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 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 ☐
   Face Value of Each Ticket/Pass $: 999.00
   Event Description: Concert at Walt Disney Concert Hall
   Date(s): 02 13 14
   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.
   * 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)
      Ceremonial Role ☐ Other ☑ income ☐
      If checking “Ceremonial Role” or “Other” describe below:
      Joel Sappell
      4
      Per ticket policy 5.3 (k)
      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 19944.1 and 18242. I have verified that the distribution set forth above, is in accordance with the requirements.
   ___________________________ ___________________________
   Signature of Agency Head or Designee Print Name
   Liz Rangel Ticket Administrator
   Title
   (Month, Day, Year)
   07/22/14

Comment: _____________________________________________

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/276-7772)
# Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

<table>
<thead>
<tr>
<th>1. Agency Name</th>
<th>County of Los Angeles</th>
<th>Date Stamp</th>
<th>A Public Document</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division, Department, or Region (If Applicable)</td>
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<tr>
<td>Board of Supervisors, Third District</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Designated Agency Contact (Name, Title)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liz Rangel, Ticket Administrator</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Area Code/Phone Number</td>
<td>E-mail</td>
<td></td>
<td></td>
</tr>
<tr>
<td>213-974-3333</td>
<td><a href="mailto:lrangel@bos.lacounty.gov">lrangel@bos.lacounty.gov</a></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Function or Event Information</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the agency have a ticket policy?</td>
<td>Yes [x] No [ ]</td>
<td>Face Value of Each Ticket/Pass $ 50,00</td>
<td></td>
</tr>
<tr>
<td>Event Description</td>
<td>Play @ Mark Taper Forum</td>
<td>Date(s) 02 15 14</td>
<td></td>
</tr>
<tr>
<td>Ticket(s)/Pass(es) provided by agency?</td>
<td>Yes [ ] No [x]</td>
<td>If no: Performing Arts Center of Los Angeles County</td>
<td></td>
</tr>
<tr>
<td>Was ticket distribution made at the behest of agency official?</td>
<td>No [x] Yes [ ]</td>
<td>If yes: Official's Name (Last, First)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Recipients</th>
<th></th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>* Use Section A to identify the agency's department or unit.</td>
<td>Use Section B to identify an individual.</td>
<td>Use Section C to identify an outside organization.</td>
<td></td>
</tr>
<tr>
<td>A. Name of Agency, Department or Unit</td>
<td>Number of Ticket(s)/Pass(es)</td>
<td>Describe the public purpose made pursuant to the agency's policy</td>
<td></td>
</tr>
<tr>
<td>B. Name of Individual (Last, First)</td>
<td>Number of Ticket(s)/Pass(es)</td>
<td>Identify one of the following:</td>
<td></td>
</tr>
<tr>
<td>Lennie Laguere</td>
<td>3</td>
<td>Ceremonial Role [ ] Other [x]</td>
<td></td>
</tr>
<tr>
<td>C. Name of Outside Organization (Include address and description)</td>
<td>Number of Ticket(s)/Pass(es)</td>
<td>Describe the public purpose made pursuant to the agency's policy</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Verification</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>I have read and understand FPPC Regulations 19946.1 and 19452.1. I have verified that the distribution set forth above, is in accordance with the requirements.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Liz Rangel</td>
<td>Ticket Administrator</td>
<td>07/22/14</td>
<td></td>
</tr>
<tr>
<td>Comment:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
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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

2. Function or Event Information
Does the agency have a ticket policy? Yes [ ] No [x]
Event Description: Opera @ Dorothy Chandler Pavilion
Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
Was ticket distribution made at the behest of agency official? No [ ] Yes [x]
Face Value of Each Ticket/Pass $: 240.00
Date(s): 03 05 14
Performing Arts Center of Los Angeles County
Name of Searce:
If yes: Official’s Name (Last, First)

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 (Last, First)
Number of Ticket(s)/ Pass(es)
Identify one of the following:
Ceremonial Role [ ] Other [x]
Income [ ]
If checking “Ceremonial Role” or “Other” describe below:
Per ticket policy 5.3 (k)
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 19944.1 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.
Liz Rangel [Signature of Agency Head or Designee]
Ticket Administrator [Print Name]
07/22/14 [Title (Month, Day, Year)]

Comment:

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  E-mail
   213-974-3333  irangel@bos.lacounty.gov

