

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

A Public Document

| | | |
|---|--|---|
| 1. Agency Name County of Los Angeles Division, Department, or Region (if applicable) Board of Supervisors, Third District Street Address 500 W. Temple Street, Room 821, Los Angeles, CA 90012 Designated Agency Contact (Name, Title) Liz Rangel Area Code/Phone Number 213-974-3333 E-mail lrangel@bos.lacounty.gov | | Date Stamp California Form 802 For Official Use Only <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: (month, day, year) |
|---|--|---|

2. Function, Event, or Ceremonial Role Information

| | | | |
|-------------|--|---------------------------------|--------------|
| Title | Performing Arts Center of Los Angeles County | Face Value of Each Admission \$ | 115.00 |
| Description | Performance at Ahmanson Theater | Date(s) | 12 / 02 / 11 |

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

Was the distribution to persons identified below made at the behest of an agency official?

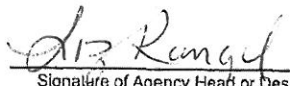
Yes ☐ No ☒ If yes:
 Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

| Name (Last, First) or Organization (Name, Address, Description) | Number of Admission(s)/ Ticket(s) | Agency Official | <ul style="list-style-type: none"> 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. | Income |
|---|---|--|--|---------------------------------|
| Yolanda Valadez | 4 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | retaining highly qualified county employees | <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Income <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Income <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Income <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Income <input type="checkbox"/> |

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 | Ticket Administrator | 01/10/12 |
| 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.)

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Name of Source

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|---|---|--|--|---------------------------------|
| Patty Farias | 2 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | retaining highly qualified county employees | Income <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Income <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Income <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Income <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Income <input type="checkbox"/> |

3. Verification

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A. J. Rangel
Signature of Agency Head or Designee

Liz Rangel

Print Name _____

Ticket Administrator

Title

01/10/12

(month, day, year)

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| 1. Agency Name | | Date Stamp | California Form 802 For Official Use Only |
| 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) | | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) | |
| Liz Rangel | | Date of Original Filing: <input type="text"/> | |
| Area Code/Phone Number | E-mail | (month, day, year) | |
| 213-974-3333 | lrangel@bos.lacounty.gov | | |

2. Function, Event, or Ceremonial Role Information

| | | | |
|-------------|--|---------------------------------|--------------|
| Title | Performing Arts Center of Los Angeles County | Face Value of Each Admission \$ | 105.00 |
| Description | Dance at Dorothy Chandler Pavilion | Date(s) | 12 / 04 / 11 |

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

Was the distribution to persons identified below made at the behest of an agency official?


Yes ☐ No ☒ If yes:
 Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

| Name (Last, First) or Organization (Name, Address, Description) | Number of Admission(s)/ Ticket(s) | Agency Official | <ul style="list-style-type: none"> 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. | Income |
|---|---|--|--|-------------------------------------|
| Regina Marquez | 2 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | retaining highly qualified county employees | <input checked="" type="checkbox"/> |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Income <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Income <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Income <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Income <input type="checkbox"/> |

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.

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

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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 | | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (month, day, year) | |
| Area Code/Phone Number 213-974-3333 | E-mail lrangel@bos.lacounty.gov | | |

2. Function, Event, or Ceremonial Role Information

| | | | |
|-------------|---|---------------------------------|--------------|
| Title | Los Angeles Philharmonic | Face Value of Each Admission \$ | 165.00 |
| Description | Performance at Walt Disney Concert Hall | Date(s) | 12 / 10 / 11 |

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

Was the distribution to persons identified below made at the behest of an agency official?


Yes ☐ No ☒ If yes: _____
 Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

| Name (Last, First) or Organization (Name, Address, Description) | Number of Admission(s)/ Ticket(s) | Agency Official | <ul style="list-style-type: none"> 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. | Income |
|---|---|--|--|-------------------------------------|
| Ginny Kruger | 2 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | retaining highly qualified county employees | <input checked="" type="checkbox"/> |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Income <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Income <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Income <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Income <input type="checkbox"/> |

