

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

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

Description Dodger Game

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:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	Income
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"/>	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

05/19/11 (month, day, year)

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

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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: _____ (month, day, year)	
Area Code/Phone Number	E-mail		
213-974-3333	lrangel@bos.lacounty.gov		

2. Function, Event, or Ceremonial Role Information

Title: Dodger Game Face Value of Each Admission \$ 60.00

Description: Dodger Game 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:

Name (Last, First) of Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	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	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 Liz Rangel Ticket Administrator 05/19/11
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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Liz Rangel

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

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(month, day, year)

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: _____
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	Income
Liz Rangel	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.

Signature of Agency Head or Designee:  | Print Name: Liz Rangel | Title: Ticket Administrator | Date: 05/19/11 (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
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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		
213-974-3333	lrangel@bos.lacounty.gov		

2. Function, Event, or Ceremonial Role Information

Title Face Value of Each Admission \$

Description 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:


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
Vivian Rescalvo	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"/>		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 Print Name Title (month, day, year)

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

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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 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 Face Value of Each Admission \$

Description 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:
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	• 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
Benita Trujillo	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"/>		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.

	<input type="text" value="Liz Rangel"/>	<input type="text" value="Ticket Administrator"/>	<input type="text" value="05/19/11"/>
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

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

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Liz Rangel		Date of Original Filing: _____ <i>(month, day, year)</i>	
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 \$ 115.00

Description play at Ahmanson Theatre 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

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Lennie LaGuire	4	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.

	<u>Liz Rangel</u>	<u>Ticket Administrator</u>	<u>05/18/11</u>
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

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

pursuant to Contract