ceremonial Role Information**
   - **Title**: Performing Arts Center of Los Angeles County
   - **Face Value of Each Admission** $115.00
   - **Date(s)** 07/09/11
   - **Ticket(s)/Admission(s) provided by agency?** Yes [x] No [ ]
   - **Was the distribution to persons identified below made at the behest of an agency official?** Yes [ ] No [x]
     - **If yes:**
       - **Official's Name (Last, First) and Title**

   **The identity of recipient(s) and the explanation:**

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elan Shultz</td>
<td>2</td>
<td>Yes [ ] No [x]</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [ ] No [ ]</td>
<td>Income</td>
</tr>
<tr>
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<td>Yes [ ] No [ ]</td>
<td>Income</td>
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<td>Yes [ ] No [ ]</td>
<td>Income</td>
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<td>Yes [ ] No [ ]</td>
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<td>Yes [ ] No [ ]</td>
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<td>Yes [ ] No [ ]</td>
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<td>Yes [ ] No [ ]</td>
<td>Income</td>
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<td></td>
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<td>Yes [ ] No [ ]</td>
<td>Income</td>
</tr>
</tbody>
</table>

3. **Verification**

   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

   **Signature of Agency Head or Designee**

   **Print Name**

   **Title**

   **Date** 08/05/11

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

   pursuant to Contract
**Agency Report of:**

**Ceremonial Role Events and Ticket/Admission Distributions**

1. **Agency Name**
   - County of Los Angeles
   - Board of Supervisors, Third District

2. **Function, Event, or Ceremonial Role Information**
   - **Title:** Performing Arts Center of Los Angeles County
   - **Description:** play at Ahmanson Theatre
   - **Face Value of Each Admission:** $115.00
   - **Date(s):** 07/10/11

   - **Ticket(s)/Admission(s) provided by agency? Yes X No □**
   - **Was the distribution to persons identified below made at the behest of an agency official? Yes □ No X**
   - **Official's Name (Last, First) and Title:**

   - **The identity of recipient(s) and the explanation:**

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cynthia Scott</td>
<td>2</td>
<td>Yes □ No X</td>
<td>retaining highly qualified county employees</td>
</tr>
<tr>
<td></td>
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</tbody>
</table>

3. **Verification**

   - I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

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

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

   - pursuant to Contract
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
Designated Agency Contact (Name, Title): Liz Rangel
Area Code/Phone Number: 213-974-3333
E-mail: irangel@bos.lacounty.gov

Function, Event, or Ceremonial Role Information:
Title: Dodger game
Description: Dodger game
Face Value of Each Admission: $60.00
Date(s): 07 10 11
Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☒ If no: Los Angeles Dodgers
Was the distribution to persons identified below made at the behest of an agency official? Yes ☐ No ☒ If yes: Official’s Name (Last, First) and Title

The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)</th>
<th>Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lori Wheeler</td>
<td>2</td>
<td></td>
<td>Yes ☐ No ☒ retaining highly qualified county employees</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Income ☐</td>
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<tr>
<td></td>
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<td></td>
<td>Yes ☐ No ☒</td>
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<td>Income ☐</td>
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<td>Yes ☐ No ☒</td>
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<td>Yes ☐ No ☒</td>
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<td>Income ☐</td>
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<td>Yes ☐ No ☒</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
</tbody>
</table>

Verification:
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

Signature of Agency Head or Designee: Liz Rangel
Print Name: Liz Rangel
Title: Ticket Administrator
Date: 08/05/11 (month, day, year)

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

pursuant to Contract
**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  
**Designated Agency Contact (Name, Title):** Liz Rangel  
**Area Code/Phone Number:** 213-974-3333  
**E-mail:** lirangel@bos.lacounty.gov  

### 2. Function, Event, or Ceremonial Role Information

<table>
<thead>
<tr>
<th>Title</th>
<th>Los Angeles Philharmonic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Description</td>
<td>performance at Walt Disney Concert Hall</td>
</tr>
<tr>
<td>Face Value of Each Admission $</td>
<td>165.00</td>
</tr>
</tbody>
</table>

**Date(s):** 07/24/11  
**Ticket(s)/Admission(s) provided by agency?** Yes ☒ No ☐  
**If no:**  
**Name of Source:**  

Was the distribution to persons identified below made at the behest of an agency official?  
**Yes ☐ No ☒**  
**If yes:**  
**Official's Name (Last, First) and Title:**  

The identity of recipient(s) and the explanation:  

<table>
<thead>
<tr>
<th>Name (Last, First) of Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lori Wheeler</td>
<td>4</td>
<td>Yes ☒ No ☐</td>
</tr>
</tbody>
</table>

- Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.  
- If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.

