

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 E-mail
 213-974-3333 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 Los Angeles Philharmonic Face Value of Each Admission \$ 165.00

Description Performance at Walt Disney Concert Hall Date(s) 05 / 27 / 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	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.

Liz Rangel Liz Rangel Ticket Administrator 03/13/12
 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.)

pursuant to Contract