Tickets Provided by Agency Report

A Public Document

TICKETS PROVIDED BY

1. Agency Name	· · · · · · · · · · · · · · · · · · ·				
County of Los Angeles			Date Stamp	California Form 802	
Division, Department, or Re Board of Supervisors, 3rd		H. (1900)			For Official Use Only
Street Address 500 W. Temple Street, Ro	oom 821, Los Ange	eles, CA 9001	2	-	
Area Code/Phone Number (213) 974-3333	E-mail Irangel@bos.laco	ounty.gov	·	Amendment (Must explain in Part 5.)	
Agency Contact (name and titl Liz Rangel	le)			Date of Original Filing:	(month, day, year)
Date(s) of Event: 09 /0	5 <u>/09</u> Desc	ed cription of Ever Value of Ticks	nt:	ngeles County Fair	
Agency Event Yes	No (Identify :	source of ticke	ts below.)		
Name of Outside Source of	f Ticket(s) Provided	to Agency: Lo	s Angeles Cou	unty Fair Association	
Number of Tickets Receive	ed:	Ticket(s) Pro	vided to Agenc	y: Gratuitously	☑ Pursuant to Contra
. Agency Official(s) Rece					
Name of Off (Last, First		Number of Tickets		her the Distribution is In be the Public Purpose fo	
Alisa Katz		2	Performance	of a ceremonial role	representing the coun
	~		-		
					
•					
. Individual or Organizat	ion Receiving Ti	cket(s) (Provid	led at the behes	t of an agency official.)	
. Individual or Organizat					- 17 17 17 17 17 17 17 17 17 17 17 17 17
	/ Official:	· · · · · · · · · · · · · · · · · · ·			er of Tickets:
Name of Behesting Agency	/ Official:	· · · · · · · · · · · · · · · · · · ·			er of Tickets:
Name of Behesting Agency Name of Individual or Orga Description of Organization Address of Organization:	/ Official:	· · · · · · · · · · · · · · · · · · ·			
Name of Behesting Agency Name of Individual or Orga Description of Organization Address of Organization:	y Official:		City	Numb	er of Tickets: State Zip Cod
Name of Behesting Agency Name of Individual or Orga Description of Organization Address of Organization:	y Official:		City	Numb	
Name of Behesting Agency Name of Individual or Orga Description of Organization Address of Organization: Purpose for Distribution: (I	y Official: inization: in: umber and Street Describe the public pu	rpose for the di	City stribution to the c	Numb	State Zip Cod
Name of Individual or Organization Address of Organization:	y Official: inization: in: umber and Street Describe the public pu	rpose for the dis	City stribution to the o	Numb	State Zip Cod

1. Agency Name	A Pub	lic Documen	t	TICKETS PROVIDED S AGENCY REPO	
County of Los Angeles			Date Stamp	California 802	
Division, Department, or Region (if applicable)			For Official Use Only	
Board of Supervisors, 3rd District					
Street Address				·	
500 W. Temple Street, Room 821, Los	Angeles, CA 9001	12	-		
Area Code/Phone Number E-mail		Į.	Amendment (Must ex	nlain in Part 5)	
1	s.lacounty.gov	1	-	plant at t ene o.y	
Agency Contact (name and title) Liz Rangel]	Date of Original Filing: _	(month, day, year)	
. Event For Which Tickets Were Dist	ributed		<u> </u>		
Date(s) of Event: 09 /05 /09	Description of Eve	2009 Los Anç	eles County Fair		
40 04 00	Face Value of Tick	17.00			
					
