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 [ ]
   Event Description: Opera
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   Was ticket distribution made at the behest of agency official? No [ ] Yes [x]
   Face Value of Each Ticket/Pass $240.00
   Date(s): 05 23 12
   Performing Arts Center of Los Angeles County
   Name of Source:
   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

   B. Name of individual
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role [ ] Other [ ] Income [x]
      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 19242. 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:
   06/25/2012
   (Month, Day, Year)
   Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 855/ASK-FPPC (855/275-7772)
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
   Irangel@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 or Event Information
   Does the agency have a ticket policy? Yes ☒ No □
   Event Description
   Concert @ Walt Disney Concert Hall
   Face Value of Each Ticket/Pass $168.00
   Date(s) 05 26 12
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Los Angeles Philharmonic
   Name of Source
   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

   B. Name of Individual
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☒ Income ☐
      Per ticket policy 5.3 (k)
      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 18949. I have verified that the distribution set forth above, is in accordance with the requirements.

   Signature of Agency Official/Designee
   Liz Rangel
   Print Name
   Ticket Administrator
   Title
   06/25/2012 (Month, Day, Year)

   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 lrangel@bos.lacounty.gov

2. Function or Event Information
Does the agency have a ticket policy? Yes [ ] No [ ]
Event Description Concert @ Walt Disney Concert Hall
Face Value of Each Ticket/Pass $99.00
Date(s) 05 27 12
Ticket(s)/Pass(es) provided by agency? Yes [ ] No [ ]
If no: Los Angeles Philharmonic
Name of Source
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.

<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>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual</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>Lori Wheeler</td>
<td>2</td>
<td></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 18944.1 and 18949. I have verified that the distribution set forth above is in accordance with the requirements.

Liz Rangel
Ticket Administrator
06/25/2012

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
   California Form 802
   For Critical Use Only
   Amendment (Must provide explanation in Part 3)

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description
   Opera
   Face Value of Each Ticket/Pass $240.00
   Date(s)
   06 02 12
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no:
   Performing Arts Center of Los Angeles County
   Name of Source
   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
      
      
      
   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:
      Per ticket policy 5.3 (k)
      Ceremony 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
   Date (Month, Day, Year)
   06/25/2012
   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

## 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes [X] No [ ]
- **Event Description:** Musical
- **Face Value of Each Ticket/Pass $:** 50.00
- **Date(s):** 06 03 12
- **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [X]
- **If no:** Performing Arts Center of Los Angeles County
- **Name of Source:**
- **Was ticket distribution made at the behest of agency official?** No [X] Yes [ ]
- **If 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
<table>
<thead>
<tr>
<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>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### B. Name of Individual
- **Zev Yaroslavsky**
- **Number of Ticket(s)/Pass(es):** 2
- **Identify one of the following:**
  - Ceremonial Role [ ] Other [X] Income [ ]
  - Per ticket policy 5.3 (b) & (e)

### C. Name of Outside Organization
<table>
<thead>
<tr>
<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>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## 4. Verification
I have read and understand FPPC Regulations 19944.1 and 19949. 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 (Month, Day, Year):** 06/25/2012

**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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description: Musical
   Face Value of Each Ticket/Pass: $165.00
   Date(s): 06 07 12
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Performing Arts Center of Los Angeles County
   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

   B. Name of individual
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☒ Income ☐
      Per ticket policy 5.3 (k)
      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 16944.1 and 16949. 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: 06/25/2012
   (Month, Day, Year)

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes [X] No [ ]
   Face Value of Each Ticket/Pass $240.00
   Event Description: Ballet
   Date(s): 06 09 12
   Ticket(s)/Pass(es) provided by agency? Yes [X] No [ ]
   Performing Arts Center of Los Angeles County
   Name of Source: [ ]
   Was ticket distribution made at the behest of agency official? No [X] Yes [ ]
   If 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.

<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>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<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>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cynthia Scott</td>
<td>4</td>
<td>Ceremonial Role [X] Other [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Per ticket policy 5.3 (k)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></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>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</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: [Signature]
   Print Name: [Print Name]
   Title: [Title]
   Date (Month, Day, Year): 06/25/2012

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

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes [x] No [ ]
   - **Event Description** Ballet
   - **Face Value of Each Ticket/Pass** $240.00
   - **Date(s)**
     - 06
     - 10
     - 12
   - **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [x]
   - **Performing Arts Center of Los Angeles County**
     - **Name of Sponsor**: [ ]
     - **Name of Venue**: [ ]
     - **Official's Name (Last, First)**
   - **Was ticket distribution made at the behest of agency official?**
     - Yes [x] No [ ]

3. **Recipients**
   - **A. Name of Agency, Department or Unit**
     - **Number of Ticket(s)/Pass(es)**
     - **Describe the public purpose made pursuant to the agency's policy**
   - **B. Name of Individual**
     - **Name of Individual** Regina Marquez
     - **Number of Ticket(s)/Pass(es)** 2
     - **Identify one of the following:**
       - Ceremonial Role [ ]
       - Other [x]
       - Income [ ]
       - **Per ticket policy 5.3 (k)**
         - 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 18944.1 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.
   - **Signature of Agency Head/Designee**
   - **Print Name** Liz Rangel
   - **Title** Ticket Administrator
   - **Date** 06/25/2012

**Comment:**

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