Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   County of Los Angeles
   Division, Department, or Region (If Applicable)
   Board of Supervisors, Third District
   Designated Agency Contact (Name, Title)
   Liz Rangel, Ticket Administrator
   Area Code/Phone Number: 213-974-3333
   E-mail: lrangel@bos.lacounty.gov

2. Function or Event Information
   Does the agency have a ticket policy? Yes [X] No [ ]
   Face Value of Each Ticket/Pass $36.00
   Event Description: Dodger Game
   Date(s): 06 / 14 / 14
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
   If no: Los Angeles Dodgers
   Name of Source: Name of Source
   Was ticket distribution made at the behest of agency official? No [X] Yes [ ]
   If yes: Official's Name (Last, First)

3. Recipients
   * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization.

   A. Name of Agency, Department or Unit
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy
      Board of Supervisors Staff
      2
      Per ticket policy 5.3 (k)

   B. Name of Individual (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role [ ] Other [X]
      Income [ ]
      If checking "Ceremonial Role" or "Other" describe below:

   C. Name of Outside Organization
      (Include address and description)
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy

4. Verification
   I have read and understand FPPC Regulations 19934.1 and 18842. I have verified that the distribution set forth above, is in accordance with the requirements.
   Liz Rangel
   Signature of Agency Head or Designee
   Print Name: Ticket Administrator
   Title
   (Month, Day, Year)
   8/5/14

Comment:

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   County of Los Angeles
   Division, Department, or Region (If Applicable)
   Board of Supervisors, Third District
   Designated Agency Contact (Name, Title)
   Liz Rangel, Ticket Administrator
   Area Code/Phone Number: 213-974-3333
   E-mail: lrangel@bos.lacounty.gov

2. Function or Event Information
   Does the agency have a ticket policy? Yes [x] No [ ]
   Face Value of Each Ticket/Pass $36.00
   Event Description: Dodger Game
   Date(s): 06/18/14
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   If no: Los Angeles Dodgers
   Name of Source:
   Was ticket distribution made at the behest of agency official? No [x] Yes [ ]
   If yes: Official's Name (Last, First)

3. Recipients
   - Use Section A to identify the agency's department or unit.
   - Use Section B to identify an individual.
   - Use Section C to identify an outside organization.

   A. Name of Agency, Department or Unit | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy
   Board of Supervisors Staff | 2 | Per ticket policy 5.3 (k)

   B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:
   Ceremonial Role [ ] Other [x]
   Income [ ]
   If checking "Ceremonial Role" or "Other" describe below:

   Ceremonial Role [ ] Other [ ]
   Income [ ]
   If checking "Ceremonial Role" or "Other" describe below:

   C. Name of Outside Organization (Include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 19942. I have verified that the distribution set forth above is in accordance with the requirements.
   Signature of Agency Head or Designee: [Signature]
   Print Name: Liz Rangel
   Title: Ticket Administrator
   Date: 08/15/14

Comment: [Comment]
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   County of Los Angeles
   Division, Department, or Region (If Applicable)
   Board of Supervisors, Third District
   Designated Agency Contact (Name, Title)
   Liz Rangel, Ticket Administrator
   Area Code/Phone Number   E-mail
   213-974-3333   irangel@bos.lacounty.gov

2. Function or Event Information
   Does the agency have a ticket policy? Yes [x] No [ ]
   Face Value of Each Ticket/Pass $36.00
   Event Description Dodger Game
   Date(s)   06 26 14
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   If no: Los Angeles Dodgers
   Name of Source
   Was ticket distribution made at the behest of agency official? No [x] Yes [ ]
   If yes: Official's Name (Last, First)

3. Recipients
   * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization.

   A. Name of Agency, Department or Unit   Number of Ticket(s)/Pass(es)   Describe the public purpose made pursuant to the agency's policy
      Board of Supervisors Staff   2   Per ticket policy 5.3 (k)

   B. Name of Individual (Last, First)   Number of Ticket(s)/Pass(es)   Identify one of the following:
      Ceremonial Role [ ] Other [x]
      Income [ ]
      if checking "Ceremonial Role" or "Other" describe below:

