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Performing Arts Center o	sion \$ 115.00
Performance at A	
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1.	Agency Name				Date Stamp	California OOO
	County of Los Angeles					Form 802
	Division, Department, or Region (if app	licable)			1	For Official Use Only
	Board of Supervisors, Third District		54 - Standard State (1994 V) - 7		4	
	Street Address				1	
	500 W. Temple Street, Room 821, Lo	s Angeles, CA 90	012			
	Designated Agency Contact (Name, Title	9)				
	Liz Rangel				Amendment (Must p	provide explanation in Part 3.)
- 1	Area Code/Phone Number E-mail				Date of Original Filing:	
	213-974-3333 Irangel	@bos.lacounty.g	IOV			(month, day, year)
	Function, Event, or Ceremonial		ACCOUNT OF THE PARTY OF THE PAR		<u> </u>	
**** **						
33	Title Performing Arts Center of Los	Angeles County		Face \	Value of Each Admis	sion \$ 115.00
	Performance at Ahman	con Thorstor				
	Description Personnance at Annian	Son meater		Date(s	s) 12 / 02 / 11	
	Ticket(s)/Admission(s) provided by	y agency? Yes	× No ×	If no: 🖳	2000 Table 1000 Table	ATATA CONTRACTOR OF THE SAME
					Name of	Source
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	true and allowards to persons la	erranied below i	naue at th	e nellest of	an agency official?	
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	.,	Official's	Name (Last, I	irst) and Title		
	The identity of recipient(s) and	the explanatio	nn'			
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	Name (Last, First)	Number of	Agency		e income box if the agency on ncome. If the agency official	fficial claims admission as performed a ceremonial role.
	or	Admission(s)/	Official	also prov	vide a description.	THE LAST CONTRACT
	Organization (Name, Address, Description)	Ticket(s)		ceremon	ome, describe the public pur ital roles, performed by an ag	pose, including ency official, individual, or
-			V F-1	organiza	tion	
	Patty Farias	2	Yes No 🗷	retaining	highly qualified coun	ty employees Income
į						
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1	have read and understand FPPC Regula	ations 18944.1 and	d 18942. I h	ave verified t	that the distribution of ad	missions, set forth above,
i	s in accordance with the provisions.					90 17 182502 W 1870
	Sis Donal	z Rangel		Tick	et Administrator	01/10/12
7	711 1 200(4)				A CONTRACTOR OF THE PARTY OF TH	
	Signature of Agency Head or Designee	Print Nar	ne		Title	(month, day, year)
9	Comment: (Use this space or an attachmen	t for any additional in	nformation inc	luding amendi	ment explanation.)	
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,	Agency Name				Date Stamp	California OAO
	County of Los Angeles				AND THE PROPERTY OF THE PROPER	Form 8U2
	Division, Department, or Region (if appli	cable)			1	For Official Use Only
	Board of Supervisors, Third District					
	Street Address	The state of the s	***************************************		1	
	500 W. Temple Street, Room 821, Los	Angeles, CA 90	012			
	Designated Agency Contact (Name, Title)	3,				
	Liz Rangel				Amendment (Must	provide explanation in Part 3.)
	Area Code/Phone Number E-mail	T. 10 100			Date of Original Filing	
		bos.lacounty.g	01/		Date of Original Filing	(month, day, year)
	La contraction of the contractio					
•	Function, Event, or Ceremonial		tion			
	Title Performing Arts Center of Los A	ngeles County		F \	Value of Each Admi	105.00
		74.		race	Value of Each Admi	ssion \$
	Description Dance at Dorothy Chan	dler Pavilion		Date(s	12 , 04 , 11	
	DOSCRIPTION			Date(s		
	Ticket(c)/Admission(c)			16		
	Ticket(s)/Admission(s) provided by	agency? Yes	X NO X	ır no: 느	Name (of Source
	Was the distribution to persons ide	ntified below r	nade at the	behest o	f an agency official?	?
