Tickets Provided by Agency Report

1. Agency Name
   County of Los Angeles
   Division, Department, or Region (if applicable)
   Board of Supervisors, 3rd District
   Street Address
   500 W. Temple Street, Room 821, Los Angeles, CA 90012
   Area Code/Phone Number (213) 974-3333
   E-mail
   lrangel@bos.lacity.gov
   Agency Contact (name and title)
   Liz Rangel

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 09/05/09
   Description of Event: 2009 Los Angeles County Fair
   10/04/09
   Face Value of Ticket: $17.00

   Agency Event [ ] Yes [ ] No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency:
   Los Angeles County Fair Association
   Number of Tickets Received: ________
   Ticket(s) Provided to Agency: [ ] Gratuitously [X] Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

   Name of Official: Alisa Katz
   (Last, First)
   Number of Tickets: 2
   State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution:
   Performance of a ceremonial role representing the count[ ]

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

   Name of Beaching Agency Official:
   Name of Individual or Organization: ___________________________ Number of Tickets: ________
   Description of Organization: ___________________________
   Address of Organization: ___________________________
   Number and Street
   City
   State
   Zip Code
   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)

5. Verification
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.
   Signature of Agency Head or Designee
   Liz Rangel
   Print Name
   Ticket Administrator
   10/21/09
   (month, day, year)
   Comment: (Use this space or an attachment for any additional information including amendment explanation.)

FPPC Form 892 (Feb/09)
FPPC Toll-Free Hotline: 866/ASK-FPPC (866/275-3772)
**Tickets Provided by**
**Agency Report**

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

   **Division, Department, or Region (if applicable)**
   Board of Supervisors, 3rd District

   **Street Address**
   500 W. Temple Street, Room 821, Los Angeles, CA 90012

   **Area Code/Phone Number**
   (213) 974-3333

   **E-mail**
   lrangel@bos.lacounty.gov

   **Agency Contact (name and title)**
   Liz Rangel

   **Date Stamp**

   **California Form 802**
   For Official Use Only

   **☐ Amendment (Must explain in Part 5.)**

   **Date of Original Filing:** (month, day, year)

2. **Event For Which Tickets Were Distributed**
   **Date(s) of Event:** 09/05/09
   **Description of Event:** 2009 Los Angeles County Fair
   **10/04/09**
   **Face Value of Ticket:** $17.00

   **Agency Event**
   ☐ Yes ☑ No (Identify source of tickets below.)

   **Name of Outside Source of Ticket(s) Provided to Agency:**
   Los Angeles County Fair Association

   **Number of Tickets Received:**
   **Ticket(s) Provided to Agency:** ☐ Gratuitously ☑ Pursuant to Contract

3. **Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)**

<table>
<thead>
<tr>
<th>Name of Official</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regina Marquez</td>
<td>4</td>
<td>Retaining highly qualified County employees</td>
</tr>
</tbody>
</table>

4. **Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)**

   **Name of Behesting Agency Official:**

   **Name of Individual or Organization:**

   **Number of Tickets:**

   **Description of Organization:**

   **Address of Organization:**
   Number and Street
   City
   State
   Zip Code

   **Purpose for Distribution:** (Describe the public purpose for the distribution to the organization.)

5. **Verification**

   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

   **Signature of Agency Head of Designee**

   **Liz Rangel**

   **Print Name**

   **Ticket Administrator**

   **Print Name**

   **Title**

   **Date:** 10/21/09

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

FPPC Form 802 (Feb/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
**Tickets Provided by Agency Report**

**Agency Name**
County of Los Angeles

**Division, Department, or Region (if applicable)**
Board of Supervisors, 3rd District

**Street Address**
500 W. Temple Street, Room 821, Los Angeles, CA 90012

**Area Code/Phone Number**
(213) 974-3333

**E-mail**
lrangel@bos.lacounty.gov

---

**Event For Which Tickets Were Distributed**

<table>
<thead>
<tr>
<th>Date(s) of Event</th>
<th>Description of Event</th>
<th>Face Value of Ticket</th>
</tr>
</thead>
<tbody>
<tr>
<td>09/05/09</td>
<td>2009 Los Angeles County Fair</td>
<td>$17.00</td>
</tr>
<tr>
<td>10/04/09</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Agency Event**
- Yes
- No (Identify source of tickets below.)

**Name of Outside Source of Ticket(s) Provided to Agency:**
Los Angeles County Fair Association

**Number of Tickets Received:**

**Ticket(s) Provided to Agency:**
- Gratuitously
- Pursuant to Contract

---

**Agency Official(s) Receiving Ticket(s)** (use a continuation sheet for additional names)

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<tr>
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<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
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<tr>
<td>Lisa Garica</td>
<td>4</td>
<td>Retaining highly qualified County employees</td>
</tr>
</tbody>
</table>

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**Individual or Organization Receiving Ticket(s)** (Provided at the behest of an agency official.)

**Name of Behesting Agency Official:**

**Name of Individual or Organization:**

**Number of Tickets:**

**Description of Organization:**

**Address of Organization:**

**Purpose for Distribution:** (Describe the public purpose for the distribution to the organization.)

---

**Verification**

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

**Signature of Agency Head or Designee**

**Print Name**

**Title**

**Date**

---

FPPC Form 802 (Feb/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Tickets Provided by
Agency Report

A Public Document

1. Agency Name
   County of Los Angeles
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Street Address
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Area Code/Phone Number
(213) 974-3333

E-mail
lrangel@bos.lacounty.gov

Agency Contact (name and title)
Liz Rangel

Date Stamp

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 09/05/09  10/04/09
   Description of Event: 2009 Los Angeles County Fair
   Face Value of Ticket: $17.00

   Agency Event □ Yes  ❌ No (Identify source of tickets below.)

   Name of Outside Source of Ticket(s) Provided to Agency: Los Angeles County Fair Association

   Number of Tickets Received: __________
   Ticket(s) Provided to Agency: □ Gratuitously  ❌ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

   Name of Official (Last, First) | Number of Tickets | State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution
   ____________________________ | ____________ | ____________________________________________

   Liz Rangel | 4 | Retaining highly qualified County employees

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

   Name of Behesting Agency Official: ________________________________

   Name of Individual or Organization: ________________________________
   Number of Tickets: ____________

   Description of Organization: ______________________________________

   Address of Organization:
   Number and Street  City  State  Zip Code
   ________________________________

   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   ____________________________________________________________

5. Verification

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

Signature of Agency Head/Designee: ____________________________

Print Name: ____________________________

Title: ____________________________

Date: 10/21/09 (month, day, year)

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

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   Agency Contact (name and title)
   Liz Rangel

2. Event For Which Tickets Were Distributed
   Date(s) of Event:        Description of Event: 2009 Los Angeles County Fair
   09/05/09                 Face Value of Ticket: $17.00
   10/04/09

   Agency Event   Yes    No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: Los Angeles County Fair Association

   Number of Tickets Received: ________
   Ticket(s) Provided to Agency: ☑ Gratuitously   ☑ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)
   Name of Official:        Number of Tickets: State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution
   Benita Trujillo          4 Retaining highly qualified County employees

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)
   Name of Behesting Agency Official: __________________________________________________________
   Name of Individual or Organization: ________________________________________________________ Number of Tickets: ________

   Description of Organization: ________________________________________________________________

   Address of Organization: Number and Street: __________________________________________________ City: ________ State: ________ Zip Code: ________

   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)
   ________________________________________________________________________________________

5. Verification
   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

   Signature of Agency Head or Designee: ____________________________
   Print Name: ____________________________ Title: ____________
   Date: ____________________________ (Month, day, year)

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<tr>
<td>Yolanda Valadez</td>
<td>4</td>
<td>Retaining highly qualified County employees</td>
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4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

   Name of Behesting Agency Official:
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   Number of Tickets:
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   Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)

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   I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.
   Liz Rangel
   Signature of Agency Head or Designee
   Print Name
   Title
   Date (month, day, year)

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