

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: _____ <small>(month, day, year)</small>
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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): 02 / 05 / 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?

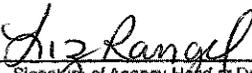
Yes No If yes: _____
Official's Name (Last, First) and Title

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
Lori Wheeler	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

04/07/11
(month, day, year)

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

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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.)	
Area Code/Phone Number 213-974-3333	E-mail lrangel@bos.lacounty.gov	Date of Original Filing: <input type="text"/> (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	<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. 	
Vivian Rescalvo	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	retaining highly qualified county employees	Income <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>	Income <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>	Income <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>	Income <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>	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="04/07/11"/>
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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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: Performing Arts Center of Los Angeles County

Description: Opera at Dorothy Chandler Pavilion

Face Value of Each Admission \$: 210.00

Date(s): 03 / 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?

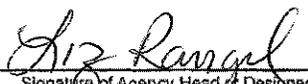
Yes No If yes: _____
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	Explanation	Income
Zev Yaroslavsky	2	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	job duties require attendance & monitoring	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	county venues	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

(month, day, year): 04/07/11

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

Date Stamp

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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 \$: 93.00

Date(s): 03 / 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	Income
Ginny Kruger	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Income <input type="checkbox"/> retaining highly qualified county employees
		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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Signature of Agency Head or Designee: Liz Rangel Print Name: Liz Rangel Title: Ticket Administrator Date: 04/07/11 (month, day, year)

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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) 03 / 11 / 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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Tim Pershing	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<u>retaining highly qualified county employees</u> Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	

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 Signature of Agency Head or Designee	<u>Liz Rangel</u> Print Name	<u>Ticket Administrator</u> Title	<u>04/07/11</u> (month, day, year)
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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 Performing Arts Center of Los Angeles County Face Value of Each Admission \$ 210.00

Description Opera at Dorothy Chandler Pavilion Date(s) 03 / 13 / 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	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 <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"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

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Liz Rangel Print Name

Ticket Administrator Title

04/07/11 (month, day, year)

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Area Code/Phone Number	E-mail	(month, day, year)	
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

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Official's Name (Last, First) and Title

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Ginny Kruger	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"/>

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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	Income
Lourdes Arevalo	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"/>

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(month, day, year)

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) 03 / 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

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
Cynthia Scott	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"/>

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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.

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Liz Rangel Print Name

Ticket Administrator Title

04/07/11 (month, day, year)

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