2. Function or Event Information
   Does the agency have a ticket policy?  Yes  No
   Face Value of Each Ticket/Pass $168.00
   Event Description: Concert at Walt Disney Concert Hall
   Date(s): 03 26 14
   Ticket(s)/Pass(es) provided by agency?  Yes  No
   If no: Los Angeles Philharmonic
   If yes: Name of Source
   Was ticket distribution made at the behest of agency official?  No  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>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>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yolanda Valadez</td>
<td>4</td>
<td>Per ticket policy 5.3 (k)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
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<tbody>
<tr>
<td></td>
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</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]
Liz Rangel
Ticket Administrator
07/22/14
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 ☐
   Face Value of Each Ticket/Pass $99.00
   Event Description Concert at Walt Disney Concert Hall
   Date(s) 03 30 14
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Los Angeles Philharmonic
   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 (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:
   Alisa Katz | 4 | Ceremonial Role ☐ Other ☑ Income ☐
   If checking "Ceremonial Role" or "Other" describe below:
   Per ticket policy 5.3 (k)
   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 19944.1 and 19942. I have verified that the distribution set forth above is in accordance with the requirements.
   Liz Rangel  Ticket Administrator  07/22/14
   Signature of Agency Head or Designee  Print Name  Title  (Month, Day, Year)
   Comment

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
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 [x]
Face Value of Each Ticket/Pass: $36.00
Event Description: Dodger game
Date(s): 04 24 14
Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
If no: Los Angeles Dodgers
If yes: Official's Name (Last, First)

3. Recipients

A. Name of Agency, Department or Unit

<table>
<thead>
<tr>
<th>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>
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<tbody>
<tr>
<td></td>
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</tbody>
</table>

B. Name of Individual (Last, First)

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following: Ceremonial Role [ ] Other [x] Income [ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board of Supervisors Staff</td>
<td>2</td>
<td>Per ticket policy 5.3 (k)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

C. Name of Outside Organization (Include address and description)

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<tr>
<th>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>
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</table>

4. Verification

I have read and understand FPPC Regulations 19944.1 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.

Liz Rangel, Ticket Administrator
Signature of Agency Head or Designee
Print Name
Title
(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 lrang@bos.lacounty.gov
   Date Stamp California Form 802
   Date of Original Filing: (Month, Day, Year)

2. Function or Event Information
   Does the agency have a ticket policy? Yes[ ] No[ ]
   Event Description Dodger game
   Face Value of Each Ticket/Pass $36.00
   Date(s) 04/26/14
   Ticket(s)/Pass(es) provided by agency? Yes[ ] No[ ]
   If no: Los Angeles Dodgers
   Name of Sponsor
   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>
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<tr>
<th>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>
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<tbody>
<tr>
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</tbody>
</table>

   B. Name of individual (Last, First)
   Number of Ticket(s)/Pass(es) Identify one of the following:
   Board of Supervisors Staff 2
   Ceremonial Role [ ] Other [x] income [ ]
   if checking "Ceremonial Role" or "Other" describe below:
   Per ticket policy 5.3 (k)
   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 19944.1 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.
   Liz Rangel Ticket Administrator 07/22/14
   Signature of Agency Head or Designee Print Name Title
   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 [ ]
- Event Description: Dodger game
- Face Value of Each Ticket/Pass $36.00
- Date(s): 04 27 14
- Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
- If no: Los Angeles Dodgers
- Name of Source
- If yes:
  - [ ] Official's Name (Last, First)

#### 3. Recipients

<table>
<thead>
<tr>
<th>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>
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<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>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>Board of Supervisors Staff</td>
<td>2</td>
<td>Per ticket policy 5.3 (k)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [X]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income [ ]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization (Include address and description)</th>
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#### 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**
  - 07/22/14

- **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 [X]
   - Face Value of Each Ticket/Pass: $36.00
   - Event Description: Dodger game
   - Provide Title/Explanation
   - Date(s): 05 08 14
   - Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
   - If no: Los Angeles Dodgers
   - Name of Source
   - Was ticket distribution made at the behest of agency official? No [X] 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**
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<tr>
<th>Name of Agency, Department or Unit</th>
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   **B. Name of Individual (Last, First)**
<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role [ ] Other [X] Income [ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board of Supervisors Staff</td>
<td>2</td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below: Per ticket policy 5.3 (k)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
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<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
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   **C. Name of Outside Organization (Include address and description)**
<table>
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<tr>
<th>Name of Outside Organization (Include address and description)</th>
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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: (Month, Day, Year) 07/22/14
   - Comment: 