Agency Event Yes No (Ide	ntify source of ticke				
Name of Outside Source of Ticket(s) Prov	Lo 	os Angeles Coun	ty Fair Association		
Number of Tickets Received:	Ticket(s) Pro	ovided to Agency:	☐ Gratuitously	Pursuant to Contract Pursuant to	
. Agency Official(s) Receiving Ticket	(s) (use a continuati	ion sheet for additio	nal names)		
Name of Official	Number		r the Distribution is Inc	ome to the Official or	
(Last, First)	of Tickets	I	the Public Purpose fo		
Regina Marquez	4	Retaining highly	qualified County e	mplovees	
-	,	-			
*					
. Individual or Organization Receivin	g Ticket(s) (Provi	ided at the behest o	f an agency official.)		
N					
Name of Behesting Agency Official:				-	
			Numbe	er of Tickets:	
Name of Individual or Organization:				of of floreds.	
Name of Individual or Organization:					
Name of Individual or Organization: Description of Organization:					
Description of Organization:		······································	·		
·		,	r	State Zio Code	
Description of Organization: Address of Organization: Number and Street		City	t .	State Zip Code	
Description of Organization:		City	anization.)	State Zip Cod	
Description of Organization: Address of Organization: Number and Street		City	anization.)	State Zip Codi	
Description of Organization: Address of Organization: Number and Street Purpose for Distribution: (Describe the pub		City	anization.)	State Zip Codi	
Description of Organization: Address of Organization: Number and Street Purpose for Distribution: (Describe the pub	lic purpose for the di	City istribution to the org		· · · · · · · · · · · · · · · · · · ·	
Description of Organization: Address of Organization: Number and Street	lic purpose for the di	City istribution to the org		· · · · · · · · · · · · · · · · · · ·	

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

Agency Report	A Pul	blic Docume	nt	TICKETS PROVIDE AGENCY REP
. Agency Name County of Los Angeles			Date Stamp	California 80
Division, Department, or Region (if app	licable)	*****		For Official Use Only
Board of Supervisors, 3rd District				
Street Address				
500 W. Temple Street, Room 821,	Los Angeles, CA 900	112		
Area Code/Phone Number E-mail			Amendment (Must	explain in Part 5.)
	@bos.lacounty.gov		Data of Octobral Ellion	
Agency Contact (name and title) Liz Rangel			Date of Original Filing:	(month, day, year)
. Event For Which Tickets Were	Distributed	2000 1 4	O	
Date(s) of Event: 090509	Description of Ev	'ent:	ngeles County Fair	
<u>04 ,09 10 10 10 10 10 10 10 10 10 10 10 10 10 </u>	Face Value of Tic	ket: \$ 17.00		
Agency Event DV DN-				
	ldentify source of tick) (•	ınty Fair Associatior	•
Name of Outside Source of Ticket(s)	Provided to Agency: _	-03 Angeles Cot	inty I all Association	I
Number of Tickets Received:	Ticket(s) Pr	rovided to Agenc	y: Gratuitously	☑ Pursuant to Contra
	\ /			☑ Pursuant to Contr
	\ /	tion sheet for addit		
. Agency Official(s) Receiving Ti	cket(s) (use a continua	tion sheet for addit	ional names)	ncome to the Official or
. Agency Official(s) Receiving Ti	cket(s) (use a continua	tion sheet for addit	ional names) ner the Distribution is In	ncome to the Official or for the Distribution
. Agency Official(s) Receiving Tic Name of Official (Last, First)	cket(s) (use a continua Number of Tickets	tion sheet for addit	ional names) ner the Distribution is In be the Public Purpose f	ncome to the Official or for the Distribution
