Print Form

Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

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 ☐

Event Description: Play *Provide Title/Explanation*

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐

Face Value of Each Ticket/Pass $: 165.00

Date(s): 02/10/13

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:
Regina Marquez	1	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 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 Designee*

Liz Rangel *Print Name*

Ticket Administrator *Title*

08/22/13 *(Month, Day, Year)*

Comment:

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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

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☐ **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 $ 165.00

Event Description: Play *Provide Title/Explanation*

Date(s): 02 / 10 / 13

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 *(Last, First)*	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Ann Miller	1	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 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	Print Name	Title	(Month, Day, Year)
Liz Rangel	Liz Rangel	Ticket Administrator	08/22/13

Comment:

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Board of Supervisors, Third District

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Liz Rangel, Ticket Administrator

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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 $ 165.00

Event Description: Play *Provide Title/Explanation*

Date(s): 02 / 16 / 13

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 *(Last, First)*	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Liz Rangel	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 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 Designee*

Liz Rangel — *Print Name*

Ticket Administrator — *Title*

08/22/13 — *(Month, Day, Year)*

Comment:

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Ceremonial Role Events and Ticket/Pass Distributions

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1. Agency Name

County of Los Angeles

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Date of Original Filing: *(Month, Day, Year)*

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐

Event Description: Play *Provide Title/Explanation*

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐

Face Value of Each Ticket/Pass $ 165.00

Date(s): 02 / 23 / 13

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:
Yolanda Valadez	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 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 Designee*

Liz Rangel — *Print Name*

Ticket Administrator — *Title*

08/22/13 — *(Month, Day, Year)*

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Date of Original Filing: *(Month, Day, Year)*

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐

Event Description: Opera *Provide Title/Explanation*

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐

Face Value of Each Ticket/Pass $: 240.00

Date(s): 03 / 27 / 13

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:
Joel Bellman	2	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 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 Designee*

Liz Rangel — *Print Name*

Ticket Administrator — *Title*

08/22/13 — *(Month, Day, Year)*

Comment:

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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 $ 240.00

Event Description: Opera
Provide Title/Explanation

Date(s): 04 / 07 / 13

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 *(Last, First)*	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Ann Miller	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 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 Designee

Liz Rangel	Ticket Administrator	08/22/13
Print Name	*Title*	*(Month, Day, Year)*

Comment:

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Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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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 $ 165.00

Event Description: Play
Provide Title/Explanation

Date(s): 04 / 13 / 13

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 *(Last, First)*	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Regina Marquez	3	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 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 Designee*

Liz Rangel	Ticket Administrator	08/22/13
Print Name	*Title*	*(Month, Day, Year)*

Comment:

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Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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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 $ $34.00

Event Description: Dodger game
Provide Title/Explanation

Date(s): 05 / 11 / 13

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

If no: Los Angeles Dodgers
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:
Board of Supervisors Staff	2	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 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	Print Name	Title	(Month, Day, Year)
Liz Rangel	Liz Rangel	Ticket Administrator	08/13/13

Comment:

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Ceremonial Role Events and Ticket/Pass Distributions

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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 $ $34.00

Event Description: Dodger game *Provide Title/Explanation*

Date(s): 05 / 14 / 13

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

If no: Los Angeles Dodgers *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:
Board of Supervisors Staff	2	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 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	Print Name	Title	(Month, Day, Year)
Liz Rangel	Liz Rangel	Ticket Administrator	08/13/13

Comment:

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Ceremonial Role Events and Ticket/Pass Distributions

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Liz Rangel, Ticket Administrator

Area Code/Phone Number | **E-mail**

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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 $ $34.00

Event Description: Dodger game
Provide Title/Explanation

Date(s): 05 / 25 / 13

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

If no: Los Angeles Dodgers
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:
Board of Supervisors Staff	2	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 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Liz Rangel | Ticket Administrator | 08/13/13

Signature of Agency Head or Designee | *Print Name* | *Title* | *(Month, Day, Year)*

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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 $ $34.00

Event Description: Dodger game *Provide Title/Explanation*

Date(s): 05 / 26 / 13

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

If no: Los Angeles Dodgers *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:
Board of Supervisors Staff	2	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 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 Designee*