	Yes 🔲 No 🗵 If yes: 🔙		Transaction of the Contraction			
		Official's	Name (Last, F	irst) and Title		
	The identity of recipient(s) and t	he explanation	on:			
	Name	·T * * * * * * * * * * * * * * * * * * *	745.35	Check th	ne income box if the agency	official claims admission as
	(Last, First)	Number of	Agency	taxable	income. If the agency official	al performed a ceremonial role,
	or Organization	Admission(s)/	Official		vide a description. come, describe the public pu	rnose including
	(Name, Address, Description)	Ticket(s)		ceremon	ilal roles, performed by an a	gency official, individual, or
ñ			Yes 🗌	organiza	ition.	
	Regina Marquez	2	No 🗵	retaining	highly qualified coul	nty employees Income
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	is in accordance with the provisions.	100 11.1 an	G 10012.111	2.0 FOIRIOU	mat the distribution of a	annosions, sectoral above,
(112 Kanjan	Rangel		Tick	et Administrator	01/10/12
4	Signature of Agency Head or Designee	Print Na	me		Title	(month, day, year)
						,
1	Comment: (Use this space or an attachment	for any additional i	nformation inc	luding amend	lment explanation.)	
- 1	pursuant to Contract					

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Agency Name				Date Stamp	California On
County of Los Angeles					Form 8U4
Division, Department, or Region (if application)	able)			1	For Official Use Only
Board of Supervisors, Third District		The state of the s			
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500 W. Temple Street, Room 821, Los A	Angeles CA 90	012			
Designated Agency Contact (Name, Title)	ingeles, er 50	012			
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Liz Rangel					
Area Code/Phone Number E-mail				Date of Original Filing:	(month, day, year)
213-974-3333 Irangel@l	oos.lacounty.g	ov			
Function, Event, or Ceremonial F	Role Informat	tion			
Title Los Angeles Philharmonic	Medicana III C		Face	Value of Each Admis	165.00
D. C. W. I. D.		. 1			
Description Performance at Walt Disr	ney Concert Ha		Date(s) 12 / 10 / 11	
Ticket(s)/Admission(s) provided by a	agency? Yes	x No x	If no: 느	Name o	f Source
Was the distribution to persons iden	itified below n	nade at the	e behest o	of an agency official?	
Yes ☐ No ☒ If yes:					
res No M II yes.	Official's	Name (Last, F	First) and Title	• • • • • • • • • • • • • • • • • • •	

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(Name, Address, Description)			organiz	nial roles, performed by an ag ation.	jency official, individual, or
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Ginny Kruger	2	No 🗷	retaining	highly qualified coun	ity employees
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I have read and understand FPPC Regulati is in accordance with the provisions.	ions 18944.1 an	d 18942. I h	ave verified	that the distribution of ac	dmissions, set forth above
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CXI DAMAGE Liz	Rangel		Ticl	ket Administrator	01/10/12
Signature of Agency Head or Designee	Print Nar	me		Title	(month, day, year)
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pursuant to Contract					

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1.	Agency Name				Date Stamp	California OOO			
	County of Los Angeles		Form 802						
	Division, Department, or Region (if applic	able)			1	For Official Use Only			
	Board of Supervisors, Third District								
	Street Address				-				
	500 W. Temple Street, Room 821, Los A	Angeles, CA 90	012						
	Designated Agency Contact (Name, Title)		HOUSE TO A STATE OF THE PARTY O						
	Liz Rangel			1	Amendment (Must provide explanation in Part 3.)				
	Area Code/Phone Number E-mail			And the American	Date of Original Filing:				
		bos.lacounty.g	IOV		The stranging times.	(month, day, year)			
2	Function, Event, or Ceremonial F	The state of the s	- Auto-Administration - Texture - Texture - In-						
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	Title Los Angeles Philharmonic	Face \	Value of Each Admis	165.00					
	D. f			, 400	value of Edon Admis	1			
	Description Performance at Walt Disr	ney Concert Ha	all	Date(s	12 / 17 / 11				
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	Was the distribution to persons iden	itified below r	nade at th	e behest of	an agency official?				
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	Organization	Ticket(s)		• If not inc	ome, describe the public pur	pose, including			
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	/)								
	X13 Kungel Lizi	Rangel		Tick	et Administrator	01/10/12			
•	Signature of Agency Head or Designee	Print Nar	ne		Title	(month, day, year)			
102						(month, day, year)			
(Comment: (Use this space or an attachment to	or any additional ir	nformation inc	luding amendi	ment explanation.)				
