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

   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
   Performance at Ahmanson Theater

   Face Value of Each Admission
   $115.00

   Date(s)
   12 02 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:

   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>Yolanda Valadez</td>
<td>4</td>
<td>Yes ☒ No ☒</td>
</tr>
</tbody>
</table>

   Income ☒ retaining highly qualified county employees ☒

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

01/10/12
(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  
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1. Agency Name
   County of Los Angeles

Division, Department, or Region (if applicable)
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Designated Agency Contact (Name, Title)
   Liz Rangel

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

Date Stamp

California Form 802
For Official Use Only

2. Function, Event, or Ceremonial Role Information
   Face Value of Each Admission $115.00

   Title
   Performing Arts Center of Los Angeles County

   Description
   Performance at Ahmanson Theater

   Date(s) 12 02 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

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<th>Agency Official</th>
<th>The explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patty Farias</td>
<td>2</td>
<td>Yes ☒</td>
<td>retaining highly qualified county employees</td>
</tr>
<tr>
<td></td>
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<td>Yes ☐</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

   Title
   01/10/12 (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-FFPC (866/275-3772)
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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

   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
   Description
   Dance at Dorothy Chandler Pavilion

   Face Value of Each Admission $105.00
   Date(s) 12/04/11

   Ticket(s)/Admission(s) provided by agency? Yes [x] No [x] If no:

   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:

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<tr>
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<th>Number of Admission(s)/Ticket(s)</th>
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</thead>
<tbody>
<tr>
<td>Regina Marquez</td>
<td>2</td>
<td>Yes [□] No [x]</td>
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<tr>
<td></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 1944.1 and 1942. 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 (month, day, year) 01/10/12

   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
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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 lrangel@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) 12 10 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:

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<tr>
<td>Ginny Kruger</td>
<td>2</td>
<td>Yes ☑</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 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

Liz Rangel
Liz Rangel
Ticket Administrator
01/10/12

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

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   Designated Agency Contact (Name, Title)
   Liz Rangel
   Area Code/Phone Number
   213-974-3333
   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
   Los Angeles Philharmonic
   Description
   Performance at Walt Disney Concert Hall
   Face Value of Each Admission
   $165.00
   Date(s)
   12, 17, 11
   Ticket(s)/Admission(s) provided by agency? Yes [x] 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:

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<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
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<td>Regina Marquez</td>
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<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.

   Signature of Agency Head or Designee [Liz Rangel]
   Print Name [Liz Rangel]
   Title [Ticket Administrator]
   Date (month, day, year) [01/10/12]

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

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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

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): 12, 19, 11

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
   01/10/12
   (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
   lrangel@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
   $2@165.00/2@95
   Date(s)
   12/19/11
   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>
<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 [ ] 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]
   [Print Name]
   [Title]
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
   pursuant to Contract

   Date of Original Filing: (month, day, year)
1. **Agency Name**
   - County of Los Angeles
   - Board of Supervisors, Third District

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)**: 12/9/11

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

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

5. **The identity of recipient(s) and the explanation:**
   - **Name (Last, First) or Organization (Name, Address, Description)**
     - Joel Bellman
     - Number of Admission(s)/Ticket(s): 2
     - **Agency Official**: retaining highly qualified county employees [x]

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
   - Date: 01/10/12

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

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):** 12, 31, 11

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

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:**

<table>
<thead>
<tr>
<th>Name or Organization</th>
<th>Number of Admission(s)/ Ticket(s)</th>
<th>Agency official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Susan Nissman</td>
<td>2</td>
<td>Yes [x]</td>
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</tbody>
</table>

6. **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**
   - **Ticket Administrator**

   - **Date:** 01/10/12 (month, day, year)

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

pursuant to Contract
Agency Report of:
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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
   Los Angeles Philharmonic
   Description
   Performance at Walt Disney Concert Hall
   Face Value of Each Admission $ 93.00
   Date(s)
   12 31 11
   Ticket(s)/Admission(s) provided by agency? Yes [x] No [x] If no:
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes [x] No [x]
   If yes:
   Official's Name (Last, First) and Title
   The identity of recipient(s) and the explanation:

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<tr>
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<tr>
<td>Alisa Katz</td>
<td>2</td>
<td>Yes [x]</td>
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<td>retaining highly qualified county employees</td>
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   Signature of Agency Head or Designee
   Liz Rangel
   Print Name
   Ticket Administrator
   Title
   (month, day, year) 01/10/12

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
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   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
   Description
   Play at Mark Taper Forum
   Face Value of Each Admission
   $50.00
   Date(s)
   10-07-11
   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 ☒
   Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

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<tr>
<td>Yolanda Valadez</td>
<td>2</td>
<td>Yes ☐ No ☒</td>
<td></td>
</tr>
<tr>
<td>retaining highly qualified county employees</td>
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   Signature of Agency Head or Designee
   Liz Rangel
   Print Name
   Ticket Administrator
   Title
   Date (month, day, year)
   01/10/12

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
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Agency Name
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Division, Department, or Region (if applicable)
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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

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

Amendment (Must provide explanation in Part 3)

2. Function, Event, or Ceremonial Role Information
Title  "Tango Nuevo Cabaret"
Description  Performance at Ford Theatre
Face Value of Each Admission $ 27.00
Date(s) 10/08/11
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  ☒

Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

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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  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 (1/11)
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 lrangel@bos.lacounty.gov

2. Function, Event, or Ceremonial Role Information
   Title Performing Arts Center of Los Angeles County
   Description Performance at Mark Taper Forum
   Face Value of Each Admission $ 50.00
   Date(s) 10 / 17 / 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>Agency Official's explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zev Yarovslavsky</td>
<td>2</td>
<td>Yes ☐ No ☒</td>
<td>Job duties require attendance and monitoring</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>
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<td>Yes ☐ No ☒</td>
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<td></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
   Title
   Date 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 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: Los Angeles Philharmonic
   - Description: Performance at Walt Disney Concert Hall
   - Face Value of Each Admission:
     - $93.00
   - Date(s)(s):
     - 10, 29, 11

   Ticket(s)/Admission(s) provided by agency? Yes [x] No [x] If no:

   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 (Name, Address, Description)</th>
<th>Number of Admissions/Ticket(s)</th>
<th>Agency Official</th>
<th>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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maria Chong-Castillo</td>
<td>2</td>
<td>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.

   Signatures of Agency Head or Designee: [Signature]
   Print Name: [Name]
   Title: [Title]
   Date: 01/10/12

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
   lizrangel@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)
   11/11/11
   Ticket(s)/Admission(s) provided by agency? Yes ☑ No ☒
   Name of Source

Was the distribution to persons identified below made at the behest of an agency official?
Yes ☐ No ☑
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>Alisa Katz</td>
<td>2</td>
<td>☐</td>
<td>retaining highly qualified county employees</td>
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Signature of Agency Head or Designee
Liz Rangel
Print Name
Ticket Administrator
01/10/12
(month, day, year)

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