Print Form

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: 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, 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

Date(s) 07 / 06 / 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:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	• 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.	
Zev Yaroslavsky	2	Yes ☒ No ☐	job duties require attendance/monitoring ve	Income ☐
		Yes ☐ No ☐		Income ☐
		Yes ☐ No ☐		Income ☐
		Yes ☐ No ☐		Income ☐
		Yes ☐ No ☐		Income ☐

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 — Signature of Agency Head or Designee

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.)*

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

2. 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

Date(s): 07 / 08 / 11

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

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Tim Pershing	2	Yes ☐ No ☒	retaining highly qualified county employees	Income ☐
		Yes ☐ No ☐		Income ☐
		Yes ☐ No ☐		Income ☐
		Yes ☐ No ☐		Income ☐
		Yes ☐ No ☐		Income ☐

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08/05/11 — *(month, day, year)*

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2. 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

Date(s) 07 / 09 / 11 ___ / ___ / ___

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

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Elan Shultz	2	Yes ☐ No ☒		Income ☒
		Yes ☐ No ☐		Income ☐
		Yes ☐ No ☐		Income ☐
		Yes ☐ No ☐		Income ☐
		Yes ☐ No ☐		Income ☐

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Liz Rangel
Signature of Agency Head or Designee

Liz Rangel
Print Name

Ticket Administrator
Title

08/05/11
(month, day, year)

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

2. 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

Date(s) 07 / 10 / 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*

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Cynthia Scott	2	Yes ☐ No ☒	retaining highly qualified county employees	Income ☐
		Yes ☐ No ☐		Income ☐
		Yes ☐ No ☐		Income ☐
		Yes ☐ No ☐		Income ☐
		Yes ☐ No ☐		Income ☐

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Liz Rangel — Signature of Agency Head or Designee

Liz Rangel — Print Name

Ticket Administrator — Title

08/05/11 — *(month, day, year)*

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☐ **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

Description Dodger game

Date(s) 07 / 10 / 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:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	• 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.	
Lori Wheeler	2	Yes ☐ No ☒	retaining highly qualified county employees	Income ☐
		Yes ☐ No ☐		Income ☐
		Yes ☐ No ☐		Income ☐
		Yes ☐ No ☐		Income ☐
		Yes ☐ No ☐		Income ☐

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Liz Rangel — Signature of Agency Head or Designee

Liz Rangel — Print Name

Ticket Administrator — Title

08/05/11 — *(month, day, year)*

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Liz Rangel

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

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☐ **Amendment** *(Must provide explanation in Part 3.)*

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

2. Function, Event, or Ceremonial Role Information

Title Los Angeles Philharmonic

Face Value of Each Admission $ 165.00

Description performance at Walt Disney Concert Hall

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:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	• 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.	
Lori Wheeler	4	Yes ☐ No ☒	retaining highly qualified county employees	Income ☐
		Yes ☐ No ☐		Income ☐
		Yes ☐ No ☐		Income ☐
		Yes ☐ No ☐		Income ☐
		Yes ☐ No ☐		Income ☐

3. Verification

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

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

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☐ **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

Description Dodger game

Date(s) 07 / 29 / 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:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	• 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.	
Alisa Katz	2	Yes ☐ No ☒		Income ☒
		Yes ☐ No ☐		Income ☐
		Yes ☐ No ☐		Income ☐
		Yes ☐ No ☐		Income ☐
		Yes ☐ No ☐		Income ☐

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Liz Rangel
Signature of Agency Head or Designee

Liz Rangel
Print Name

Ticket Administrator
Title

08/05/11
(month, day, year)

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

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:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	• 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.	
Alisa Katz	2	Yes ☐ No ☒	retaining highly qualified county employees	Income ☐
		Yes ☐ No ☐		Income ☐
		Yes ☐ No ☐		Income ☐
		Yes ☐ No ☐		Income ☐
		Yes ☐ No ☐		Income ☐

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Liz Rangel — Signature of Agency Head or Designee

Liz Rangel — Print Name

Ticket Administrator — Title

08/05/11 — *(month, day, year)*

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

2. 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

Date(s) 06 / 23 / 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*

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Georgia Reyes	2	Yes ☐ No ☒	retaining highly qualified county employees	Income ☐
		Yes ☐ No ☐		Income ☐
		Yes ☐ No ☐		Income ☐
		Yes ☐ No ☐		Income ☐
		Yes ☐ No ☐		Income ☐

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

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

2. Function, Event, or Ceremonial Role Information

Title Performing Arts Center of Los Angeles County

Face Value of Each Admission $ 105.00

Description Dance

Date(s) 06 / 25 / 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:

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Regina Marquez	2	Yes ☐ No ☒	retaining highly qualified county employees	Income ☐
		Yes ☐ No ☐		Income ☐
		Yes ☐ No ☐		Income ☐
		Yes ☐ No ☐		Income ☐
		Yes ☐ No ☐		Income ☐

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Liz Rangel — Print Name

Ticket Administrator — Title

08/05/11 — *(month, day, year)*

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

2. Function, Event, or Ceremonial Role Information

Title Dodger game

Face Value of Each Admission $ 60.00

Description Dodger game

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

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Yolanda Valadez	2	Yes ☐ No ☒	retaining highly qualified county employees	Income ☐
		Yes ☐ No ☐		Income ☐
		Yes ☐ No ☐		Income ☐
		Yes ☐ No ☐		Income ☐
		Yes ☐ No ☐		Income ☐

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Signature of Agency Head or Designee

Liz Rangel
Print Name

Ticket Administrator
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08/05/11
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