      Ceremonial Role [ ] Other [ ] Income [ ]
      if checking "Ceremonial Role" or "Other" describe below:

   C. Name of Outside Organization (Include address and description)   Number of Ticket(s)/Pass(es)   Describe the public purpose made pursuant to the agency's policy

4. Verification
   I have read and understand FPPC Regulations 19244.1 and 19242. I have verified that the distribution set forth above is in accordance with the requirements.
   Signature [Liz Rangel]   Title [Ticket Administrator]   Date (Month, Day, Year) 08/15/14
   Comment:
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   County of Los Angeles
   Division, Department, or Region (If Applicable)
   Board of Supervisors, Third District
   Designated Agency Contact (Name, Title)
   Liz Rangel, Ticket Administrator
   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 2.)
   Date of Original Filing: (Month, Day, Year)

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $36.00
   Event Description: Dodger Game
   Provide Title/Explanation
   Date(s): 06/27/14
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Los Angeles Dodgers
   Name of Source:
   Was ticket distribution made at the behest of agency official? No ☑ Yes ☐
   If yes: Official’s Name (Last, First)

3. Recipients
   * Use Section A to identify the agency’s department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization.

   A. Name of Agency, Department or Unit | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency’s policy
   Board of Supervisors Staff | 2 | Per ticket policy 5.3 (k)

   B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:
   Ceremonial Role ☐ Other ☑
   Income ☐
   Ceremonial Role ☐ Other ☐
   Income ☐
   Ceremonial Role ☐ Other ☐
   Income ☐
   Ceremonial Role ☐ Other ☐
   Income ☐

   C. Name of Outside Organization (Include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency’s policy
   
   
   

4. Verification
   I have read and understood FPPC Regulations 18044.1 and 18042, I have verified that the distribution set forth above is in accordance with the requirements.
   Signature: Liz Rangel
   Print Name: Ticket Administrator
   Title: (Month, Day, Year)

Comment: 

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
### Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

<table>
<thead>
<tr>
<th>1. Agency Name</th>
<th>County of Los Angeles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division, Department, or Region (If Applicable)</td>
<td>Board of Supervisors, Third District</td>
</tr>
<tr>
<td>Designated Agency Contact (Name, Title)</td>
<td>Liz Rangel, Ticket Administrator</td>
</tr>
<tr>
<td>Area Code/Phone Number</td>
<td>213-974-3333</td>
</tr>
<tr>
<td>E-mail</td>
<td><a href="mailto:rangel@bos.lacounty.gov">rangel@bos.lacounty.gov</a></td>
</tr>
</tbody>
</table>

### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes [x] No [ ]
- **Face Value of Each Ticket/Pass,** $36.00
- **Event Description** Dodger Game
- **Date(s)** 06 28 14
- **Ticket(s)/Pass(es) provided by agency?** Yes [x] No [ ]
- **Was ticket distribution made at the behest of agency official?** No [x] Yes [ ]

### 3. Recipients

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board of Supervisors Staff</td>
<td>2</td>
<td>Per ticket policy 5.3 (k)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last Name)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Ceremonial Role</td>
<td></td>
<td>Other</td>
</tr>
<tr>
<td>[ ] Ceremonial Role</td>
<td></td>
<td>Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>

### 4. Verification
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

[Signature of Agency Head or Designee]

Liz Rangel | Print Name |
Ticket Administrator | Title |
[Month, Day, Year]

Comment:

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   County of Los Angeles
   Division, Department, or Region (If Applicable)
   Board of Supervisors, Third District
   Designated Agency Contact (Name, Title)
   Liz Rangel, Ticket Administrator
   Area Code/Phone Number: 213-974-3333
   E-mail: lrangel@bos.lacounty.gov

2. Function or Event Information
   Does the agency have a ticket policy? Yes [ ] No [X]
   Face Value of Each Ticket/Pass $36.00
   Event Description: Dodger Game
   Date(s): 06/29/14
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
   If no: Los Angeles Dodgers
   Name of Source:
   Was ticket distribution made at the behest of agency official? No [X] Yes [ ]
   If yes: Official's Name (Last, First)

3. Recipients
   - Use Section A to identify the agency's department or unit.
   - Use Section B to identify an individual.
   - Use Section C to identify an outside organization.