   FPPC Form 802 (4/12)
   FPPC Toll-Free Helpline: 666/ASK-FPPC (866/275-7772)
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Ceremonial Role Events and Ticket/Pass Distributions

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   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 $36.00
   Event Description: Dodger game
   Date(s) 05 09 14 [ ]
   Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
   If no: Los Angeles Dodgers
   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 (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:
   Board of Supervisors Staff 2
   Ceremonial Role [ ] Other [x] Income [ ]
   If checking "Ceremonial Role" or "Other" describe below:
   Per ticket policy 5.3 (k)
   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 18942.1, I have verified that the distribution set forth above, is in accordance with the requirements.
   
   Liz Rangel [Signature] Ticket Administrator [ ]
   Print Name 07/22/14
   Title
   (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 [X] No
Event Description: Dodger game
Provide Title/Explanation
Face Value of Each Ticket/Pass $36.00
Date(s) 05 10 14
Ticket(s)/Pass(es) provided by agency? Yes [X] No
If no: Los Angeles Dodgers
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 (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:
Board of Supervisors Staff | 2 | Ceremonial Role [X] Other {}
If checking "Ceremonial Role" or "Other" describe below:
Per ticket policy 5.3 (k)
Ceremonial Role [X] Other {}
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.

Liz Rangel [Signature of Agency Head or Exempt] Ticket Administrator
Print Name Title
07/22/14 (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: lirangel@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 [x] No [ ]
   Face Value of Each Ticket/Pass $165.00
   Event Description: Play @ Ahmanson Theatre
   Provide Title/Explanation
   Date(s): 05 10 14
   Ticket(s)/Pass(es) provided by agency?
   Yes [ ] No [x]
   If no: Performing Arts Center of Los Angeles County
   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.
   
   A. Name of Agency, Department or Unit
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy

      | 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:

      | Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Ceremonial Role [ ] Other [x] Income [ ] |
      |----------------------------------|-----------------------------|---------------------------------------|
      | Zev Yaroslavsky                   | 2                           | Ceremonial Role [ ] Other [ ] Income [ ] |
      |                                   |                             | If checking "Ceremonial Role" or "Other" describe below: |
      |                                   |                             | Per ticket policy 5.3 (b) & (e) |
      |                                   |                             | 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

      | 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 19944.1 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: 07/22/14
   (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**
- Event Description: Dodger game
- Face Value of Each Ticket/Pass $36.00
- Date(s): 05/11/14
- Ticket(s)/Pass(es) provided by agency? **No**
- If no: Los Angeles Dodgers
- Was ticket distribution made at the behest of agency official? **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
- 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)
  - Ceremonial Role
  - Other
  - If checking “Ceremonial Role” or “Other” describe below:
  - Per ticket policy 5.3 (k)

#### 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 19844, 1 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.

**Signature**
Liz Rangel
Ticket Administrator
07/22/14

**Comment:**

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
### 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

<table>
<thead>
<tr>
<th>Area Code/Phone Number</th>
<th>E-mail</th>
</tr>
</thead>
<tbody>
<tr>
<td>213-974-3333</td>
<td><a href="mailto:lrangel@bos.lacounty.gov">lrangel@bos.lacounty.gov</a></td>
</tr>
</tbody>
</table>

### Function or Event Information

<table>
<thead>
<tr>
<th>Does the agency have a ticket policy?</th>
<th>Yes [X] No [ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Event Description</td>
<td>Dodger game</td>
</tr>
<tr>
<td>Face Value of Each Ticket/Pass $</td>
<td>36.00</td>
</tr>
<tr>
<td>Date(s)</td>
<td>05 13 14</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ticket(s)/Pass(es) provided by agency?</th>
<th>Yes [ ] No [X]</th>
</tr>
</thead>
</table>
| If no:                                 | Los Angeles Dodgers
| Name of Source                        | Official's Name (Last, First) |

| Was ticket distribution made at the behest of agency official? | Yes [X] No [ ] |

### Recipients

**A. Name of Agency, Department or Unit**

<table>
<thead>
<tr>
<th>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>
</table>

**B. Name of Individual**

<table>
<thead>
<tr>
<th>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>Board of Supervisors Staff</td>
<td>2</td>
<td>Ceremonial Role [X] Other [ ]</td>
</tr>
</tbody>
</table>

**Per ticket policy 5.3 (k)**

<table>
<thead>
<tr>
<th>Ceremonial Role</th>
<th>Other</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

**C. Name of Outside Organization**

<table>
<thead>
<tr>
<th>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>
</table>

### Verification

I have read and understand FPPC Regulations 19444.1 and 19442. I have verified that the distribution set forth above, is in accordance with the requirements.