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1. Agency Name				Date Stamp California O O
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Board of Supervisors, Third District				
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500 W. Temple Street, Room 821, Los	Angeles CA 90	nn12		
Designated Agency Contact (Name, Title)	Aligeles, CA 90	7012		
				Amendment (Must provide explanation in Part 3.)
Liz Rangel		Walter H. Taylore		
Area Code/Phone Number E-mail				Date of Original Filing: (month, day, year)
213-974-3333	bos.lacounty.g	gov]
. Function, Event, or Ceremonial I	Role Informa	tion		
Title Los Angeles Philharmonic	200		Face	Value of Each Admission \$ 165.00
Description Performance at Walt Dis	ney Concert Ha	all	Date((e) 12 / 19 / 11
			Date	
Ticket(s)/Admission(s) provided by	ngonou? Voc	or Na or	1 16 max	
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Yes ☐ No ☒ If yes: ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐		Name (Last, I	First) and Title	9
	Te explanation)	T	
Name (Last, First)			Check ti	he income box if the agency official claims admission as income. If the agency official performed a ceremonial role,
or	Number of Admission(s)/	Agency Official	also pro	ovide a description.
Organization (Name, Address, Description)	Ticket(s)		• If not inc	come, describe the public purpose, including nial roles, performed by an agency official, individual, or
(Marrie), Address, Description,			organiza	ation.
Alisa Katz	2	Yes 🔲	rotaining	highly gualified Income
7tiisa tut2	2	No 🗵	retairing	highly qualified county employees
		Yes 🗌		Income
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Verification				
I have read and understand FPPC Regulati is in accordance with the provisions.	ions 18944.1 an	d 18942. I hi	eve verified	that the distribution of admissions, set forth above,
1 2				
Siz Kanad Liz	Rangel		Tick	ket Administrator 01/10/12
Signature of Agency Head or Designee	Print Nar	ne		Title (month, day, year)
				(, 44), /54/
Comment: (Use this space or an attachment for	or any additional ir	nformalion inc	luding amend	Iment explanation.)
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1. Agency Name					Date Stamp	California OAO
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Designated Agency Contact (A	lame, Title)		-			
Liz Rangel					Amendment (Must p	rovide explanation in Part 3.)
Area Code/Phone Number	E-mail				Date of Original Filing:	
213-974-3333	lrangel@	bos.lacounty.g	jov			(month, day, year)
2. Function, Event, or Cerei	monial F	Role Informa	tion			
Los Angeles Philharmo						20165 00/0 - 00
Title				Face \	Value of Each Admis	sion \$ 2@165.00/2@9
Performance at	Walt Disr	nev Concert Ha	all		12 10 11	
Description		icy concentration		Date(s	s) [2]/[3]/[1]	
Ticket(s)/Admission(s) prov	ided by	agency? Yes	× No ×	J If no: 🖳		
					Name of	Source
Was the distribution to pers		ntified below r	nade at th	e behest of	f an agency official?	
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is in accordance with the provision	ins.					modelio, del local delove,
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XI? Kungel		Rangel	*****	Lick	et Administrator	01/10/12
Signature of Agency Head or Designee	ľ	Print Nar	me		Title	(month, day, year)
Comment: (Use this space or an a	ttachment f	or any additional is	nformation in	duding amasa	Impat evalenation 1	
pursuant to Contract	wasimisii i	or any additional li	nomadon inc	adding amendi	иненк ехріанаціон.)	
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1. Agency Name				Date Stamp California Form	200			
County of Los Angeles				Form	802			
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Board of Supervisors, Third District				1				
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500 W. Temple Street, Room 821, Los	Angeles, CA 90	0012						
The state of the s	Designated Agency Contact (Name, Title)							
Liz Rangel				Amendment (Must provide explanation in Pa	ort 3.)			
