**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
   rangel@bos.lacounty.gov

2. **Function, Event, or Ceremonial Role Information**
   Title
   Dodger Game
   Description
   Dodger Game
   Face Value of Each Admission $60.00
   Date(s)
   04/01/11
   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☒ If no:
   Los Angeles Dodgers
   Name of Source
   Was the distribution to persons identified below made at the behest of an agency official? Yes ☐ No ☒ If yes:
   Official's Name (Last, First) and Title

   The identity of recipient(s) and the explanation:

<table>
<thead>
<tr>
<th>Name (Last, First) of Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alisa Katz</td>
<td>2</td>
<td>Yes ☐ No ☒</td>
</tr>
<tr>
<td>retaining highly qualified county employees</td>
<td></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
   Signature
   Liz Rangel
   Print Name
   Ticket Administrator
   Title
   Date
   05/19/11

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

---

FPPC Form 802 (2/11)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Agency Name
County of Los Angeles

Division, Department, or Region (if applicable)
Board of Supervisors, Third District

Street Address
500 W. Temple Street, Room 821, Los Angeles, CA 90012

Designated Agency Contact (Name, Title)
Liz Rangel

Area Code/Phone Number 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
Dodger Game

Face Value of Each Admission $ 60.00

Date(s)
04 3 11

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

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

Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

<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>Yolanda Valadez</td>
<td>2</td>
<td>Yes ☐ No ☒</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
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3. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

Liz Rangel
Print Name

Ticket Administrator
Title
05/19/11 (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
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 Performing Arts Center of Los Angeles County
Face Value of Each Admission $ 105.00
Description dance at Dorothy Chandler Pavilion
Date(s) 04 16 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:

<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>Liz Rangel</td>
<td>4</td>
<td>Yes ☑ No ☐</td>
</tr>
</tbody>
</table>

3. Verification
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

Liz Rangel
Ticket Administrator
05/19/11

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
pursuant to Contract
Agency Report of:
Ceremonial Role Events and Ticket/Admission Distributions

1. Agency Name
   County of Los Angeles

   Division, Department, or Region (if applicable)
   Board of Supervisors, Third District

   Street Address
   500 W. Temple Street, Room 821, Los Angeles, CA 90012

   Designated Agency Contact (Name, Title)
   Liz Rangel

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

   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
   play at Ahmanson Theatre

   Face Value of Each Admission $115.00

   Date(s) 04, 28, 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) of Organization</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vivian Rescalvo</td>
<td>2</td>
<td>Yes ☐ No ☒</td>
</tr>
<tr>
<td></td>
<td></td>
<td>retaining highly qualified county employees</td>
</tr>
<tr>
<td></td>
<td></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]  Liz Rangel  Ticket Administrator  05/19/11
   Print Name  Title  (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

<table>
<thead>
<tr>
<th>County of Los Angeles</th>
</tr>
</thead>
</table>

**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** |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>213-974-3333</td>
<td><a href="mailto:lrangel@bos.lacounty.gov">lrangel@bos.lacounty.gov</a></td>
</tr>
</tbody>
</table>

### 2. Function, Event, or Ceremonial Role Information

<table>
<thead>
<tr>
<th>Title</th>
<th>Dodger Game</th>
</tr>
</thead>
</table>

| Description | Dodger Game |

**Face Value of Each Admission $**: 60.00

**Date(s)**: 04 01 11

**Ticket(s)/Admission(s) provided by agency?** Yes [ ] No [X] If no: Los Angeles Dodgers

**Name of Source**

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

Yes [ ] No [X] If yes: ____________________________

**Official's Name (Last, First) and Title**

### The identity of recipient(s) and the explanation:

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<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>Benita Trujillo</td>
<td>2</td>
<td>Yes [X]</td>
</tr>
</tbody>
</table>

- **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.

**Signature of Agency Head of Designee**: Liz Rangel

**Print Name**: Liz Rangel

**Title**: Ticket Administrator

**Date**: 05/19/11

**Comment**: (Use this space or an attachment for any additional information including amendment explanation.)
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  lirangel@bos.lacounty.gov

2. Function, Event, or Ceremonial Role Information
   Title  Performing Arts Center of Los Angeles County
   Description  play at Ahmanson Theatre
   Face Value of Each Admission $115.00
   Date(s)  04  30  11
   Ticket(s)/Admission(s) provided by agency? Yes  No  If no:
   [Name of Source]
   Was the distribution to persons identified below made at the behest of an agency official?
   Yes  No  If yes:
   [Official's Name (Last, First) and Title]
   The identity of recipient(s) and the explanation:

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<th>Agency Official</th>
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</thead>
<tbody>
<tr>
<td>Lennie LaGuire</td>
<td>4</td>
<td>No</td>
</tr>
<tr>
<td>retaining highly qualified county employees</td>
<td></td>
<td></td>
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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.
   Liz Rangel  Ticket Administrator  05/18/11
   [Signature of Agency Head or Designee]  [Print Name]  [Title]
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
   pursuant to Contract