   A. Name of Agency, Department or Unit | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy
   Board of Supervisors Staff | 2 | Per ticket policy 5.3 (k)

   B. Name of Individual (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role [ ] Other [X]
      Income [ ]
      Ceremonial Role [ ] Other [ ] Income [ ]

   C. Name of Outside Organization
      (Include address and description)
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy

4. Verification
   I have read and understand FPPC Regulations 19844.1 and 19842. I have verified that the distribution set forth above is in accordance with the requirements.
   Signature of Agency Head or Designee: Liz Rangel
   Print Name: Ticket Administrator
   Title: (Month, Day, Year)

Comment: [Blank]

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
### Agency Report of:

**Ceremonial Role Events and Ticket/Pass Distributions**

1. **Agency Name**
   - County of Los Angeles
   - Board of Supervisors, Third District

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes [x]  No [ ]
   - **Event Description**
     - Dodger Game
   - **Face Value of Each Ticket/Pass** $36.00
   - **Date(s)**
     - 07 10 14
   - **Ticket(s)/Pass(es) provided by agency?**
     - Yes [ ]  No [x]
   - **Was ticket distribution made at the behest of agency official?**
     - No [x]  Yes [ ]

3. **Recipients**
   - Use Section A to identify the agency's department or unit.
   - Use Section B to identify an individual.
   - Use Section C to identify an outside organization.

   **A. Name of Agency, Department or Unit**
   - Board of Supervisors Staff
   - Number of Ticket(s)/Pass(es): 2
   - Describe the public purpose made pursuant to the agency's policy:
     - Per ticket policy 5.3 (k)

   **B. Name of Individual**
   - Number of Ticket(s)/Pass(es)
   - Identify one of the following:
     - Ceremonial Role [ ]  Other [x]
     - Income [ ]
     - Ceremonial Role [ ]  Other [ ]
     - Income [ ]

   **C. Name of Outside Organization**
   - Number of Ticket(s)/Pass(es)
   - Describe the public purpose made pursuant to the agency's policy:

4. **Verification**
   - I have read and understand FPPC Regulations 19944.1 and 19944.3. I have verified that the distribution set forth above is in accordance with the requirements.
   - **Signature of Agency Head or Designee**
     - Liz Rangel
   - **Print Name**
     - Ticket Administrator
   - **Title**
     - (Month, Day, Year)
   - **Comment**

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FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
# Agency Report of:
**Ceremonial Role Events and Ticket/Pass Distributions**

1. **Agency Name**
   - County of Los Angeles

2. **Function or Event Information**
   - **Event Description**: Dance @ Dorothy Chandler Pavilion
   - **Date(s)**: 07/11/14
   - **Ticket(s)/Pass(es) provided by agency?**: Yes
   - **Was ticket distribution made at the behest of agency official?**: Yes
   - **Face Value of Each Ticket/Pass**: $125.00

3. **Recipients**
   - *Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an outside organization.*

   **A.** **Name of Agency, Department or Unit**
   - 
   - 

   **B.** **Name of Individual**
   - **Lisa Brewer**
   - **Number of Ticket(s)/Pass(es)**: 2

   **C.** **Name of Outside Organization**
   - **Number of Ticket(s)/Pass(es)**

4. **Verification**
   - I have read and understand FPPC Regulations 18844.1 and 18842. I have verified that the distribution set forth above is in accordance with the requirements.
   - **Signature**: Liz Rangel
   - **Print Name**: Liz Rangel
   - **Title**: Ticket Administrator
   - **Date**: 04/12

