**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:** lizangel@bos.lacounty.gov

2. **Function, Event, or Ceremonial Role Information**
   - **Title:** Performing Arts Center of LA County
   - **Description:** Performance at Dorothy Chandler Pavilion
   - **Face Value of Each Admission:** $105.00
   - **Date(s):** 01, 13, 12
   - **Ticket(s)/Admission(s) provided by agency?** Yes ☑ No ☑

   **Was the distribution to persons identified below made at the behest of an agency official?**
   - Yes ☑ No ☑
   - **Name of Source:**

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

<table>
<thead>
<tr>
<th>Name (Last, First)</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>4</td>
<td>Yes ☑</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☑</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑</td>
<td>Income</td>
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<td>No ☑</td>
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<td>Yes ☑</td>
<td>Income</td>
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<td>No ☑</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☑</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No ☑</td>
<td></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**
   - **Signature of Agency Head or Designee**
   - **Print Name**
   - **Ticket Administrator**
   - **Title**
   - **Date (month, day, year):** 03/14/12

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

---

FPPC Form 852 (2/11)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
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 LA County
   Description
   Performance at Ahmanson Theatre
   Face Value of Each Admission $ 115.00
   Date(s) 01, 15, 12

   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) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tim Pershing</td>
<td>4</td>
<td>Yes ☒</td>
</tr>
<tr>
<td></td>
<td></td>
<td>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 16944.1 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
   03/14/12
   (month, day, year)

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

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

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

   Date Stamp
   California Form 802
   For Official Use Only

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) 01 15 12

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

   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:

<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>Alisa Katz</td>
<td>2</td>
<td>Yes [X]</td>
<td>Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [X]</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [X]</td>
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<td>Yes [X]</td>
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<td>Yes [X]</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>Yes [X]</td>
<td></td>
</tr>
</tbody>
</table>

3. Verification

   I have read and understand FPPC Regulations 18941 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

   Date (month, day, year)

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

   pursuant to Contract

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

1. Agency Name
   County of Los Angeles
   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
   Los Angeles Philharmonic

   Description
   Performance at Walt Disney Concert Hall

   Face Value of Each Admission
   $165.00

   Date(s)
   01/26/12

   Ticket(s)/Admission(s) provided by agency? Yes [x] No [ ]
   If no:

   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:

<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>Zev Yaroslavsky</td>
<td>2</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

   [Job duties require attendance & monitoring]

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/Designee
   [Signature]

   Print Name
   [Liz Rangel]

   Title
   Ticket Administrator

   Date
   03/14/12

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

pursuant to Contract

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

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 LA County
   Description Performance at Ahmanson Theatre
   Face Value of Each Admission $ 115.00
   Date(s) 01/18/12
   Ticket(s)/Admission(s) provided by agency? Yes X No X
   If no: Name of Source

   Was the distribution to persons identified below made at the behest of an agency official?
   Yes X No X
   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>Alisa Katz</td>
<td>2</td>
<td>Yes X</td>
<td>retaining highly qualified county employees</td>
</tr>
<tr>
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<td></td>
<td>No</td>
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<td>Yes</td>
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<td></td>
<td></td>
<td>No</td>
<td></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.
   Signed by Agency Head or Designee
   Liz Rangel

   Print Name
   Ticket Administrator
   03/14/12
   (month, day, year)

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

   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

1. Agency Name
   County of Los Angeles
   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 LA County
   Description
   Performance at Ahmanson Theatre
   Face Value of Each Admission $115.00
   Date(s) 01, 22, 12
   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) 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>Vivian Rescalvo</td>
<td>2</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

3. Verification
I have read and understand FPPC Regulations 16944.1 and 16942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

[Signature] Liz Rangel Ticket Administrator 03/14/12

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

2. Function, Event, or Ceremonial Role Information
   Title  Performing Arts Center of LA County
   Description  Performance at Dorothy Chandler Pavilion
   Face Value of Each Admission $ 210.00
   Date(s)  02/19/12
   Ticket(s)/Admission(s) provided by agency? Yes  No  X
   If no: 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:

<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>Description</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Genie Chough</td>
<td>2</td>
<td>Yes</td>
<td>retaining highly qualified county employees</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No</td>
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<td>No</td>
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</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
   Liz Rangel
   Print Name
   Ticket Administrator
   Title
   Date (Month, Day, Year)
   03/14/12
   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
   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 LA County
   Description
   Performance at Dorothy Chandler Pavilion
   Face Value of Each Admission $210.00
   Date(s)
   03, 04, 12
   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) 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>Zev Yaroslavsky</td>
<td>2</td>
<td>Yes ☐ No ☒</td>
<td>Job duties require attendance &amp; monitoring ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes ☐ No ☐</td>
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<td>Yes ☐ No ☐</td>
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<td>Yes ☐ No ☐</td>
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</tr>
<tr>
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<td>Yes ☐ No ☐</td>
<td></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
   Liz Rangel
   Print Name
   Ticket Administrator
   03/14/12
   (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)
   pursuant to Contract