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
   "Into the Bollywoods"
   Description
   Performance at Ford Theatre
   Face Value of Each Admission
   $27.00
   Date(s)
   07 23 11
   Ticket(s)/Admission(s) provided by agency? Yes [ ] No [X] If no:
   Name of Source
   John Anson Ford Theatre
   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>Patty Farlas</td>
<td>2</td>
<td>Yes [ ] No [X]</td>
<td>retaining highly qualified county employees</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
   10/31/11
   (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
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   Division, Department, or Region (If applicable)
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   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: "Noche De Pasion"
   Description: Performance at Ford Theatre
   Face Value of Each Admission $27.00
   Date(s): 08 05 11
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☑ If no: John Anson Ford Theatre
   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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<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Explanation</th>
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<tr>
<td>Maria Chong-Castillo</td>
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<td>retaining highly qualified county employees</td>
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3. Verification
   I have read and understand FPPC Regulations 16944.1 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
   Print Name
   Ticket Administrator
   Title
   Date 10/31/11
   (month, day, year)

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   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
   "Noche De Pasion"
   Description
   Performance at Ford Theatre
   Face Value of Each Admission $27.00
   Date(s) 08 05 11
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☒ If no:
   Name of Source
   John Anson Ford Theatre
   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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<tr>
<td>Patty Farlas</td>
<td>2</td>
<td>Yes ☐ No ☒</td>
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<td>retaining highly qualified county employees</td>
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   I have read and understand FPPC Regulations 19944.1 and 19942. 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
   10/31/11
   Title
   (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
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FPPC Form 802 (2/11)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
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   Liz Rangel
   Area Code/Phone Number
   213-974-3333
   E-mail
   lirangel@bos.lacounty.gov

2. Function, Event, or Ceremonial Role Information
   Title
   Los Angeles Philharmonic
   Description
   performance at Walt Disney Concert Hall
   Face Value of Each Admission
   $165.00
   Date(s)
   08 07 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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<tr>
<td>Regina Marquez</td>
<td>2</td>
<td>No</td>
<td>retaining highly qualified county employees</td>
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   Signature of Agency Head or Designee
   Liz Rangel
   Print Name
   Ticket Administrator
   10/20/11
   (month, day, year)

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   Liz Rangel
   Area Code/Phone Number  E-mail
   213-974-3333  lizangel@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) 08/10/11
   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 No X
   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. |
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<td>Yolanda Valadez</td>
<td>2</td>
<td>Yes No X</td>
<td>retaining highly qualified county employees</td>
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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
   Print Name
   Ticket Administrator
   Title
   Date (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
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FPPC Form 802 (2/11)
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   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
   "Sandra Bernhard"
   Description
   Performance @ RedCat Theatre
   Face Value of Each Admission
   $38.00
   Date(s)
   08 11 11
   Ticket(s)/Admission(s) provided by agency? Yes ☒ No ☐

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]
   Liz Rangel
   Print Name
   Ticket Administrator
   10/31/11
   (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
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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 langel@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
Dodger game
Description
Dodger game
Face Value of Each Admission $ 60.00
Date(s) 08 12 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:

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<th>Agency Official</th>
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<tbody>
<tr>
<td>Lisa Garcia</td>
<td>2</td>
<td>☒ retaining highly qualified county employees</td>
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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/Designee

Ticket Administrator 10/20/11 (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
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   Liz Rangel
   Area Code/Phone Number E-mail
   213-974-3333 lrangel@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) 08 14 11
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☒ If no:
   Name of Source
   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

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<tbody>
<tr>
<td>Benita Trujillo</td>
<td>2</td>
<td>Yes ☒</td>
<td>retaining highly qualified county employees</td>
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<td>No ☒</td>
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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
   10/20/11
   (month, day, year)

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

2. Function, Event, or Ceremonial Role Information
   Title "Grandeza Mexicana"
   Description Performance at Ford Theatre
   Face Value of Each Admission $ 27.00
   Date(s) 08/19/11
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☑ If no:
   John Anson Ford Theatre
   Name of Source

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

The identity of recipient(s) and the explanation:

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<th>Name (Last, First) or Organization Name (Name, Address, Description)</th>
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<tr>
<td>Patty Farías</td>
<td>2</td>
<td>☑ retaining highly qualified county employees</td>
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</table>

3. Verification
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Liz Rangel
Signature of Agency Head or Designee

Print Name: Liz Rangel
Ticket Administrator
Date: 10/31/11 (Month, day, year)

