1.	Agency Name				Date Stamp	California	202
	County of Los Angeles		Form	OUZ			
	Division, Department, or Region (if applica		For Official U	se Only			
	Board of Supervisors, Third District		****				
	Street Address						
	500 W. Temple Street, Room 821, Los A						
	Designated Agency Contact (Name, Title)	Amendment (Must pro	wide evolutation in F	Part 3 I			
	Liz Rangel						
	Area Code/Phone Number E-mail	Date of Original Filing:	(month, day, year)				
	213-974-3333	os.lacounty.g	ov			, , , , ,	
2.	Function, Event, or Ceremonial R	ole Informat	tion	المالىكانى			· · · · · · · · · · · · · · · · · · ·
	Dodger Game					60.00	
	Title			Face \	Value of Each Admiss	ion \$ 🖵	
	Dodger Game			*****	04 ,01 ,11		
	Description L			Date(s	S) <u>L</u> / <u>L</u>		
				. Lo:	s Angeles Dodgers		
	Ticket(s)/Admission(s) provided by a	igency? Yes	□ No 🗵	If no: <u>L</u>	Name of S	Source	
	Was the distribution to persons iden	tified below n	nade at the	e behest of	f an agency official?		
	V. T. N. W. K.			***************************************			
	Yes 🔲 No 🗵 If yes: 💻	Official's	Name (Last, F	irsl) and Title	adapterior manifesta de la desta de la		
	The identity of recipient(s) and th	o ovnlanatic	ימי				
		e explanauc	/# K.				1285422 (NO. 1)
	Name (Last First)	Number of	Agency		ne income box if the agency off income: If the agency official p		
		Admission(s)	1 1 77 1 2 1 77 1 2		vide a description. come, describe the public purp	ose including	5
	Organization (Name, Address, Description)	Ticket(s)		ceremon	nial roles, performed by an age		zal, or
			Yes 🔲	organiza	ation		Income
	Alisa Katz	2	No ⊠	retaining	highly qualified county	y employees	
			Yes 🔲				income
			No 🗆	*			
			Yes 🗆				Income
			No 🔲				
			Yes 🗖				Income
			No 🗆				
			Yes				Income
			No 🗆				
3	Verification						
	I have read and understand FPPC Regulati	ions 18944.1 an	nd 18942. I h	ave verified	that the distribution of adr	missions, set for	th above,
	is in accordance with the provisions.						
	-1 1 1 III	Rangel		Ticl	ket Administrator	05/19	/11
	nz rungu _						
	Signal dre of Agency Head or Designee	Print Na	ime		Title	(month	, day, year)
	Comment: (Use this space or an attachment I	or any additional i	information inc	cluding amene	dment explanation.)		
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1.	Agency Name				Dale Stamp		iornia 202		
	County of Los Angeles		Fo	orm OUZ					
	Division, Department, or Region (if applica		Fo	r Official Use Only					
	Board of Supervisors, Third District								
	Street Address			***	1				
	500 W. Temple Street, Room 821, Los A	ngeles, CA 900	012						
	Designated Agency Contact (Name, Title)								
	Liz Rangel				Amendment (Must provide explanation in Part 3.				
	Area Code/Phone Number   E-mail				Date of Original Filling				
					Date or Original Limit	(month	. day, year)		
		os.lacounty.go							
2.	Function, Event, or Ceremonial R	ole Informat	ion			_			
	Dodger Game		, and the same of				60.00		
	Title			Face \	Value of Each Admi:	ssion \$ L			
	Dodger Game				. 04 . 3 11	1			
	Description			Date(s	5) <u></u> 1/ <u></u> 1/ <u></u>	ط ك	لنصط النصط النص		
				Lo	s Angeles Dodgers				
	Ticket(s)/Admission(s) provided by a	gency? Yes	□ No 🗵	lf no:		of Source			
					/varie	A SOUNCE			
	Was the distribution to persons iden	tified helow n	nade at the	hehest of	f an agency official	?			
	parties and the same of the sa					,			
	Yes ■ No 🗵 If yes:				Management of				
		Official's I	Vame (Last, F	irst) and Title					
	The identity of recipient(s) and th	o ovnlanatio	in:						
		e explanatio	***	l Acces		- Parente William			
	(Last Eirst)				re income box if the agency income. If the agency offici.				