3. Verification

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2. Function, Event, or Ceremonial Role Information

| | | | |
|-------------|---|---------------------------------|--------------|
| Title | Los Angeles Philharmonic | Face Value of Each Admission \$ | 165.00 |
| Description | Performance at Walt Disney Concert Hall | Date(s) | 12 / 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:

| Name (Last, First) or Organization (Name, Address, Description) | Number of Admission(s)/ Ticket(s) | Agency Official | <ul style="list-style-type: none"> 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. | Income |
|---|---|--|--|-------------------------------------|
| Regina Marquez | 2 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | retaining highly qualified county employees | <input checked="" type="checkbox"/> |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Income <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Income <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Income <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Income <input type="checkbox"/> |

3. Verification

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

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2. Function, Event, or Ceremonial Role Information

| | | | |
|-------------|---|---------------------------------|--------------|
| Title | Los Angeles Philharmonic | Face Value of Each Admission \$ | 165.00 |
| Description | Performance at Walt Disney Concert Hall | Date(s) | 12 / 19 / 11 |

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

Was the distribution to persons identified below made at the behest of an agency official?


Yes ☐ No ☒ If yes:
 Official's Name (Last, First) and Title

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|---|---|--|--|---------------------------------|
| Alisa Katz | 2 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | retaining highly qualified county employees | Income <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Income <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Income <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Income <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Income <input type="checkbox"/> |

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2. Function, Event, or Ceremonial Role Information

| | | | |
|-------------|---|---------------------------------|---------------|
| Title | Los Angeles Philharmonic | Face Value of Each Admission \$ | 2@165.00/2@92 |
| Description | Performance at Walt Disney Concert Hall | Date(s) | 12 / 19 / 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: _____
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|---|---|--|--|---------------------------------|
| Joel Bellman | 4 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | retaining highly qualified county employees | <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Income <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Income <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Income <input type="checkbox"/> |
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| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |

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| | | | |
|-------------|---|---------------------------------|-------------|
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| Description | Performance at Walt Disney Concert Hall | Date(s) | 12 / 9 / 11 |

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

Was the distribution to persons identified below made at the behest of an agency official?


Yes ☐ No ☒ If yes:
 Official's Name (Last, First) and Title

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| Name (Last, First) or Organization (Name, Address, Description) | Number of Admission(s)/ Ticket(s) | Agency Official | <ul style="list-style-type: none"> 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. | |
|---|---|--|--|---------------------------------|
| Joel Bellman | 2 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | retaining highly qualified county employees | Income <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Income <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Income <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Income <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Income <input type="checkbox"/> |

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| Division, Department, or Region <i>(if applicable)</i> Board of Supervisors, Third District | | | |
| Street Address 500 W. Temple Street, Room 821, Los Angeles, CA 90012 | | | |
| Designated Agency Contact <i>(Name, Title)</i> Liz Rangel | | | |
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2. Function, Event, or Ceremonial Role Information

Title Los Angeles Philharmonic Face Value of Each Admission \$ 165.00

Description Performance at Walt Disney Concert Hall Date(s) 12 / 31 / 11 / /

Ticket(s)/Admission(s) provided by agency? Yes ☒ No ☒ If no:

Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes ☐ No ☒ If yes:

Official's Name (Last, First) and Title

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|---|---|--|--|---------------------------------|
| Susan Nissman | 2 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | retaining highly qualified county employees | Income <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Income <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Income <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Income <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Income <input type="checkbox"/> |

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A. D. Rengul
Signature of Agency Head or Designee

Liz Rangel

Print Name

Ticket Administrator

Title

01/10/12

(month, day, year)

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| Designated Agency Contact (Name, Title) Liz Rangel | | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (month, day, year) | |
| Area Code/Phone Number 213-974-3333 | E-mail lrangel@bos.lacounty.gov | | |

2. Function, Event, or Ceremonial Role Information

| | | | |
|-------------|---|---------------------------------|--------------|
| Title | Los Angeles Philharmonic | Face Value of Each Admission \$ | 93.00 |
| Description | Performance at Walt Disney Concert Hall | Date(s) | 12 / 31 / 11 |

Ticket(s)/Admission(s) provided by agency? Yes ☒ No ☒ If no: _____

Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes ☐ No ☒

If yes:


Official's Name (Last, First) and Title

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|---|---|--|--|--------------------------|
| Alisa Katz | 2 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | retaining highly qualified county employees | <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | <input type="checkbox"/> |