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

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

2. Function, Event, or Ceremonial Role Information
   Title "Fiesta Argentina"
   Description Performance at Ford Theatre
   Face Value of Each Admission $27.00
   Date(s) 08, 20, 11
   Ticket(s)/Admission(s) provided by agency? Yes No If no: John Anson Ford Theatre
   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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<tr>
<td>Regina Marquez</td>
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   Liz Rangel
   Signature of Agency Head or Designee

   Ticket Administrator
   Print Name
   Title
   (month, day, year)

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   Liz Rangel
   213-974-3333
   frangel@bos.lacounty.gov

2. Function, Event, or Ceremonial Role Information
   Title: "J.A.M. Salsa"
   Description: Performance at Ford Theatre
   Face Value of Each Admission $: 27.00
   Date(s): 08/22/11
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☒ If no: John Anson Ford Theatre
   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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<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>
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<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☒ No ☐</td>
<td></td>
</tr>
</tbody>
</table>

3. Verification
   I have read and understand FPPC Regulations 16944.1 and 16942. 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
   Date: 10/31/11

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/ lrangel@bos.lacounty.gov

2. Function, Event, or Ceremonial Role Information
   Title
   Face Value of Each Admission $
   60.00
   Description
   Date(s)
   08/31/11
   Ticket(s)/Admission(s) provided by agency?
   Yes ☐ No ☑ If no:
   Name of Source
   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)/Ticket(s)</th>
<th>Agency Official</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yolanda Valadez</td>
<td>2</td>
<td>Yes ☐ No ☑</td>
<td>retaining highly qualified county employees</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: ___________________________________________  Print Name: ____________________________  Title: ____________________________  Date: 10/20/11

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

pursuant to Contract
Agency Report of:
Ceremonial Role Events and
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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 rangel@bos.lacounty.gov

2. Function, Event, or Ceremonial Role Information
   Title
   Face Value of Each Admission $ 17.00
   Description
   Los Angeles County Fair
   Date(s) 09, 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) 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>Regina Marquez</td>
<td>4</td>
<td>Yes ❋</td>
<td>retaining highly qualified county employees</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

   (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
   213-974-3333
   E-mail
   lizangel@bos.lacounty.gov

2. Function, Event, or Ceremonial Role Information
   Title
   Fair
   Face Value of Each Admission $17.00
   Description
   Los Angeles County Fair
   Date(s)
   09/11
   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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<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
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<tr>
<td>Lisa Garcia</td>
<td>4</td>
<td>Yes ☒</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>No ☐</td>
<td>retaining highly qualified county employees</td>
</tr>
</tbody>
</table>

3. Verification
   I have read and understand FPPC Regulations 19944.1 and 19942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

   _____________________________  _____________________________  10/20/11
   Signature of Agency Head or Designee  Print Name  Title

   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
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   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
   Fair
   Description
   Los Angeles County Fair
   Face Value of Each Admission $
   17.00
   Date(s)
   09/11
   Ticket(s)/Admission(s) provided by agency?
   Yes ☒ No ☐ If no:
   Name of Source
   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
   Official's Name (Last, First) and Title

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<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>Liz Rangel</td>
<td>4</td>
<td>Yes ☐ No ☒ retaining highly qualified county employees</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
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<td>Yes ☐ No ☐</td>
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<tr>
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<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
</tr>
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3. Verification
   I have read and understand FPPC Regulations 18944.1 and 19942. 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
   Date
   10/20/11

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
   213-974-3335
   E-mail
   Rangel@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
   Fair
   Face Value of Each Admission $17.00
   Description
   Los Angeles County Fair
   Date(s)
   09 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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<tbody>
<tr>
<td>Yolanda Valadez</td>
<td>4</td>
<td>Yes ☒</td>
<td>retaining highly qualified county employees</td>
</tr>
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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: 10/20/11
   (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)
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   Board of Supervisors, Third District
   Street Address
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   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: fair
   Description: Los Angeles County Fair
   Face Value of Each Admission $ 17.00
   Date(s): 09, 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) 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>Joel Bellman</td>
<td>4</td>
<td>Yes ☒</td>
<td>retaining highly qualified county employees</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 of Verification: 10/20/11
   (month, day, year)