Liz Rangel	Ticket Administrator	08/13/13
Print Name	*Title*	*(Month, Day, Year)*

Comment:

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2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass $ $34.00

Event Description: Dodger game *Provide Title/Explanation*

Date(s): 05 / 27 / 13

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

If no: Los Angeles Dodgers *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:
Board of Supervisors Staff	2	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 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 Designee*

Liz Rangel *Print Name*

Ticket Administrator *Title*

08/13/13 *(Month, Day, Year)*

Comment:

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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 $ $34.00

Event Description: Dodger game *Provide Title/Explanation*

Date(s): 05/28/13

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

If no: Los Angeles Dodgers *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:
Board of Supervisors Staff	2	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 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 Designee*

Liz Rangel *Print Name*

Ticket Administrator *Title*

08/13/13 *(Month, Day, Year)*

Comment:

Print Form

Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

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

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 $ 240.00

Event Description: Opera *Provide Title/Explanation*

Date(s): 06 / 05 / 13

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 (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Joel Bellman	2	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 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	Print Name	Title	(Month, Day, Year)
Liz Rangel	Liz Rangel	Ticket Administrator	08/22/13

Comment:

Print Form

Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

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

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: Opera *Provide Title/Explanation*

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐

Face Value of Each Ticket/Pass $: 240.00

Date(s): 06/05/13

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:
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

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 Designee*

Liz Rangel — *Print Name*

Ticket Administrator — *Title*

08/22/13 — *(Month, Day, Year)*

Comment:

Print Form

Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

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

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 $ $34.00

Event Description: Dodger game *Provide Title/Explanation*

Date(s): 06 / 07 / 13

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

If no: Los Angeles Dodgers *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:
Board of Supervisors Staff	2	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 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 Designee*

Liz Rangel — *Print Name*

Ticket Administrator — *Title*

08/13/13 — *(Month, Day, Year)*

Comment:

Print Form

Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

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

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: Dodger game *Provide Title/Explanation*

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐

Face Value of Each Ticket/Pass $: $34.00

Date(s): 06/08/13

If no: Los Angeles Dodgers *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:
Board of Supervisors Staff	2	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 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 Designee*

Liz Rangel	Ticket Administrator	08/13/13
Print Name	*Title*	*(Month, Day, Year)*

Comment:

Print Form

Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

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
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☐ **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 $ 168.00

Event Description: Concert @ Walt Disney Concert Hall *Provide Title/Explanation*

Date(s): 06 / 22 / 13

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:
Joel Sappell	2	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 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 Designee*

Liz Rangel *Print Name*

Ticket Administrator *Title*

08/22/13 *(Month, Day, Year)*

Comment:

Print Form

Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

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

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 $ 34.00

Event Description: Dodger game *Provide Title/Explanation*

Date(s): 06 / 26 / 13

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

If no: Los Angeles Dodgers *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:
Board of Supervisors Staff	2	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 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	Print Name	Title	(Month, Day, Year)
Liz Rangel	Liz Rangel	Ticket Administrator	08/13/13

Comment:

Print Form

Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

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

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 $ 34.00

Event Description: Dodger game
Provide Title/Explanation

Date(s): 06/27/13

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

If no: Los Angeles Dodgers
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:
Board of Supervisors Staff	2	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 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	Print Name	Title	(Month, Day, Year)
Liz Rangel	Liz Rangel	Ticket Administrator	08/13/13

Comment:

Print Form

Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

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

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 $ $34.00

Event Description: Dodger game
Provide Title/Explanation

Date(s): 06 / 29 / 13

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

If no: Los Angeles Dodgers
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:
Board of Supervisors Staff	2	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 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 Designee*

Liz Rangel	Ticket Administrator	08/13/13
Print Name	*Title*	*(Month, Day, Year)*

Comment:

Print Form

Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

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

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 *Provide Title/Explanation*

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐

Face Value of Each Ticket/Pass $: 2@168.00/2@99.00

Date(s): 06/30/13

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)	Identify one of the following:
Lori Wheeler	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 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 Designee*