Liz Rangel

**Signature of Agency Head or Designee**

Ticket Administrator

**Print Name**

**Title**

**Date (Month, Day, Year)**

07/22/14

**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 Dodger game
   Face Value of Each Ticket/Pass $ 36.00
   Date(s) 05 14 14
   Ticket(s)/Pass(es) provided by agency? Yes □ No [X]
   If no: Los Angeles Dodgers
   Name of Source
   Was ticket distribution made at the behest of agency official? No [X] 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 (last, first)
      Number of Ticket(s)/Pass(es)
      Ceremonial Role □ Other [X]
      Identify one of the following:
      Income □
      Per ticket policy 5.3 (k)
      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 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 of Filing: 07/22/14

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
   lrange@bos.lacounty.gov
   Date Stamp
   California Form 802
   Date of Original Filing:
   (Month, Day, Year)
   Amendment (Must provide explanation in Part 3)

2. Function or Event Information
   Does the agency have a ticket policy? Yes [x] No [ ]
   Face Value of Each Ticket/Pass $165.00
   Event Description: Play @ Ahmanson Theatre
   Provide Title/Explanation
   Date(s): 05 16 14
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   If no: Performing Arts Center of Los Angeles County
   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.
   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 [x] Other [ ]
      Income [ ]
      If checking "Ceremonial Role" or "Other" describe below:
      Per ticket policy 5.3 (b) & (e)
      Ceremonial Role [x] 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 FFPC Regulations 18946.1 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.
   Signature of Agency Head: Liz Rangel
   Title: Ticket Administrator
   Date: 07/22/14
   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? [X] Yes No
   Face Value of Each Ticket/Pass $165.00
   Event Description Play @ Ahmanson Theater
   Date(s) 05 17 14
   Ticket(s)/Pass(es) provided by agency? [X] Yes No
   Performing Arts Center of Los Angeles County
   Name of Source
   If no:
   Official's Name (Last, First)
   Was ticket distribution made at the behest of agency official? [X] Yes No

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 [X] Other Income
      Per ticket policy 5.3 (k)
      If checking "Ceremonial Role" or "Other" describe below:

   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 or Designee
   Liz Rangel
   Print Name
   Ticket Administrator
   Title
   Date (Month, Day, Year) 07/22/14

   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: lrange1@bos.lacontry.gov

2. Function or Event Information
   Does the agency have a ticket policy? Yes [X] No [ ]
   Event Description: Opera @ Dorothy Chandler Pavilion
   Face Value of Each Ticket/Pass $240.00
   Date(s): 05 21 14
   Ticket(s)/Pass(es) provided by agency? Yes [X] No [ ]
   Performing Arts Center of Los Angeles County
   Name of Sponsor
   If no: Official's Name (Last, First)
   Was ticket distribution made at the behest of agency official? No [X] 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
      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 [X] Other [ ]
      Per ticket policy 5.3 (k)
      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) 07/22/14
   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

2. Function or Event Information
   - Does the agency have a ticket policy? Yes [ ] No [x]
   - Event Description: Opera @ Dorothy Chandler Pavilion
   - Face Value of Each Ticket/Pass $240.00
   - Date(s): 05 25 14

3. Recipients
   A. Name of Agency, Department or Unit
   B. Name of Individual
      - Zev Yaroslavsky
      - Number of Ticket(s)/Pass(es): 2
   C. Name of Outside Organization
      (Include address and description)

4. Verification
   - I have read and understand FPPC Regulations 19444.1 and 19442. I have verified that the distribution set forth above, is in accordance with the requirements.
   - Signature: Liz Rangel
   - Title: Ticket Administrator
   - Date: 07/22/14

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: lrrangel@bos.lacounty.gov

2. Function or Event Information
   Does the agency have a ticket policy? Yes [x] No [ ]
   Event Description: Concert at Walt Disney Concert Hall
   Date(s): 05 25 14
   Face Value of Each Ticket/Pass $[ ]
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   If yes: Los Angeles Philharmonic
   If no: [ ]
   Name of Squares
   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)
      Ceremonial Role [ ] Other [x]
      If checking "Ceremonial Role" or "Other" describe below:
      Income [ ]
      Per ticket policy 5.3 (k)

   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 18644.1 and 18642. I have verified that the distribution set forth above is in accordance with the regulations.