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   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
   Fair
   Description
   Los Angeles County Fair
   Face Value of Each Admission $ 17.00
   Date(s) 09/11
   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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</tr>
</thead>
<tbody>
<tr>
<td>Maria Chong-Castillo</td>
<td>4</td>
<td>Yes ☐ No ☒</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>retaining highly qualified county employees</td>
<td></td>
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<td></td>
<td>Income ☐</td>
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<td>Income ☐</td>
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<td>Income ☐</td>
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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
   10/20/11
   (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
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   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 "NY's Finest leading Men of Broadway"
   Description Performance at Ford Theatre
   Face Value of Each Admission $ 27.00
   Date(s) 09/16/11
   Ticket(s)/Admission(s) provided by agency? Yes [ ] No [X] If no: John Anson Ford Theatre
   Name of Source
   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</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
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</thead>
<tbody>
<tr>
<td>Vivian Rescalvo</td>
<td>2</td>
<td>Yes [X]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>retaining highly qualified county employees</td>
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<td></td>
<td>Income [X]</td>
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   [Signature of Agency Head or Designee]
   [Print Name]
   [Title]
   [Date (month, day, year)]

Comment: [Use this space or an attachment for any additional information including amendment explanation.]
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   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
   Opera at Dorothy Chandler
   Face Value of Each Admission $
   210.00
   Date(s)
   09/17/11
   Ticket(s)/Admission(s) provided by agency? Yes [ ] No [X]
   If no: Name of Source
   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>
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<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>Zev Yaroslavsky</td>
<td>2</td>
<td>Yes [X]</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>No [ ]</td>
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<td>Yes [ ]</td>
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<td>Yes [ ]</td>
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<td>Yes [ ]</td>
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</tr>
<tr>
<td></td>
<td></td>
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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
   10/31/11
   (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
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   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: "Full, Still, Hungry"
   Description: Performance at Ford Theatre
   Face Value of Each Admission $27.00
   Date(s): 09/23/11
   Ticket(s)/Admission(s) provided by agency? Yes [ ] No [X] If no:
   Name of Source
   John Anson Ford Theatre

   Was the distribution to persons identified below made at the behest of an agency official?
   Yes [ ] No [X] If yes:

   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>
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</thead>
<tbody>
<tr>
<td>Maria Chong-Castillo</td>
<td>2</td>
<td>Yes [ ] No [X]</td>
<td>retaining highly qualified county employees</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
   Title
   Date: 10/31/11

   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
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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
   lirangel@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
   "Fiesta Mexicana"
   Description
   Performance at Ford Theatre
   Face Value of Each Admission
   $27.00
   Date(s)
   09 24 11
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☐
   If no: John Anson Ford Theatre
   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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<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Patty Farias</td>
<td>2</td>
<td>Yes ☐ No ☒</td>
<td>retaining highly qualified county employees</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Income ☐</td>
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<td>Income ☐</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
   Ticket Administrator
   10/31/11
   (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 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: "Fiesta Mexicana"
Description: Performance at Ford Theatre
Face Value of Each Admission $: 27.00
Date(s): 09/24/11
Ticket(s)/Admission(s) provided by agency? Yes □ No [X] If no: John Anson Ford Theatre
Name of Source
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)/Ticket(s)</th>
<th>Agency Official</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Georgia Reyes</td>
<td>2</td>
<td>Yes [X]</td>
<td>retaining highly qualified county employees</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Income [□]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes □</td>
<td>Income [□]</td>
</tr>
<tr>
<td></td>
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<td>No [X]</td>
<td>Income [□]</td>
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<td>Yes □</td>
<td>Income [□]</td>
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<td>No [X]</td>
<td>Income [□]</td>
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<td>Yes □</td>
<td>Income [□]</td>
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<td>No [X]</td>
<td>Income [□]</td>
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<td>Yes □</td>
<td>Income [□]</td>
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<td></td>
<td>No [X]</td>
<td>Income [□]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes □</td>
<td>Income [□]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No [X]</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
Signature of Agency Head or Designee

Print Name: Ticket Administrator: 10/31/11
Title: (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  lrangela@bos.lacounty.gov

2. **Function, Event, or Ceremonial Role Information**
   
   Title  "Fiesta Mexicana"
   
   Description  Performance at Ford Theatre
   
   Face Value of Each Admission $ 27.00
   
   Date(s)  09 24 11
   
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☒
   
   If no:  John Anson Ford Theatre
   
   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>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benita Trujillo</td>
<td>2</td>
<td>Yes ☐ No ☒</td>
<td>retaining highly qualified county employees</td>
</tr>
</tbody>
</table>

3. **Verification**

   I have read and understand FPPC Regulations 19944.1 and 19942. 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)  10/31/11

   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
Title: "BlueGrass"
Description: Performance at Ford Theatre
Face Value of Each Admission: $27.00
Date(s): 09/25/11

Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☒
If no: John Anson Ford Theatre
Name of Source: John Anson Ford Theatre

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>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elan Shultz</td>
<td>2</td>
<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: Liz Rangel
Print Name: Liz Rangel
Title: Ticket Administrator
Date: 10/31/11
(month, day, year)

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