Liz Rangel *Print Name*

Ticket Administrator *Title*

08/22/13 *(Month, Day, Year)*

Comment:

Print Form

Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

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

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 $ $34.00

Event Description: Dodger game *Provide Title/Explanation*

Date(s): 07 / 12 / 13

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

If no: Los Angeles Dodgers *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:
Board of Supervisors Staff	2	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 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 Designee*

Liz Rangel *Print Name*

Ticket Administrator *Title*

08/13/13 *(Month, Day, Year)*

Comment: ____

Print Form

Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

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**

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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 $ 2@168.00/2@99.00

Event Description: Concert @ Walt Disney Concert Hall
Provide Title/Explanation

Date(s): 07 / 14 / 13

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:
Ann Miller	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 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 Designee*

Liz Rangel — *Print Name*

Ticket Administrator — *Title*

08/22/13 — *(Month, Day, Year)*

Comment:

Print Form

Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

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
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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 $ $34.00

Event Description: Dodger game *Provide Title/Explanation*

Date(s): 07 / 25 / 13

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

If no: Los Angeles Dodgers *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:
Board of Supervisors Staff	2	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 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 Designee*

Liz Rangel	Ticket Administrator	08/13/13
Print Name	*Title*	*(Month, Day, Year)*

Comment:

Print Form

Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

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

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 $ 34.00

Event Description: Dodger game
Provide Title/Explanation

Date(s): 07 / 27 / 13

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

If no: Los Angeles Dodgers
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:
Board of Supervisors Staff	2	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 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 Designee

Liz Rangel	Ticket Administrator	08/13/13
Print Name	*Title*	*(Month, Day, Year)*

Comment:

Print Form

Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

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

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
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐

Face Value of Each Ticket/Pass $: 168.00

Date(s): 07 / 28 / 13

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)	Identify one of the following:
Ann Miller	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 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 Designee*

Liz Rangel — *Print Name*

Ticket Administrator — *Title*

08/22/13 — *(Month, Day, Year)*

Comment:

Print Form

Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

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

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: Dodger game *Provide Title/Explanation*

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐

Face Value of Each Ticket/Pass $: $34.00

Date(s): 07 / 28 / 13

If no: Los Angeles Dodgers *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:
Board of Supervisors Staff	2	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 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 Designee*

Liz Rangel — *Print Name*

Ticket Administrator — *Title*

08/13/13 — *(Month, Day, Year)*

Comment:

Print Form

Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

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 $ $34.00

Event Description: Dodger game *Provide Title/Explanation*

Date(s): 07 / 30 / 13

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

If no: Los Angeles Dodgers *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:
Board of Supervisors Staff	2	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 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 Designee*

Liz Rangel *Print Name*

Ticket Administrator *Title*

08/13/13 *(Month, Day, Year)*

Comment:

Print Form

Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

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

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 $ $34.00

Event Description: Dodger game
Provide Title/Explanation

Date(s): 07 / 31 / 13

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

If no: Los Angeles Dodgers
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:
Board of Supervisors Staff	2	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 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	Print Name	Title	(Month, Day, Year)
Liz Rangel	Liz Rangel	Ticket Administrator	08/13/13

Comment:

Print Form

Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

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

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: Dodger game *Provide Title/Explanation*

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐

Face Value of Each Ticket/Pass $: 34.00

Date(s): 08/09/13

If no: Los Angeles Dodgers *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:
Board of Supervisors Staff	2	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 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 Designee*

Liz Rangel *Print Name*

Ticket Administrator *Title*

08/22/13 *(Month, Day, Year)*

Comment:

Print Form

Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

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

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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 $ 34.00

Event Description: Dodger game
Provide Title/Explanation

Date(s): 08 / 10 / 13

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

If no: Los Angeles Dodgers
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:
Board of Supervisors Staff	2	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 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 Designee*

Liz Rangel — *Print Name*

Ticket Administrator — *Title*

08/22/13 — *(Month, Day, Year)*

Comment:

Print Form

Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

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

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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 $ 168.00

Event Description: Concert @ Walt Disney Concert Hall *Provide Title/Explanation*