Area Code/Phone Number E-mail		A CONTRACTOR OF LAND						
	abos la sountir o			Date of Original Filing:	-			
	bos.lacounty.c	The Control of the Co	Name of State of Stat					
2. Function, Event, or Ceremonial	Role Informa	tion						
Los Angeles Philharmonic			Swares and Ake	165.00				
Title			Face \	Value of Each Admission \$ [165.00				
Performance at Walt Dis	ney Concert Ha	all		12 9 11				
Description			Date(s	s) <u>/</u>				
Ticket(s)/Admission(s) provided by	agency? Yes	× No ×] If no: 느					
				Name of Source				
Was the distribution to persons ide	ntified below r	made at th	a habact at	f an agoney official?				
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res in yes.	Official's	Name (Last,	First) and Title					
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Name			Check th	ne income box if the agency official claims admissio	n as			
(Last, First) or	Number of Admission(s)/	Agency Official		income. If the agency official performed a ceremonic vide a description.	al role,			
Organization	Ticket(s)	Omiciai	• If not inc	come, describe the public purpose, including	7 7.			
(Name, Address, Description)			organiza	nial roles, performed by an agency official, individua ition	l, or			
LID-II		Yes 🗌			ncome			
Joel Bellman	2	No 🗵	retaining	highly qualified county employees				
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is in accordance with the provisions.	mond 100 mm an	u 10042.711	ave vermed t	hat the distribution of admissions, set forth	above,			
		······································	1					
DIZ Kangel Liz	Rangel		Tick	et Administrator 01/10/12	2			
Signature of Agency Head or Designee	Print Nar	ne		Title (month, da	av. veari			
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Comment: (Use this space or an attachment	for any additional in	nformation inc	luding amendi	ment explanation.)				
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Agency Name				Date Stamp	California OOC
County of Los Angeles					Form 802
Division, Department, or Region (if application)	able)			1	For Official Use Only
Board of Supervisors, Third District	\$ 0000 more to the control of the co				
Street Address		Alderica Xon		1	
500 W. Temple Street, Room 821, Los A	Angeles, CA 90	012			1
Designated Agency Contact (Name, Title)					
Liz Rangel				Amendment (Must	provide explanation in Part 3.)
Area Code/Phone Number E-mail				Date of Original Filing	
	bos.lacounty.g	OV		Date of Original Filling	(month, day, year)
Function, Event, or Ceremonial F	Role Informat	tion			6
Title Los Angeles Philharmonic	and the second s		Face '	Value of Each Admis	165.00
Performance at Walt Disr	nev Concert Ha			12 21 11	
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Yes ☐ No ☒ If yes:					
res [NO M II yes.	Official's	Name (Last, F	irst) and Title		
The identity of recipient/s) and the					
The identity of recipient(s) and the	ie explanatio	on:			
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(Last, First) or	Number of Admission(s)/	Agency	taxabic	HICCHIC II LITE BUCKLY CHILLIE	
Organization		l Official	also pro	vide a description.	I performed a ceremonial role,
	Ticket(s)	Official	. If not inc	vide a description. come, describe the public pu	rpose, including
(Name, Address, Description)		Official	. If not inc	vide a description. come, describe the public pu ilal roles, performed by an a	rpose, including
(Name, Address, Description)	Ticket(s)	Yes 🗖	If not incoremor organize	vide a description come, describe the public pu nial roles, performed by an a nition.	rpose, including gency official, individual, or
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(Name, Address, Description)	Ticket(s)	Yes No X	If not incoremor organize	vide a description come, describe the public pu nial roles, performed by an a nition.	rpose, including gency official, individual, or inty employees Income
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(Name, Address, Description)	Ticket(s)	Yes No Yes No Yes No Yes	If not incorporate organize	vide a description come, describe the public pu nial roles, performed by an a nition.	rpose, including gency official, individual, or inty employees Income Income Income Income Income Income Income
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(Name, Address, Description) Susan Nissman	Ticket(s)	Yes No Yes No Yes No Yes No Yes No Yes No	If not incorporate organize	vide a description come, describe the public pu nial roles, performed by an a nition.	rpose, including gency official, individual, or income
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(Name, Address, Description)	Ticket(s)	Yes No Yes No Yes No Yes No Yes No Yes No	e If not incore ceremor organize retaining	vide a description. come, describe the public pu ital roles, performed by an a tition. highly qualified cour	Income
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Verification I have read and understand FPPC Regulation is in accordance with the provisions. Liz Signature of Agency Head or Designee	Ticket(s) 2 Cons 18944.1 and Rangel Print Nar	Yes No Yes No Yes No Yes No Yes No Yes No	retaining ave verified Tick	vide a description. come, describe the public publi	Income In
Verification I have read and understand FPPC Regulation is in accordance with the provisions.	Ticket(s) 2 Cons 18944.1 and Rangel Print Nar	Yes No Yes No Yes No Yes No Yes No Yes No	retaining ave verified Tick	vide a description. come, describe the public publi	Income In

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	curamission Distribution	13			9.4	A Fublic Document			
I. <u>A</u>	gency Name				Date Stamp	California OOO			
C	ounty of Los Angeles				(D)	Form 802			
Di	vision, Department, or Region (if appli	cable)			1	For Official Use Only			
В	oard of Supervisors, Third District	and a side of the							
St	reet Address			1					
5	00 W. Temple Street, Room 821, Los	Angeles, CA 90	012						
	esignated Agency Contact (Name, Title)	The state of the s							
	z Rangel				Amendment (Must provide explanation in Part 3.)				