	OF	Number of Admission(s)/	Agency Official	also pro	vide a description.		at for the		
	Organization	Ticket(s)			come, describe the public pu ital roles, performed by an a				
	(Name, Address, Description)			organiza					
	Yolanda Valadez	2	Yes 🗌	retaining	highly qualified cou	nty empl	income		
	Tolarida valadez	2	No ⊠	I ccaning	mgmy quamea cou	nty empi	Jyces		
			Yes 🔲				Income		
			No 🗆		3				
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			Yes 🔲						
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3.	Verification								
	I have read and understand FPPC Regulati	ons 18944.1 an	d 18942. I h	ave verified	that the distribution of a	admissions	s, set forth above,		
	is in accordance with the provisions.								
	5- / A 1171	Rangel		Ticl	ket Administrator		05/19/11		
	XIX Langel	nanger					03/13/11		
	Signatifire of Agency Head or Designee	Print Nar	ne		Title		(month, day, year)		
	Commant: Alex this record or an attachment for	ne new additional i	nfonviation in	aludina ameri	dment evolenation 1				
	Comment: (Use this space or an attachment for	эг алу аданюланы	niumation inc	uuuing amene	инен ехринацоп.)				

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1.	Agency Name				Date Stamp	California Ono			
	County of Los Angeles		Form OUZ						
	Division, Department, or Region (if applica		For Official Use Only						
	Board of Supervisors, Third District								
	Street Address	**************************************		**** · · · · · · · · · · · · · · · · ·					
	500 W. Temple Street, Room 821, Los A	ngeles, CA 90	012						
	Designated Agency Contact (Name, Title)								
	Liz Rangel				Amendment (Must pro	ovide explanation in Part 3.)			
	Area Code/Phone Number   E-mail				Date of Original Filing:				
	Every Committee of the	os.lacounty.g	OV		Date of Original Fining.	(month, day, year)			
	Control   Part   Part		*****						
2.	Function, Event, or Ceremonial Re	ole Informa	tion						
	Title Performing Arts Center of Los Ang	geles County		Enan \	Value of Each Admiss	105.00			
	I FLIE			race	value of Each Admiss	(011 \$			
	Description dance at Dorothy Chandle	er Pavilion		Date(s	04 , 16 , 11				
	Description	**************************************		Date	>/				
	Timber 66m V. A. disa in a language V. sugaranda and Jacob		- N-	l#		## AMM ## AN A - 1 1/4/3/2 1/4/2/2/ (1/14/2/2/ 1/14/2/2/ 1/14/2/2/ 1/14/2/2/ 1/14/2/2/ 1/14/2/2/ 1/14/2/2/ 1/14/2/2/			
	Ticket(s)/Admission(s) provided by a	gency? Yes	⊠ ио П	If no: 🔙	Name of S	Source			
	•								
	Was the distribution to persons ident	tified below r	nade at the	behest of	f an agency official?				
				Ci > //					
	Yes ☐ No ☑ If yes: ———	Official's	Name (Last, F	irel and Title					
				nay and rise					
	The identity of recipient(s) and the	e explanatio	on:						
	Name		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		e income box if the agency of				
	(Last, Eirst)	Number of Admission(s)	Agency Official		income. If the agency official p vide a description	ationian a colemonar role!			
	Organization	Ticket(s)	J.,,,,,,		ome, describe the public purp nal roles, performed by an age				
	(Name, Address, Description)	* 5		organiza		ney vire an, more road, or			
	Liz Dangal	4	Yes 🔲	retaining	highly qualified count	income income			
	Liz Rangel		No ⊠	I coming	inginy quanted count	y cimpioyees [			
			Yes 🔲			Income			
			No 🗆						
			Yes 🔲			Income			
		N.C.	No 🔲						
			Yes 🔲			Income			
		777	No 🗖						
ĺ			Yes			Income			
		i A Disconti	No 🔲						
₹	Verification		1						
	I have read and understand FPPC Regulation	ons 18944 1 an	rd 18942. I h	ave verified .	that the distribution of artr	missions set forth above.			
	is in accordance with the provisions.				DIO WANDERDE OF GOE	manding our lotter above;			
		· · · · · · · · · · · · · · · · · · ·	44	1	and Andreas and	05/20/24			
	X Xanael Lizh	Rangel		lick	cet Administrator	05/19/11			
	Signature of Agency Head or Designee	Print Na	me		Title	(month, day, year)			
	Comments (How this server as a server)	an an ann an		ateration	demand and famolics				
	Comment: (Use this space or an attachment to	or any additional i	niormation inc	uding amend	этепі өхріалацоп.)				
	pursuant to Contract								

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1.	Agency Name	Date Stamp California On						
	County of Los Angeles		Form OUZ					
	Division, Department, or Region (if applica	1	For Official Use Only					
	Board of Supervisors, Third District							
	Street Address				†			
	500 W. Temple Street, Room 821, Los A	ngeles, CA 90	012	***************************************				
	Designated Agency Contact (Name, Title)							
	Liz Rangel				Amendment (Must	provide explenation in Part 3.)		
	Area Code/Phone Number   E-mail		***************************************		Date of Original Filing:			
		og la county o			Date or Original Fining.	(month, day, year)		
		os.lacounty.g	***************************************		ŀ			
2.	Function, Event, or Ceremonial R	ole Informa	tion					
	Title Performing Arts Center of Los An	geles County		Face '	Value of Each Admis	ssion \$ 115.00		
	Description play at Ahmanson Theatre	2		Date(s	(2) 04 , 28 , 11			
				marci.				
	Ticket(a)/Adminulan(a) provided by		M Na F	1 16 00.				
	Ticket(s)/Admission(s) provided by a	igency: Tes	X NO	II IIO.	· Name o	of Source		
	Was the distribution to persons iden	tified below r	nade at the	e behest o	f an agency official?	,		
	Van 🗖 Na 🔯 Kuuru							
	Yes 🔲 No 🗵 If yes: 🔙	Official's	Name (Last, I	<sup>c</sup> irst) and Title				
	·			•				
	The identity of recipient(s) and th	e explanation	on:					
	Name					official claims admission as il petformed a ceremonial role,		
	(Last, First)	Number of Admission(s)	Agency Official		vide a description.	a being lines a ceremoniar role.		
	Organization	Ticket(s)	7.7.7.		come, describe the public puries the public puries and a second to the comment of			
	(Name, Address; Description)			organiza		gency winder, more addr. or.		
	Vivian Rescalvo	2	Yes ☐ No 区	retaining	highly qualified cour	nty employees Income		
			Yes 🗌			Income		
			No 🔲		>			
			Yes 🗌			Income		
		Allinosiii	No 🔲					
			Yes 🗖					
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			Yes 🗌			Income		
			No 🗆	<u> </u>				
	Verification							
	I have read and understand FPPC Regulati is in accordance with the provisions.	ons 18944.1 an	nd 18942. I h	ave verified	that the distribution of a	dmissions, set forth above,		
	1 0 /	Rangel		Tiel	ket Administrator	05/19/11		
	XIZKanal LIZ	nanger			NEL AUTHINISTIALOI	03/19/11		
	Signature of Agency Head or Designee	Print Na	me		Title	(month, day, year)		
	Comment: (Use this space or an attachment for	or any additional i	information in	cludina ameru	dment explanation 1			
	pursuant to Contract	or any administrati	omnann DK	CONTRACTOR	anon osparación,			
	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 applicable)				-	For Official Use Only
	Board of Supervisors, Third District	A ICCOMMON CALLETTINA CONTRACTOR OF THE CONTRACT	initia i watyoweka, i manana			
	Street Address				1	
	500 W. Temple Street, Room 821, Los	Angeles, CA 90	012			
	Designated Agency Contact (Name, Title)					L.
	Liz Rangel				Amendment (Must pro	Ade explanation in Part 3.)
	Area Code/Phone Number   E-mail				Date of Original Filing:	
		baslasauntus			Date or Original Fining.	(month, day, year)
		bos.lacounty.g				
2.	Function, Event, or Ceremonial I	Role Informat	tion			
	Title Dodger Game			Face	Value of Each Admissi	on \$ 60.00
	Dodger Game				04 30 11	
	Description			Date(	s) [50]/[1]	
	Ticket(s)/Admission(s) provided by	agency? Vee	[] 사스 [기	Lifno.	os Angeles Dodgers	
	Trene ((a)) Administration (a) provided by	agency: 1es		II 110	Name of S	ource
	thr. 45 . It 4 %	4*** * * *	*			
	Was the distribution to persons iden	ntified below n	nade at the	e behest o	of an agency official?	
	Yes No X If yes:					
	Yes ☐ No ⊠ If yes:	Official's	Name (Last, i	First) and Title		
	The a fall matter of an effectionable will be			•		
	The identity of recipient(s) and the	ne explanatio	on:			
	Name				he income box if the agency offi income. If the agency official po	
	(Lást: First)	Number of Admission(s)	Agency Official	in	ovide a description.	
	Organization	Ticket(s)			come, describe the public purpo mal roles, performed by an agen	
	(Name, Address, Description)				ation.	Cy on man, marvidual, Cr.
	Ponita Twitile		Yes 🗆	rotaining	highly qualified county	income income
	Benita Trujillo	2	No ⊠	retairiitig	a mgmy quaimeu county	employees
			Yes 🗌			Income
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		ninalesan	No 🗆	<u> </u>		
			Yes 🔲			lacomo
		Anima	No 🗖			Income
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			No 🗆			Income
			140			
	Verification					
	I have read and understand FPPC Regular is in accordance with the provisions.	tions 18944.1 an	d 18942. I h	ave verified	that the distribution of adm	iissions, set forth above,
	() () () () () ()	: Rangel	400004000000000000000000000000000000000	Tic	ket Administrator	05/19/11
	Mis range =				×	
	Signature of Agency Head of Designee	Print Na	me		Title	(month, day, year)
	Comment: (Use this space or an attachment	for any additional i	information inc	duding amen	dment explanation.)	
			-//		*	
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	a	•						
1.	Agency Name				Date Stamp	California 000		
	County of Los Angeles		Form OUZ					
	Division, Department, or Region (if applica	1	For Official Use Only					
	Board of Supervisors, Third District	7 I M X - 100 M M M M M M M M M M M M M M M M M M		West Property				
	Street Address		- Was					
	500 W. Temple Street, Room 821, Los A	ngeles, CA 90	012	THE OCCUPANT OF				
	Designated Agency Contact (Name, Title)							
	Liz Rangel		an e discinius e		Amendment (Must pro	ovide explanation in Part 3.)		
	Area Code/Phone Number E-mail				Date of Original Filing:			
	213-974-3333	os.lacounty.g	ov		disense	(month, day, year)		
2	Function, Event, or Ceremonial R				A CONTRACT OF THE CONTRACT OF			
L.		Market William Co. 10 at a Market Commission	1011					
	Title Performing Arts Center of Los Ang	leles County	· · · · · · · · · · · · · · · · · · ·	Face \	Value of Each Admiss	ion \$ 115.00		
	iolay at Ahmanson Theatre	_			04 30 11			
	Description play at Ahmanson Theatre	<del>-</del>		Date(s	s) [04]/[30]/[1]			
	Ticket(s)/Admission(s) provided by a	gency? Yes	x No	If no: 🖳				
					Name of S	Source		
	Was the distribution to persons ident	lified helow r	nade at the	hebest of	f an agency official?			
	trac are area and an analysis to persons record				1			
	Yes ☑ No ☒ If yes: ☐	MANAGEM AND STATE OF THE STATE	minor to see a second to see a second		201 1000000 4000000000000000000000000000			
		Official's	Name (Last, F	irst) and Title				
	The identity of recipient(s) and the	e explanatio	n:					
	Name	1		Check th	ne income box if the agency of	icial claims admission as		
	(Last Eirst)	Number of	Agency	taxable i	income. If the agency official p			
	of Organization	Admission(s)/	Official	10 march 10	vide a description. come, describe the public purp	ose, including		
	(Name, Address, Description)	Ticket(s)			nial roles, performed by an age			
			Yes 🗆	D) Gettiza	AWOTE,	. Income		
	Lennie LaGuire	4 1	No 🗵	retaining	highly qualified count	y employees		
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			Yes 🔲			Income		
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		SELLANDES	No 🔲			Income		
				Law-water and				
	Verification		(15045-11	***************************************				
	I have read and understand FPPC Regulation is in accordance with the provisions.	ons 18944.1 an	d 18942. I h	ave ventied	that the distribution of adr	missions, set forth above,		
			40					
	As Komal Lizi	Rangel		Tick	ket Administrator	05/18/11		
	Signalure of Agency Head or Designee	Print Na	me		Title	(month, day, year)		
	Comment: (Use this space or an attachment for	or any additional i	nformation in	cluding amend	dment explanation.)			
	pursuant to Contract							