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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 | Ticket Administrator | 01/10/12 |
| | Print Name | Title | (month, day, year) |

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2. Function, Event, or Ceremonial Role Information

| | | | |
|-------------|--|---------------------------------|--------------|
| Title | Performing Arts Center of Los Angeles County | Face Value of Each Admission \$ | 50.00 |
| Description | Play at Mark Taper Forum | 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 ☒ If yes:
 Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

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|---|---|--|--|--------------------------|
| Yolanda Valadez | 2 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | retaining highly qualified county employees | <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | <input type="checkbox"/> |

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 | Ticket Administrator | 01/10/12 |
| 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

1. Agency Name

2. Function, Event, or Ceremonial Role Information

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

A Public Document

| | | | |
|---|--|---|---|
| 1. Agency Name County of Los Angeles Division, Department, or Region (if applicable) Board of Supervisors, Third District Street Address 500 W. Temple Street, Room 821, Los Angeles, CA 90012 Designated Agency Contact (Name, Title) Liz Rangel Area Code/Phone Number 213-974-3333 E-mail lrangel@bos.lacounty.gov | | Date Stamp <div style="border: 1px solid black; width: 100px; height: 40px;"></div> | California Form 802 For Official Use Only |
| | | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: <div style="border: 1px solid black; width: 100px; height: 20px;"></div> (month, day, year) | |

2. Function, Event, or Ceremonial Role Information

| | | | |
|-------------|--|---------------------------------|--------------|
| Title | Performing Arts Center of Los Angeles County | Face Value of Each Admission \$ | 50.00 |
| Description | Performance at Mark Taper Forum | 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:

| Name (Last, First) or Organization (Name, Address, Description) | Number of Admission(s)/ Ticket(s) | Agency Official | <ul style="list-style-type: none"> Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. | |
|---|---|--|--|---------------------------------|
| Zev Yaroslavsky | 2 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | job duties require attendance and monitoring | Income <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Income <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Income <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Income <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | | Income <input type="checkbox"/> |

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 | 10/31/11 10:10 (month, day, year) |
|---|--------------------------|-------------------------------|--------------------------------------|

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

pursuant to Contract

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

A Public Document

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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 | | Date Stamp <div style="border: 1px solid black; padding: 5px; text-align: center;"> California Form 802 <small>For Official Use Only</small> </div> <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: <small>(month, day, year)</small> |
|---|--|--|

2. Function, Event, or Ceremonial Role Information

| | |
|---|--|
| Title Los Angeles Philharmonic | Face Value of Each Admission \$ 93.00 |
| Description Performance at Walt Disney Concert Hall | Date(s) 10 / 29 / 11 / / |

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

Was the distribution to persons identified below made at the behest of an agency official?

Yes ☐ No ☒ If yes:
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

| Name (Last, First) or Organization (Name, Address, Description) | Number of Admission(s)/ Ticket(s) | Agency Official | <ul style="list-style-type: none"> • 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. |
|---|---|--|--|
| Maria Chong-Castillo | 2 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | retaining highly qualified county employees Income <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Income <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Income <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Income <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Income <input type="checkbox"/> |

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 <small>(month, day, year)</small> |
|--|--|---|---|

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

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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 | | Date Stamp <div style="border: 1px solid black; padding: 5px; text-align: center;"> California Form 802 For Official Use Only </div> <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: <small>(month, day, year)</small> |
|---|--|---|

2. Function, Event, or Ceremonial Role Information

| | |
|---|--|
| Title Los Angeles Philharmonic | Face Value of Each Admission \$ 165.00 |
| Description Performance at Walt Disney Concert Hall | Date(s) 11 / 06 / 11 / / |

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

Was the distribution to persons identified below made at the behest of an agency official?

Yes ☐ No ☒ If yes:
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

| Name (Last, First) or Organization (Name, Address, Description) | Number of Admission(s)/ Ticket(s) | Agency Official | <ul style="list-style-type: none"> Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. |
|---|---|--|--|
| Alisa Katz | 2 | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | retaining highly qualified county employees Income <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Income <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Income <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Income <input type="checkbox"/> |
| | | Yes <input type="checkbox"/> No <input type="checkbox"/> | Income <input type="checkbox"/> |

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 <small>(month, day, year)</small> |
|---|--|---|---|

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