_					Deta of October 17:11				
December 1		\h_a_l			Date of Original Filing	(month, day, year)			
		The Part of the Control of the Contr	THE RESERVE OF THE PROPERTY OF						
. Fı	inction, Event, or Ceremonial	Irangel@bos.lacounty.gov Government Go							
	Los Angeles Philharmonic				93.00				
T	le			Face \	Value of Each Admi:	ssion \$			
_	Performance at Walt Dis	ney Concert Ha	all		12 31 11				
De	escription			Date(s	s) <u>//</u>				
					w				
Ti	cket(s)/Admission(s) provided by	agency? Yes	× No ×	If no: 🖳		4.0			
					Name o	of Source			
	Yes No If yes:	W. Santana and		First) and Title					
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	re identity of recipient(s) and t	ne explanation)II.	·					
	Name (Last, First)					official claims admission as il performed a ceremonial role,			
	or	Number of Admission(s)/	Agency Official	also pro	vide a description.				
	Organization (Name, Address, Description)	Ticket(s)			come, describe the public pu	rpose, including gency official, individual, or			
	(Name, Address, Description)			organiza		gency on total, more tadal, or			
	lisa Katz	2	Yes 🔲	retaining	highly qualified cou	aty employees Income			
Ľ	MISA NACE		No ×	rctaining	mgmy quaimed coul	ity employee			
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	ave read and understand FPPC Regula	tions 18944.1 an	d 18942. I h	ave verified	that the distribution of a	dmissions, set forth above,			
IS I	n accordance with the provisions.		South Control of the						
1	Via Land Lie	z Rangel		Tick	et Administrator	01/10/12			
-	THE COURT								
	Signature of Agency Head or Designee	Print Na	me		Title	(month, day, year)			
Co	nment: (Use this space or an attachment	for any additional is	nformation inc	luding amend	lment explanation.)				
	ursuant to Contract								
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Ticket/Admission Distributions	5			A Public Docume		
1. Agency Name				Date Stamp California Form 802		
County of Los Angeles				Form 8U2		
Division, Department, or Region (if applica	able)			For Official Use Only		
Board of Supervisors, Third District	C-944-A-94-0-0-7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	201				
Street Address				-		
500 W. Temple Street, Room 821, Los A	ngeles, CA 90	0012				
Designated Agency Contact (Name, Title)			- x			
Liz Rangel				Amendment (Must provide explanation in Part 3.)		