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**FPPC Form 802 (4/12)**

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   County of Los Angeles
   Division, Department, or Region (If Applicable)
   Board of Supervisors, Third District
   Designated Agency Contact (Name, Title)
   Liz Rangel, Ticket Administrator
   Area Code/Phone Number  E-mail
   213-974-3333   lrangel@bos.lacounty.gov

2. Function or Event Information
   Does the agency have a ticket policy?  Yes X  No
   Event Description  Dodger Game
   Face Value of Each Ticket/Pass $36.00
   Date(s)  07  12  14
   Ticket(s)/Pass(es) provided by agency?  Yes  No X
   If no: Los Angeles Dodgers
   Official's Name (Last, First)

3. Recipients
   * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization.
   A. Name of Agency, Department or Unit  Number of Ticket(s)/Pass(es)  Describe the public purpose made pursuant to the agency's policy
      Board of Supervisors Staff  2  Per ticket policy 5.3 (k)

   B. Name of Individual (Last, First)  Number of Ticket(s)/Pass(es)  Identify one of the following:
      Ceremonial Role  Other X
      Income
      Ceremonial Role  Other  Income
      If checking "Ceremonial Role" or "Other" describe below:

   C. Name of Outside Organization (Include address and description)  Number of Ticket(s)/Pass(es)  Describe the public purpose made pursuant to the agency's policy

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.
   Signature of Agency Head or Designee  Signature  Title
   Print Name  Date (Month, Day, Year)
   Comment

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
# Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

## 1. Agency Name
- County of Los Angeles
- Division, Department, or Region (If Applicable): Board of Supervisors, Third District
- Designated Agency Contact (Name, Title): Liz Rangel, Ticket Administrator

<table>
<thead>
<tr>
<th>Area Code/Phone Number</th>
<th>E-mail</th>
</tr>
</thead>
<tbody>
<tr>
<td>213-974-3333</td>
<td><a href="mailto:irangel@bos.lacounty.gov">irangel@bos.lacounty.gov</a></td>
</tr>
</tbody>
</table>

## 2. Function or Event Information
- Does the agency have a ticket policy? Yes [X] No [ ]
- Face Value of Each Ticket/Pass $125.00
- Event Description: Dance @ Dorothy Chandler Pavilion
- Date(s): 07 13 14
- Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
- Performing Arts Center of Los Angeles County
- Name of Source
- Was ticket distribution made at the behest of agency official? No [X] Yes [ ]
- Official's Name (Last, First)

## 3. Recipients
- Use Section A to identify the agency's department or unit. **Use Section B to identify an individual.** **Use Section C to identify an outside organization.**

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role [ ] Other [X] If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below: Per ticket policy 5.3 (k)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regina Marquez</td>
<td>2</td>
<td>Ceremonial Role [ ] Other [ ] If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below: Per ticket policy 5.3 (k)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## 4. Verification
- I have read and understand FPPC Regulations 19344.1 and 19342. I have verified that the distribution set forth above is in accordance with the requirements.

[Signature of Agency Head or Designee] Liz Rangel
[Print Name] Ticket Administrator
[Title] 8/5/14 (Month, Day, Year)

Comment:

FPPC Form 802 (4/12)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   - County of Los Angeles
   - Division, Department, or Region (If Applicable)
   - Board of Supervisors, Third District
   - Designated Agency Contact (Name, Title)
     - Liz Rangel, Ticket Administrator
   - Area Code/Phone Number: 213-974-3333
   - E-mail: lrangel@bos.lacounty.gov
   - Date Stamp: (Month, Day, Year)

2. Function or Event Information
   - Does the agency have a ticket policy? Yes ☑ No ☐
   - Event Description: Dodger Game
   - Face Value of Each Ticket/Pass: $36.00
   - Date(s): 07 13 14
   - Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   - If no: Los Angeles Dodgers
     - Official’s Name (Last, First):
   - Was ticket distribution made at the behest of agency official? No ☑ Yes ☐

3. Recipients
   - Use Section A to identify the agency’s department or unit.
   - Use Section B to identify an individual.
   - Use Section C to identify an outside organization.