Date(s): 08 / 11 / 13

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:
Regina Marquez	2	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 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 Designee*

Liz Rangel *Print Name*

Ticket Administrator *Title*

08/22/13 *(Month, Day, Year)*

Comment:

Print Form

Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

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

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 *Provide Title/Explanation*

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐

Face Value of Each Ticket/Pass $: 99.00

Date(s): 08 / 11 / 13

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)	Identify one of the following:
Ann Miller	2	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 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 Designee*

Liz Rangel	Ticket Administrator	08/22/13
Print Name	*Title*	*(Month, Day, Year)*

Comment:

Print Form

Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

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

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
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐

Face Value of Each Ticket/Pass $: 168.00

Date(s): 08 / 11 / 13

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)	Identify one of the following:
Ann Miller	2	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 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 Designee*

Liz Rangel — *Print Name*

Ticket Administrator — *Title*

08/22/13 — *(Month, Day, Year)*

Comment:

Print Form

Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

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

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 $ 34.00

Event Description: Dodger game *Provide Title/Explanation*

Date(s): 08 / 12 / 13

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

If no: Los Angeles Dodgers *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:
Board of Supervisors Staff	2	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 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 Designee*

Liz Rangel	Ticket Administrator	08/22/13
Print Name	*Title*	*(Month, Day, Year)*

Comment:

Print Form

Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

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

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 $ 34.00

Event Description: Dodger game
Provide Title/Explanation

Date(s): 08 / 13 / 13

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

If no: Los Angeles Dodgers
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:
Board of Supervisors Staff	2	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 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	Print Name	Title	(Month, Day, Year)
Liz Rangel	Liz Rangel	Ticket Administrator	08/22/13

Comment:

Print Form

Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

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

Date Stamp

California Form 802

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☐ **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: Dodger game *Provide Title/Explanation*

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐

Face Value of Each Ticket/Pass $: 34.00

Date(s): 08/14/13

If no: Los Angeles Dodgers *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:
Board of Supervisors Staff	2	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 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 Designee*

Liz Rangel *Print Name*

Ticket Administrator *Title*

08/22/13 *(Month, Day, Year)*

Comment:

Print Form

Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

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

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 $ 34.00

Event Description: Dodger game *Provide Title/Explanation*

Date(s): 08 / 24 / 13

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

If no: Los Angeles Dodgers *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:
Board of Supervisors Staff	2	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 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 Designee*

Liz Rangel *Print Name*

Ticket Administrator *Title*

08/22/13 *(Month, Day, Year)*

Comment:

Print Form

Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

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

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: Dodger game *Provide Title/Explanation*

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐

Face Value of Each Ticket/Pass $: 34.00

Date(s): 08 / 25 / 13

If no: Los Angeles Dodgers *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:
Board of Supervisors Staff	2	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 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	Print Name	Title	(Month, Day, Year)
Liz Rangel	Liz Rangel	Ticket Administrator	08/22/13

Comment:

Print Form

Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

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

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: Dodger game *Provide Title/Explanation*

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐

Face Value of Each Ticket/Pass $: 34.00

Date(s): 08 / 26 / 13

If no: Los Angeles Dodgers *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:
Board of Supervisors Staff	2	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 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 Designee*

Liz Rangel — *Print Name*

Ticket Administrator — *Title*

08/22/13 — *(Month, Day, Year)*

Comment:

Print Form

Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

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

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 $ 34.00

Event Description: Dodger game *Provide Title/Explanation*

Date(s): 08 / 28 / 13

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

If no: Los Angeles Dodgers *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:
Board of Supervisors Staff	2	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:*

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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	Print Name	Title	(Month, Day, Year)
Liz Rangel	Liz Rangel	Ticket Administrator	08/22/13

Comment:

Print Form

Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

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

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: Dodger game
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐

Face Value of Each Ticket/Pass $: 34.00

Date(s): 08 / 31 / 13

If no: Los Angeles Dodgers
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

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		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

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4. Verification

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Liz Rangel
Signature of Agency Head or Designee

Liz Rangel
Print Name

Ticket Administrator
Title

08/22/13
(Month, Day, Year)

Comment: