

**Tickets Provided by Agency Report**

**A Public Document**

TICKETS PROVIDED BY AGENCY REPORT

<b>1. Agency Name</b> County of Los Angeles		Date Stamp	<b>California Form 802</b> For Official Use Only
Division, Department, or Region <i>(if applicable)</i> 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	<input type="checkbox"/> Amendment <i>(Must explain in Part 5.)</i>	
Agency Contact <i>(name and title)</i> Liz Rangel		Date of Original Filing: _____ <i>(month, day, year)</i>	

**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)

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
Alisa Katz	2	Performance of a ceremonial role representing the count <input checked="" type="checkbox"/>

**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.*

Liz Rangel Liz Rangel Ticket Administrator 10/21/09  
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.)  
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Regina Marquez	4	Retaining highly qualified County employees

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Name of Individual or Organization: \_\_\_\_\_ Number of Tickets: \_\_\_\_\_

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Lisa Garica	4	Retaining highly qualified County employees

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Liz Rangel	4	Retaining highly qualified County employees

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Benita Trujillo	4	Retaining highly qualified County employees

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Yolanda Valadez	4	Retaining highly qualified County employees

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