Area Code/Phone Number E-mail						
				Date of Original Filing: (month, day, year)		
	oos.lacounty.g	The second second second				
. Function, Event, or Ceremonial R	ole Informa	tion				
Title Performing Arts Center of Los An	geles County		Face	Value of Each Admission \$ 50.00		
Play at Mark Taper Forum				10 07 11		
Description			Date(s) 10 / 07 / 11/		
Ticket(s)/Admission(s) provided by a	gangu? Voc	Ma Ma	1 16			
Troncita)/Admission(s) provided by a	igency? Tes	X NO X	i ir no: 🚐	Name of Source		
The identity of recipient(s) and th	e explanatio	on:	Check ti	he income box if the agency official claims admission as		
(Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	also pro	income. If the agency official performed a ceremonial role, ovide a description. Icome, describe the public purpose, including onial roles, performed by an agency official, individual, or		
		Yes 🗌				
Yolanda Valadez	2	No 🗵	retaining	highly qualified county employees Income		
		Yes 🔲				
		No 🗆		Income		
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Verification	100 11 11					
is in accordance with the provisions.	ns 18944.1 and	a 18942. I ha	ave verified i	that the distribution of admissions, set forth above,		
1 1						
SID Romand Liza	langel		Tick	cet Administrator 01/10/12		
Signature of Agency Head or Designee	Print Nan	ne				
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Comment: (Use this space or an attachment for	r any additional in	nformation inc	luding amend	lment explanation.)		
pursuant to Contract						

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1. Agency Name				Date Stamp California Form 802
County of Los Angeles				Form 8U
Division, Department, or Region (if app	licable)			For Official Use Only
Board of Supervisors, Third District	The state of the s			
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500 W. Temple Street, Room 821, Los	s Angeles, CA 90	0012		
Designated Agency Contact (Name, Title	Contract to the Contract of th			
Liz Rangel	7			Amendment (Must provide explanation in Part 3.)
Area Code/Phone Number E-mail				
	Ohoo la secueta de			Date of Original Filing:
	@bos.lacounty.c	American Company of the Company of t		
. Function, Event, or Ceremonial	Role Informa	tion		
Title "Tango Nuevo Cabaret"			Face	Value of Each Admission \$
Description Performance at Ford Th	eatre		Date(10 ,08 ,11
			Date	s) <u> </u>
Ticket(s)/Admission(s) provided by	/agency? Yes		I If no. Jo	hn Anson Ford Theatre
4.7	-geey . 100	. [] 110 [11110.	Name of Source
Yes No X If yes:			First) and Title	
The identity of recipient(s) and	the explanation	on:		
Name			Check th	ne income box if the agency official claims admission as
(Last, First)	Number of Admission(s)/	Agency Official		ncome. If the agency official performed a ceremonial role, vide a description.
Organization (Name Address Books)	Ticket(s)	- Cinciai	• If not inc	come, describe the public purpose, including
(Name, Address, Description)			organiza	ial roles, performed by an agency official, individual, or tion.
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Regina Marquez	2	No 🗷	retaining	highly qualified county employees
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Stiz Rangel Liz	z Rangel	there are not true to be a second to the sec	Tick	et Administrator 19/31/11 1/10/1
Signature of Agency Head or Designee	Print Nan	ne		Title (month, day, year)
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Comment: (Use this space or an attachment	tor any additional ir	ntormation inc	luding amend	ment explanation.)
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Agency Name				Date Slamp California Form	200
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Board of Supervisors, Third District					
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Designated Agency Contact (Name, Title)					
Liz Rangel			And the second second second second	Amendment (Must provide explanation in Par	1 3.)
Area Code/Phone Number E-mail				Date of Original Filing:	
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Function, Event, or Ceremonial R	The state of the s	Annual Control of the		1	
		uon			
Title Performing Arts Center of Los And	geles County		Face	Value of Each Admission \$ 50.00	
Description Performance at Mark Tape	er Forum		Date(s) 10 /17 /11 /],[_
Ticket(s)/Admission(s) provided by a	gency? Yes	× No ×	If no: 느		
				Name of Source	
Was the distribution to persons iden	tified below r	nade at th	e behest o	f an agency official?	
Yes No X If yes:	Officialis				
			First) and Title	1	
The identity of recipient(s) and the	e explanatio	on:			
Name	1 1 1 1 1 1 1		Check th	ne income box if the agency official claims admission	-12 (16)
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or Organization	Admission(s)/	Official		vide a description. come, describe the public purpose, including	
(Name, Address, Description)	Ticket(s)		ceremon	nial roles, performed by an agency official, individual,	or
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is in accordance with the provisions.	1100 100 44.1 6110	1 10342.1116	ave vermeu t	trial the distribution of admissions, set forth a	bove,
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Liz R	langel		Tick	et Administrator 10/31/11	tholi
Signature of Agency Head or Designee	Print Nan	ne		Title (month, day	
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pursuant to Contract					

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1.	Agency Name			Date Stamp	California OOO			
	County of Los Angeles					Form 802		
	Division, Department, or Region (if appli	cable)			-	For Official Use Only		
	Board of Supervisors, Third District							
	Street Address			The state of the s	1			
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		Company Committee of the Committee of th		- minutes				
					Amendment (Must	provide explanation in Part 3.)		