. Agency Official(s) Receiving Tie Name of Official (Last, First)	cket(s) (use a continua Number of Tickets	tion sheet for addit	ional names) ner the Distribution is In be the Public Purpose f	ncome to the Official or for the Distribution
. Agency Official(s) Receiving Tie Name of Official (Last, First)	cket(s) (use a continua Number of Tickets	tion sheet for addit	ional names) ner the Distribution is In be the Public Purpose f	ncome to the Official or for the Distribution
. Agency Official(s) Receiving Tic Name of Official (Last, First)	cket(s) (use a continua Number of Tickets 4	tion sheet for addit State Whet Descri Retaining high	ional names) ner the Distribution is In be the Public Purpose f nly qualified County	ncome to the Official or for the Distribution
Name of Official (Last, First) Lisa Garica Individual or Organization Receiving Tick	cket(s) (use a continua Number of Tickets 4 eiving Ticket(s) (Prov	State Whet Descrit Retaining high	ional names) ner the Distribution is In the Public Purpose f ally qualified County of an agency official.)	ncome to the Official or for the Distribution
. Agency Official(s) Receiving Tic Name of Official (Last, First) Lisa Garica Individual or Organization Receiving Agency Official:	cket(s) (use a continual Number of Tickets 4	State Whet Descri	ional names) ner the Distribution is Indicate the Public Purpose to the Public Publi	ncome to the Official or for the Distribution employees
. Agency Official(s) Receiving Tic Name of Official (Last, First) Lisa Garica Individual or Organization Rece Name of Behesting Agency Official: Name of Individual or Organization:	Number of Tickets 4 eiving Ticket(s) (Prov	state Whet Descri Retaining high	ional names) ner the Distribution is In the Public Purpose f nly qualified County of an agency official.)	ncome to the Official or for the Distribution
Name of Official (Last, First) Lisa Garica Individual or Organization Receiving Tick Name of Behesting Agency Official:	Number of Tickets 4 eiving Ticket(s) (Prov	state Whet Descri Retaining high	ional names) ner the Distribution is In the Public Purpose f nly qualified County of an agency official.)	ncome to the Official or for the Distribution employees
Name of Official (Last, First) Lisa Garica Individual or Organization Receivation Receivation (Last, First)	cket(s) (use a continua Number of Tickets 4	state Whet Descri Retaining high	ional names) ner the Distribution is Ir be the Public Purpose f ally qualified County of an agency official.) Numb	ncome to the Official or for the Distribution employees per of Tickets:
. Agency Official(s) Receiving Tic Name of Official (Last, First) Lisa Garica Individual or Organization Rece Name of Behesting Agency Official: Name of Individual or Organization: Description of Organization:	Number of Tickets 4 Piving Ticket(s) (Proveed)	state Whet Descrii Retaining high vided at the benest	ional names) ner the Distribution is In be the Public Purpose f nly qualified County of an agency official.) Numb	ncome to the Official or for the Distribution employees per of Tickets:
. Agency Official(s) Receiving Tic Name of Official (Last, First) Lisa Garica Individual or Organization Receivation Name of Behesting Agency Official: Name of Individual or Organization: Description of Organization: Address of Organization: Number and Str	Number of Tickets 4 Piving Ticket(s) (Proveed)	state Whet Descrii Retaining high vided at the benest	ional names) ner the Distribution is In be the Public Purpose f nly qualified County of an agency official.) Numb	ncome to the Official or for the Distribution employees Der of Tickets:

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

Print Name

Liz Rangel

Signature of Agency Head or Designee

(month, day, year)

10/21/09

Ticket Administrator

ickets Provided by Agency Report A Public Docum			ent	TICKETS PROVIDED S AGENCY REPOR	
1. Agency Name County of Los Angeles				Date Stamp	California 802
Division, Department, or R	egion (if applicable)			•	For Official Use Only
Board of Supervisors, 3rd	d District				
Street Address					÷
500 W. Temple Street, F	Room 821, Los Ang	eles, CA 9001	2		
Area Code/Phone Number	E-mail			Amendment (Must e	voleio in Part 5 l
(213) 974-3333	lrangel@bos.lac	ounty.gov		Amendment (must e	Apidin in 1 dri 0.)
Agency Contact (name and a Liz Rangel	itle)		. "	Date of Original Filing:	(month, day, year)
2. Event For Which Tick	ets Were Distribu	ted			······································
Date(s) of Event: 09	05 /09 Des	cription of Eve	2009 Los A	Angeles County Fair	
		e Value of Tick			
	/ Fac	e value of lick	(et: \$		
Agency Event Yes	No (Identify	source of ticke	ets below.)		
Name of Outside Source	of Ticket(s) Provided	I to Agency: Lo	os Angeles Co	unty Fair Association	
	or noneday i rovided	rio Agonoy		and the second s	
And the company of th					
Number of Tickets Receiv	ed:	Ticket(s) Pro	ovided to Agend	cy: Gratuitously	Pursuant to Contract
Number of Tickets Receiv 3. Agency Official(s) Rec					☑ Pursuant to Contrac
	ceiving Ticket(s) (ion sheet for add		come to the Official or
3. Agency Official(s) Red	ceiving Ticket(s) (use a continuati	on sheet for add State Whe Descr	itional names) ther the Distribution is In	come to the Official or or the Distribution
3. Agency Official(s) Rec Name of C (Last, Fir	ceiving Ticket(s) (use a continuati Number of Tickets	on sheet for add State Whe Descr	itional names) ther the Distribution is In ibe the Public Purpose fo	come to the Official or or the Distribution
3. Agency Official(s) Rec Name of C (Last, Fir	ceiving Ticket(s) (use a continuati Number of Tickets	on sheet for add State Whe Descr	itional names) ther the Distribution is In ibe the Public Purpose fo	come to the Official or or the Distribution
3. Agency Official(s) Rec Name of C (Last, Fir Liz Rangel	ceiving Ticket(s) (official st)	use a continuati Number of Tickets 4	State Whe State Whe Descr Retaining hig	itional names) ther the Distribution is In ibe the Public Purpose fo phly qualified County o	come to the Official or or the Distribution
3. Agency Official(s) Rec Name of C (Last, Fir Liz Rangel	ceiving Ticket(s) (official st)	use a continuati Number of Tickets 4	State Whe State Whe Descr Retaining hig	itional names) ther the Distribution is In ibe the Public Purpose fo phly qualified County o	come to the Official or or the Distribution
3. Agency Official(s) Rec Name of C (Last, Fir Liz Rangel 4. Individual or Organiza	ceiving Ticket(s) (official st) ation Receiving Ticket	Number of Tickets 4	State Whe Descri Retaining hig	itional names) ther the Distribution is In the the Public Purpose for the qualified County of the public Purpose for the public Purpose f	come to the Official or or the Distribution
Agency Official(s) Reconstruction Name of Control (Last, Fire Liz Rangel 1. Individual or Organization Name of Behesting Agence	ceiving Ticket(s) (official st) etion Receiving Ticket(s) (cy Official:	use a continuati Number of Tickets 4	State Whe Description Retaining hig	itional names) ther the Distribution is In the the Public Purpose for the qualified County of the public Purpose for the public Purpose f	come to the Official or or the Distribution employees
Agency Official(s) Reconstruction Name of Control (Last, Fire Liz Rangel 4. Individual or Organization Name of Individual or Organization Description of Organization	eiving Ticket(s) (Ifficial st) Ition Receiving Ticket st) Author Receiving Ticket st) Author Receiving Ticket st)	Number of Tickets 4	State Whe Descr Retaining hig	itional names) ther the Distribution is In ibe the Public Purpose for ghly qualified County of st of an agency official.) Numb	come to the Official or or the Distribution employees
Agency Official(s) Reconstruction Name of Control (Last, Fire Liz Rangel 4. Individual or Organization Name of Individual or Organization Address of Organization:	ceiving Ticket(s) (Ifficial st) Ition Receiving Ticket (s) Cy Official:	use a continuati Number of Tickets 4	State Whe Descri Retaining hig	itional names) ther the Distribution is In ibe the Public Purpose for ghly qualified County of st of an agency official.) Numb	come to the Official or or the Distribution employees
Agency Official(s) Reconstruction Name of Control (Last, Fire Liz Rangel 4. Individual or Organization Name of Individual or Organization Description of Organization	ceiving Ticket(s) (Ifficial st) Ition Receiving Ticket (s) Cy Official:	use a continuati Number of Tickets 4	State Whe Descri Retaining hig	itional names) ther the Distribution is In ibe the Public Purpose for ghly qualified County of st of an agency official.) Numb	come to the Official or or the Distribution employees

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

Print Name

Liz Rangel

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

10/21/09

(month, day, year)