   Signature of Agency Head or Designee
   Liz Rangel
   Print Name
   Title
   (Month, Day, Year)

   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

   Date Stamp: California Form 802
   Date of Original Filing: (Month, Day, Year)

2. Function or Event Information
   Does the agency have a ticket policy? Yes [x] No [ ]
   Face Value of Each Ticket/Pass: $36.00
   Date(s): 05 27 14
   Event Description: Dodger game
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   If no: Los Angeles Dodgers
   If yes: Official Name: [ ]
   Was ticket distribution made at the behest of agency official? Yes [x] No [ ]

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 [x] Income [ ]
      Per ticket policy 5.3 (k)
      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 19844.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Signature: Liz Rangel
   Title: Ticket Administrator
   Date: 07/22/14

   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 [x]  No
   Face Value of Each Ticket/Pass $240.00
   Event Description: Opera @ Dorothy Chandler Pavilion
   Date(s)            Name of Source
   05/29/14          Performing Arts Center of Los Angeles County
   Ticket(s)/Pass(es) provided by agency?  Yes [ ]  No [x]
   If no:                    Official's Name (Last, First)
   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
      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)
      Ceremonial Role [ ] Other [x]
      Income [ ]
      If checking "Ceremonial Role" or "Other" describe below:
      Per ticket policy 5.3 (k)
      Ceremonial Role [ ] Other [ ]
      Income [ ]
      If checking "Ceremonial Role" or "Other" describe below:

   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:  Liz Rangel
   Agency Head or Designee:  Ticket Administrator
   Print Name:  07/22/14
   Title:  (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 irangel@bos.lacounty.gov

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass: $165.00
   Event Description: Play @ Ahmanson Theater
   Date(s): 05 30 14
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Performing Arts Center of Los Angeles County
   Name of Source:
   If yes: Official’s Name (Last, First)
   Was ticket distribution made at the behest of agency official? No ☑ 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
      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 ☐
      If checking "Ceremonial Role" or "Other" describe below:
      Per ticket policy 5.3 (k)
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:

   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 18644.1 and 18642. I have verified that the distribution set forth above is in accordance with the requirements.

   Liz Rangel
   Signature of Agency Head or Designee
   Title:
   Date: 07/22/14
   Ticket Administrator
   Print Name
   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: irangel@bos.lacounty.gov

2. Function or Event Information
   Does the agency have a ticket policy? Yes [x] No □
   Face Value of Each Ticket/Pass $165.00
   Event Description: Play @ Ahmanson Theater
   Date(s): 05 31 14 □ □ □
   Ticket(s)/Pass(es) provided by agency? Yes □ No [x]
   If no: Performing Arts Center of Los Angeles County
   Name of Source:
   If yes: Liang Anh King
   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 [x]
      Income □
      If checking "Ceremonial Role" or "Other" describe below:
      Per ticket policy 5.3 (k)
      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 understood FPPC Regulations 19441 and 19422. I have verified that the distribution set forth above is in accordance with the requirements.
   Liz Rangel
   Signature of Agency Head or Designee

   Ticket Administrator
   Print Name
   Title
   (Month, Day, Year)

   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: irangel@bos.lacounty.gov

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description: Dodger game
   Face Value of Each Ticket/Pass $36.00
   Date(s): 05/31/14
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Los Angeles Dodgers
   Name of Source: Official's Name (Last, First)
   Was ticket distribution made at the behest of agency official? No ☐ 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>
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</thead>
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</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>Board of Supervisors Staff</td>
<td>2</td>
<td>Ceremonial Role ☐ Other ☑</td>
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<tr>
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<td>Per ticket policy 5.3 (k)</td>
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<td>Income ☐</td>
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</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>
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4. Verification
   I have read and understand FPPC Regulations 18924.1 and 18924.2. I have verified that the distribution set forth above, is in accordance with the requirements.

   Liz Rangel
   Signature of Agency Head or Designee
   Date (Month, Day, Year): 07/22/14

   Ticket Administrator
   Print Name
   Title

   Comment: