Tickets Provided by Agency Report

A Public Document

TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name			Date Stamp	California QAO
County of Los Angeles				Form OUZ
Division, Department, or Region (if applic	able)			For Official Use Only
Board of Supervisors, Third District				
Street Address				
500 W. Temple Street, Room 821, Lo	s Angeles, CA 90012			
Area Code/Phone Number E-mail			☐ Amendment (Must ex	
213-974-3333 Irangel@	bos.lacounty.gov			
Agency Contact (name and title)	·		Date of Original Filing:	(month, day year)
Liz Rangel				(monor, day, year)
2. Event For Which Tickets Were D	istributed			
Date(s) of Event: 1 / 08 / 11	Description of Ever	_{nf} . concert at V	Valt Disney Concert Ha	all
			93.00	
	Face Value of Ticke	et: \$		
Agency Event X Yes No (Identify source of ticke	ets below.)		
Name of Outside Source of Ticket(s) P	rovided to Agency:		`	
Number of Tickets Received: 2	Ticket(s) Pro	vided to Agenc	y: ☐ Gratuitously	☑ Pursuant to Contract
3. Agency Official(s) Receiving Ticl	(et(s) (use a continuation	on sheet for addit	ional names)	
Name of Official (Last, First)	Number of Tickets		her the Distribution is Inc be the Public Purpose fo	
	OI HOROLO	300011	oo tilo i dollo i dipoco io	Tario Broanbattori
Lourdes Arevalo	2	retaining hig	hly qualified county en	nployees
4. Individual or Organization Recei	ving Ticket(s) (Provid	ded at the behest	of an agency official.)	
Name of Behesting Agency Official:				
Name of Benesting Agency Official.				
Name of Individual or Organization:			Numbe	er of Tickets:
-			,	
Description of Organization:				
Address of Organization: Number and Stree	<u>.</u> t	City		State Zip Code
Dumage for Distributions (Describe the				•
Purpose for Distribution: (Describe the	public purpose for the dis	stribution to the o	rganization.)	
· · · · · · · · · · · · · · · · · · ·				
5. Verification				
I have determined that the distribution of tie	skets set forth above is in	accordance with	h the provisions of FPPC	Regulation 18944.1.
Dis Kunnel Liz	Rangel	Ticke	t Administrator	3/28/11
Signature of Agency Head or Designee	Print Name		Title	(month, day, year)
Comment: (Use this space or an attachment	for any additional information	on including amend	ment explanation.)	
•		=		

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ICKETS	PRO\	/IDED	ВΥ
AGI	ENCY	REPO	RT

. Agency Name		,		Date Stamp	California 802
County of Los Angeles					Form OUZ
Division, Department, or Reg	ion (if applicable)				For Official Use Only
Board of Supervisors, Third	d District				
Street Address					
500 W. Temple Street, Roc	om 821, Los Angele	s, CA 90012			
Area Code/Phone Number E-mail			☐ Amendment (Must	explain in Part 5.}	
213-974-3333 Irangel@bos.lacounty.gov					
Agency Contact (name and title)			Date of Original Filing	(month, day, year)
Liz Rangel					
Event For Which Ticket	s Were Distribut	ed			
Date(s) of Event:1/_	13 , 11 Desc	rintion of Ever	ot. concert at V	Walt Disney Concert I	Hall
Date(s) of Event.				100.00	
	/ Face	Value of Ticke	et: \$		
Agency Event Yes	☐ No (Identify s	source of ticke	ts below.)		
Name of Outside Source of	Ticket(s) Provided	to Agency:			
Number of Tickets Received	l:2	Ticket(s) Pro	vided to Agenc	ey: Gratuitously	☑ Pursuant to Contract
Agency Official(s) Rece	iving Ticket(s) (u	se a continuatio	on sheet for addi	tional names)	
Name of Offi (Last, First)	cial	Number of Tickets		ther the Distribution is libe the Public Purpose	ncome to the Official or for the Distribution
Flora Gil Krisiloff		2	retaining highly qualified county employees		
	on Receiving Tic	ket(s) (Provid	led at the behes	t of an agency official.)	
Individual or Organizati					
Individual or Organizati Name of Behesting Agency				٠.	
	Official:				ber of Tickets:
Name of Behesting Agency Name of Individual or Organ	Official:		1 10 9 44 900 40 41		ber of Tickets:
Name of Behesting Agency	Official:		1 10 9 44 900 40 41		ber of Tickets:
Name of Behesting Agency Name of Individual or Organ Description of Organization:	Official:		1 10 9 44 900 40 41		
Name of Behesting Agency Name of Individual or Organ Description of Organization:	Official:		City	Num	
Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization:	Official:		City	Num	
Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization: Purpose for Distribution: (D	Official:		City	Num	
Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization: Purpose for Distribution: (D	Official: mization: mber and Street escribe the public pure	rpose for the dis	City stribution to the o	Numi	State Zip Cod
Name of Individual or Organization: Address of Organization: Nu	Official: mization: mber and Street escribe the public pure	rpose for the dis	City stribution to the o	Numi	State Zip Code

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Street Address					
500 W. Temple Street, Room 821, Los Ai	ngeles, CA 90012				
Area Code/Phone Number E-mail			Amendment (Must e	explain in Part 5.)	
213-974-3333 lrangel@bos	s.lacounty.gov				
Agency Contact (name and title)	·		Date of Original Filing:	(month, day, year)	
Liz Rangel					
2. Event For Which Tickets Were Distr					
Date(s) of Event: 1 / 15 / 11	Description of Ever	nt: concert at V	Valt Disney Concert I	fall	
	· Face Value of Tick	et: \$	93.00		
	ntify source of ticke				
Name of Outside Source of Ticket(s) Prov	ided to Agency:				
Number of Tickets Received:2					
Number of fickets received.	ncket(s) F10	vided to Agenc	y. LI Gratuitously	M Fursuant to Contract	
3. Agency Official(s) Receiving Ticket((s) (use a continuation	on sheet for addit	ional names)		
Name of Official (Last, First)	Number of Tickets	i e	her the Distribution is Ir be the Public Purpose f	ncome to the Official or for the Distribution	
Susan Nissman	2	retaining hig	retaining highly qualified county employees		
					
4. Individual or Organization Receiving	g Ticket(s) (Provid	ded at the behest	of an agency official.)		
Name of Behesting Agency Official:					
Name of Individual or Organization:			Numb	per of Tickets:	
-	•				
Description of Organization:	MPS - Inches				
Address of Organization:		City		State Zip Code	
Purpose for Distribution: (Describe the pub	lic purpose for the dis	stribution to the o	rganization.)		
5. Verification					
I have determined that the distribution of ticket	s set forth above is ir	accordance with	h the provisions of FPP	C Regulation 18944.1.	
Liz Ra		Ticke	t Administrator	3/28/11	
Signariare of Agency Head for Designee Comment: (Use this space or an attachment for a	Print Name any additional information	on includina amena	Title	(month, day, year)	
Commont. Took this space of all attachment for a	ary additional anomiatic	morading amenu	топ охранацон.)		