### 3. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.  

**Signature of Agency Head or Designee:** Liz Rangel  
**Print Name:** Liz Rangel  
**Title:** Ticket Administrator  
**Date:** 08/05/11  

**Comment:** (Use this space or an attachment for any additional information including amendment explanation.)  
**pursuant to Contract**
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

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
   Designated Agency Contact (Name, Title)
   Liz Rangel
   Area Code/Phone Number  E-mail
   213-974-3333  lirangel@bos.lacounty.gov

2. Function, Event, or Ceremonial Role Information
   Title
   Dodger game
   Description
   Dodger game
   Face Value of Each Admission $ 60.00
   Date(s) 07 29 11
   Ticket(s)/Admission(s) provided by agency? Yes  No  X  If no: Los Angeles Dodgers
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes  X  No  If yes:
   Official's Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alisa Katz</td>
<td>2</td>
<td>Yes  X</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No  X</td>
<td></td>
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<td></td>
<td></td>
<td>Yes  No</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>No  Yes</td>
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<td>Yes  No</td>
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<td>No  Yes</td>
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<td>Yes  No</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>No  Yes</td>
<td></td>
</tr>
</tbody>
</table>

3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.
   Signature of Agency Head or Designee
   Liz Rangel
   Print Name
   Ticket Administrator
   08/05/11
   (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
   pursuant to Contract
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions
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
   Designated Agency Contact (Name, Title)
   Liz Rangel
   Area Code/Phone Number E-mail
   213-974-3333 lrrangel@bos.lacounty.gov

Date Stamp: California Form 802
   Date of Original Filing: (month, day, year)
   Amendment (Must provide explanation in Part 3.)

2. Function, Event, or Ceremonial Role Information
   Title: Dodger game
   Face Value of Each Admission $ 60.00
   Description: Dodger game
   Date(s): 06/19/11
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☑
   If no: Los Angeles Dodgers
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes ☐ No ☑
   If yes: 
   Official's Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alisa Katz</td>
<td>2</td>
<td>Yes ☐ No ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>retaining highly qualified county employees</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
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<td>Income ☐</td>
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<tr>
<td></td>
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<td>Income ☐</td>
</tr>
</tbody>
</table>

3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.
   Signature of Agency Head or Designee
   Liz Rangel
   Print Name
   Title
   Date of Filing: 08/05/11
   (month, day, year)

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

FPPC Form 802 (2/11)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions

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
Designated Agency Contact (Name, Title)
Liz Rangel
Area Code/Phone Number E-mail
213-974-3333 lrangel@bos.lacounty.gov

2. Function, Event, or Ceremonial Role Information
Title
Performing Arts Center of Los Angeles County
Description
play at Ahmanson Theatre
Face Value of Each Admission $ 115.00
Data(s) 06, 23, 11
Ticket(s)/Admission(s) provided by agency? Yes ☑ No ☐ If no:
Was the distribution to persons identified below made at the behest of an agency official? Yes ☐ No ☑ If yes:
Official’s Name (Last, First) and Title
The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Georgia Reyes</td>
<td>2</td>
<td>☑ No</td>
</tr>
<tr>
<td></td>
<td>Yes ☑ Retaining highly qualified county employees</td>
<td>Income ☐</td>
</tr>
</tbody>
</table>

3. Verification
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

Liz Rangel
Print Name
Ticket Administrator
Title 08/05/11
(month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
pursuant to Contract
Agency Report of:
Ceremonial Role Events and Ticket/Admission Distributions

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
   Designated Agency Contact (Name, Title)
   Liz Rangel
   Area Code/Phone Number: 213-974-3333
   E-mail: lizangel@bos.lacounty.gov

2. Function, Event, or Ceremonial Role Information
   Title: Performing Arts Center of Los Angeles County
   Description: Dance
   Face Value of Each Admission: $105.00
   Date(s): 06/25/11
   Ticket(s)/Admission(s) provided by agency? Yes ☑ No ☐
   If no: __________________________
   Was the distribution to persons identified below made at the behest of an agency official? Yes ☐ No ☑
   If yes: __________________________
   Official's Name (Last, First) and Title:
   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regina Marquez</td>
<td>2</td>
<td>Yes ☑</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☑</td>
</tr>
<tr>
<td></td>
<td>retaining highly qualified county employees</td>
<td></td>
</tr>
</tbody>
</table>

   3. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

   Signature of Agency Head or Designee: Liz Rangel
   Print Name: Liz Rangel
   Title: Ticket Administrator
   Date: 08/05/11

   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
   pursuant to Contract
### Agency Report of:
Ceremonial Role Events and Ticket/Admission Distributions

**1. Agency Name**
- County of Los Angeles
- Board of Supervisors, Third District

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

**Designated Agency Contact (Name, Title)**
- Liz Rangel

**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, Event, or Ceremonial Role Information**

**Title**
- Dodger game

**Face Value of Each Admission $**
- 60.00

**Date(s)**
- 06 26 11

**Ticket(s)/Admission(s) provided by agency?**
- Yes ☐ No ☒

**If no:**
- Los Angeles Dodgers

**Name of Source**

**Was the distribution to persons identified below made at the behest of an agency official?**
- Yes ☐ No ☒

**If yes:**
- 

**Official’s Name (Last, First) and Title**

**The identity of recipient(s) and the explanation:**

<table>
<thead>
<tr>
<th>Name (Last, First) of Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
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<tbody>
<tr>
<td>Yolanda Valadez</td>
<td>2</td>
<td>Yes ☒</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☐</td>
</tr>
<tr>
<td></td>
<td>retaining highly qualified county employees</td>
<td>Income ☐</td>
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</tbody>
</table>

**3. Verification**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

**Signature of Agency Head or Designee**
- Liz Rangel

**Print Name**
- Ticket Administrator

**Title**
- 08/05/11

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

- pursuant to Contract