   A. Name of Agency, Department or Unit | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency’s policy
   - Board of Supervisors Staff | 2 | Per ticket policy 5.3 (k)

   B. Name of individual | Number of Ticket(s)/Pass(es) | Identify one of the following:
   - Ceremonial Role ☐ Other ☑
   - Income ☐
   - If checking “Ceremonial Role” or “Other” describe below:

   C. Name of Outside Organization (Include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency’s policy

4. Verification
   - I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.
   - Signature of Agency Head or Designee: Liz Rangel
   - Print Name: Ticket Administrator
   - Title: (Month, Day, Year)
   - Comment:

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name  
County of Los Angeles  
Division, Department, or Region (If Applicable)  
Board of Supervisors, Third District  
Designated Agency Contact (Name, Title)  
Liz Rangel, Ticket Administrator  
Area Code/Phone Number  
213-974-3333  
E-mail  
lrangel@bos.lacounty.gov

2. Function or Event Information  
Does the agency have a ticket policy? Yes ☐ No ☑  
Face Value of Each Ticket/Pass $36.00  
Date(s) 07/29/14  
Event Description  
Provide Title/Explanation  
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑  
If no: Los Angeles Dodgers  
Name of Source  
Was ticket distribution made at the behest of agency official? No ☐ Yes ☑  
If yes: Official’s Name (Last, First)

3. Recipients  
* Use Section A to identify the agency’s department or unit.  
* Use Section B to identify an individual.  
* Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit  
Number of Ticket(s)/Pass(es)  
Describe the public purpose made pursuant to the agency’s policy  
Board of Supervisors Staff  
2  
Per ticket policy 5.3 (k)

B. Name of Individual  
(Last, First)  
Number of Ticket(s)/Pass(es)  
Identify one of the following:  
Ceremonial Role ☐ Other ☑  
income ☐  
If checking “Ceremonial Role” or “Other” describe below:

C. Name of Outside Organization  
(include address and description)  
Number of Ticket(s)/Pass(es)  
Describe the public purpose made pursuant to the agency’s policy

4. Verification  
I have read and understand FPPC Regulations 19144.1 and 19142. I have verified that the distribution set forth above is in accordance with the requirements.

Signature of Agency Head or Designee  
Liz Rangel  
Title  
Ticket Administrator  
Print Name  
8/5/14  
(Month, Day, Year)

Comment:

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   County of Los Angeles
   Division, Department, or Region (if Applicable)
   Board of Supervisors, Third District
   Designated Agency Contact (Name, Title)
   Liz Rangel, Ticket Administrator
   Area Code/Phone Number   E-mail
   213-974-3333   lirangel@bos.lacounty.gov

2. Function or Event Information
   Does the agency have a ticket policy?  Yes  No
   Event Description: Dodger Game
   Face Value of Each Ticket/Pass $36.00
   Date(s) 07 31 14
   Ticket(s)/Pass(es) provided by agency?  Yes  No
   If no: Los Angeles Dodgers
   Name of Source
   Was ticket distribution made at the behest of agency official?  No  Yes
   If yes: Official's Name (Last, First)

3. Recipients
   * Use Section A to identify the agency's department or unit.  * Use Section B to identify an individual.  * Use Section C to identify an outside organization.
   A. Name of Agency, Department or Unit  Number of Tickets/Pass(es)  Describe the public purpose made pursuant to the agency's policy
   Board of Supervisors Staff  2  Per ticket policy 5.3 (k)

   B. Name of Individual (Last, First)  Number of Tickets/Pass(es)  Identify one of the following:
   Ceremonial Role  Other  Income
   If checking "Ceremonial Role" or "Other" describe below:

   C. Name of Outside Organization (Include address and description)  Number of Tickets/Pass(es)  Describe the public purpose made pursuant to the agency's policy

4. Verification
   I have read and understand FPPC Regulations 19544.1 and 19542. I have verified that the distribution set forth above is in accordance with the requirements.
   Signature of Agency Head or Designee

   Liz Rangel  Ticket Administrator
   Print Name  Title
   (Month, Day, Year)
   Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)