Ticket Administrator

Tickets Provided by Agency Report	A Pub	lic Docum	ent	TICKETS PROVIDED B AGENCY REPOR
Agency Name County of Los Angeles	<u> </u>		Date Stamp	California 802
Division, Department, or Region (if applicable) Board of Supervisors, 3rd District				For Official Use Only
Street Address 500 W. Temple Street, Room 821, Los Ange	les, CA 9001	2	-	·
Area Code/Phone Number E-mail (213) 974-3333 Irangel@bos.lacc	ounty.gov	.gov Amendment (M		,
Agency Contact (name and title) Liz Rangel			Date of Original Filing:	(month, day, year)
10 ,04 ,09 Face Agency Event ☐ Yes ☑ No (Identify some of Outside Source of Ticket(s) Provided Number of Tickets Received:	to Agency: Ticket(s) Pro	ets below.) os Angeles Co	unty Fair Association cy:	☑ Pursuant to Contrac
3. Agency Official(s) Receiving Ticket(s) (u	Number	State Whe	ther the Distribution is In-	
(Last, First) Benita Trujillo	of Tickets	<u> </u>	ibe the Public Purpose fo	· · · · · · · · · · · · · · · · · · ·
4. Individual or Organization Receiving Tid	cket(s) (Provi	ided at the behe	st of an agency official.)	
Name of Behesting Agency Official:				-
Name of Individual or Organization:			Numb	er of Tickets:

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

Address of Organization: Number and Street

Liz Rangel

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

Ticket Administrator

City

10/21/09

State

Print Name

(month, day, year)

Zip Code

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

Tickets Provided by Agency Report A Public Docum			olic Docume	nt	TICKETS PROVIDED AGENCY REPO
. Agency Name				: Date Stamp	California O O
County of Los Angeles					Form OU
Division, Department, or Reg					For Official Use Only
Board of Supervisors, 3rd	District				
Street Address 500 W. Temple Street, Ro	om 991 Les Ange	laa CA 0004	10		
Area Code/Phone Number	TE-mail	168, CA 900 I	12	· · · · · · · · · · · · · · · · ·	
(213) 974-3333	rangel@bos.laco	nunty gov		Amendment (Must e	xplain in Part 5.)
Agency Contact (name and title	1 " "			Date of Original Filing:	
Liz Rangel	9				(month, day, year)
. Event For Which Ticket	s Were Distribut	ed			
Date(s) of Event: 09 /05	- 00	ription of Eve	2009 Los A	ngeles County Fair	
10 ,04					·
10 10	/ <u>09</u> Face	Value of Tick	<et: \$<="" td=""><td></td><td></td></et:>		
Agency Event Yes	☑ No (Identify section)	source of ticke	ets below.)		
Name of Outside Source of	Ticket(s) Provided	to Agency:	os Angeles Coι	ınty Fair Association	
	• •				
Number of Tickets Received	j:	Ticket(s) Pro	ovided to Agenc	y: 🔲 Gratuitously	☑ Pursuant to Contra
. Agency Official(s) Rece	iving Ticket(s) (u	so a continuati	ion shoot for addit	ional names)	
					name to the Official as
Name of Offi (Last, First)		Number of Tickets		ner the Distribution is In oe the Public Purpose fo	
Yolanda Valadez		4		nly qualified County e	
		<u>'</u>	rectaining riigi	iny qualified County to	employees
	-				
					
	·		:		
. Individual or Organizati	on Receiving Tic	ket(s) (Provi	ided at the behest	of an agency official.)	
	_	• • •		5 ,,	
Name of Behesting Agency	Official:				
Name of Behesting Agency				Numb	or of Tickete
				Numb	er of Tickets:
Name of Behesting Agency	nization:			Numb	er of Tickets:
Name of Behesting Agency Name of Individual or Organ Description of Organization:	nization:	···········		Numb	er of Tickets:
Name of Behesting Agency Name of Individual or Organ	nization:	···········		Numb	
Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization:	nization:		City	·	er of Tickets:
Name of Behesting Agency Name of Individual or Organ Description of Organization:	nization:		City	·	
Name of Behesting Agency Name of Individual or Organ Description of Organization: Address of Organization:	nization:		City	·	

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

Print Name

Ticket Administrator

Liz Rangel

Signature of Agency Head of Designer

(month, day, year)

10/21/09