					Data of O-lain-L Fill-			
		ahos lasquatus			Date of Original Filling	(month, day, year)		
	Agency Name County of Los Angeles Date Stamp 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 Function, Event, or Ceremonial Role Information Title Los Angeles Philharmonic Description Performance at Walt Disney Concert Hall Date(s) Date(s) 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: Clicial's Name (Last, First) or Organization (Name, Address, Description) Maria Chong-Castillo 2 Yes No Testian Performance (Aust) Position Performance (Last, First) and Title Check the income box if the agency official claims admiss taxable income. If the agency official performed a cereme also provide a description. If no income, describe the public purpose, including ceremonial roles, performed by an agency official, including organization. Yes No Pes No Pes No Pess Pess Pess Pess Pess Pess Pess Pes							
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	Los Angeles Philharmonic					93.00		
	inde			race \	Value of Each Admis	ssion \$		
	Performance at Walt Dis	ney Concert Ha	11	Data/a	, 10 , 29 , 11			
	Description			Date(s	5) ===/===/===	<u> </u>		
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		Official's	Name (Last,	First) and Title				
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	Maria Chong-Castillo	2		retaining	highly qualified cour	nty employees Income		
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	have read and understand FPPC Regula	tions 18944.1 an	d 18942. I h	ave verified t	hat the distribution of ac	dmissions, set forth above		
I	is in accordance with the provisions.		eu saserne 15058 X6.5.2					
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	Signature of Agency Head or Designee	Print Nar	ne		Title	(month, day, year)		
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Toket/Admission Distribution	115			A Public Docu
. Agency Name				Date Stamp California Form
County of Los Angeles				Form 8
Division, Department, or Region (if appl	licable)			For Official Use O
Board of Supervisors, Third District				
Street Address		110000	The state of the s	-
500 W. Temple Street, Room 821, Los	Angeles, CA 90	0012		
Designated Agency Contact (Name, Title,	A THE RESIDENCE OF THE PARTY OF	THE STREET OF STREET	COMMUNICATION OF THE STREET, S	
Liz Rangel		10 VALUE 10 VALUE		Amendment (Must provide explanation in Part 3
Area Code/Phone Number E-mail	And the same of th			Data of Original Fills
	@bos.lacounty.c	101		Date of Original Filing: (month, day, year)
	A CONTRACTOR OF THE PARTY OF TH	many and the fact that the same		
Function, Event, or Ceremonial	Role Informa	tion		
Title Los Angeles Philharmonic			Face	Value of Each Admission \$
Description Performance at Walt Dis	ney Concert Ha	II	Date(s) 11 , 06 , 11,,
Ticket(s)/Admission(s) provided by	agency? Yes	x No x	If no:	
				Name of Source
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or Organization	Admission(s)/	Official	also pro	vide a description.
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			organiza	ition.
Alisa Katz	2	Yes ☐ No ☒	retaining	highly qualified county employees
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	tions 18944.1 and	Yes No	ve verified t	
is in accordance with the provisions.	average and towards Connect	Yes No		that the distribution of admissions, set forth abo
I have read and understand FPPC Regular is in accordance with the provisions.	z Rangel	Yes		that the distribution of admissions, set forth about
I have read and understand FPPC Regula is in accordance with the provisions.	average and towards Connect	Yes		that the distribution of admissions, set forth abo
I have read and understand FPPC Regular is in accordance with the provisions.	Rangel Print Nan	Yes No 1 18942. I ha	Tick	et Administrator Title Other in the distribution of admissions, set forth about the distribution of admissions and the distribution of admission and the distribution of admission and the distribution of admission and the distribution and the distribution of admission and the distribution of admission and the distribution and the distribut