

**Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions**

A Public Document

1. Agency Name County of Los Angeles Division, Department, or Region (if applicable) Board of Supervisors, Third District Street Address 500 W. Temple Street, Room 821, Los Angeles, CA 90012 Designated Agency Contact (Name, Title) Liz Rangel Area Code/Phone Number E-mail 213-974-3333 lrangel@bos.lacounty.gov	Date Stamp	California Form 802 For Official Use Only
<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)		Date of Original Filing: _____ (month, day, year)

2. Function, Event, or Ceremonial Role Information

Title: "Into the Bollywoods" Face Value of Each Admission \$ 27.00

Description: Performance at Ford Theatre Date(s) 07 / 23 / 11

Ticket(s)/Admission(s) provided by agency? Yes No If no: John Anson Ford Theatre
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes No If yes: _____
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	• Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. • If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.	
Patty Farias	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	retaining highly qualified county employees	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

3. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

	Liz Rangel	Ticket Administrator	10/31/11
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

pursuant to Contract

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Ticket/Admission Distributions**

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1. Agency Name		Date Stamp	California Form 802
County of Los Angeles		For Official Use Only	
Division, Department, or Region (if applicable) Board of Supervisors, Third District			
Street Address 500 W. Temple Street, Room 821, Los Angeles, CA 90012			
Designated Agency Contact (Name, Title) Liz Rangel		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number 213-974-3333	E-mail lrangel@bos.lacounty.gov	Date of Original Filing: <input type="text"/> (month, day, year)	

2. Function, Event, or Ceremonial Role Information

Title: "Noche De Pasion" Face Value of Each Admission \$ 27.00

Description: Performance at Ford Theatre Date(s) 08 / 05 / 11

Ticket(s)/Admission(s) provided by agency? Yes No If no: John Anson Ford Theatre
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes No If yes:
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> • Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. • If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. 	
Maria Chong-Castillo	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	retaining highly qualified county employees	Income <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>	Income <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>	Income <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>	Income <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>	Income <input type="checkbox"/>

3. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

Signature of Agency Head or Designee
Print Name
Title
(month, day, year)

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

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<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (month, day, year)			

2. Function, Event, or Ceremonial Role Information

Title: "Noche De Pasion" Face Value of Each Admission \$ 27.00

Description: Performance at Ford Theatre Date(s) 08 / 05 / 11

Ticket(s)/Admission(s) provided by agency? Yes No If no: John Anson Ford Theatre
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes No If yes: _____
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	• Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. • If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.
Patty Farias	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	retaining highly qualified county employees Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

3. Verification

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 <small>Signature of Agency Head or Designee</small>	Liz Rangel <small>Print Name</small>	Ticket Administrator <small>Title</small>	10/31/11 <small>(month, day, year)</small>
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Comment: (Use this space or an attachment for any additional information including amendment explanation.)
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Designated Agency Contact (Name, Title) Liz Rangel		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number 213-974-3333	E-mail lrangel@bos.lacounty.gov	Date of Original Filing: <input type="text"/>	<small>(month, day, year)</small>

2. Function, Event, or Ceremonial Role Information

Title Face Value of Each Admission \$

Description Date(s) / /

Ticket(s)/Admission(s) provided by agency? Yes No If no:

Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes No If yes:

Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> • Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. • If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.
Regina Marquez	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	retaining highly qualified county employees Income <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/> Income <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/> Income <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/> Income <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/> Income <input type="checkbox"/>

3. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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1. Agency Name

County of Los Angeles

Division, Department, or Region (if applicable)
Board of Supervisors, Third District

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

Designated Agency Contact (Name, Title)
Liz Rangel

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, Event, or Ceremonial Role Information

Title: Dodger game

Description: Dodger game

Face Value of Each Admission \$: 60.00

Date(s): 08 / 10 / 11

Ticket(s)/Admission(s) provided by agency? Yes No If no: Los Angeles Dodgers
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes No If yes: _____
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.	Income
Yolanda Valadez	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	retaining highly qualified county employees	<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

3. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

 Signature of Agency Head or Designee

Liz Rangel Print Name

Ticket Administrator Title

10/20/11 (month, day, year)

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Area Code/Phone Number 213-974-3333	E-mail lrangel@bos.lacounty.gov	Date of Original Filing: <input type="text"/>	<small>(month, day, year)</small>

2. Function, Event, or Ceremonial Role Information

Title: Face Value of Each Admission \$

Description: Date(s) / /

Ticket(s)/Admission(s) provided by agency? Yes No If no:

Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes No If yes:

Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> • Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. • If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. 	
Alisa Katz	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	retaining highly qualified county employees	Income <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>	Income <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>	Income <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>	Income <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>	Income <input type="checkbox"/>

3. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

 <small>Signature of Agency Head or Designee</small>	<input type="text" value="Liz Rangel"/> <small>Print Name</small>	<input type="text" value="Ticket Administrator"/> <small>Title</small>	<input type="text" value="10/31/11"/> <small>(month, day, year)</small>
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Comment: (Use this space or an attachment for any additional information including amendment explanation.)

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1. Agency Name

County of Los Angeles

Division, Department, or Region (if applicable)
Board of Supervisors, Third District

Street Address
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Designated Agency Contact (Name, Title)
Liz Rangel

Area Code/Phone Number: 213-974-3333 | E-mail: lrangel@bos.lacounty.gov

Date Stamp

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Amendment (Must provide explanation in Part 3.)

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

2. Function, Event, or Ceremonial Role Information

Title: Dodger game

Description: Dodger game

Face Value of Each Admission \$: 60.00

Date(s): 08 / 12 / 11

Ticket(s)/Admission(s) provided by agency? Yes No If no: Los Angeles Dodgers
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes No If yes: _____
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	Income
Lisa Garcia	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	retaining highly qualified county employees <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

3. Verification

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 Signature of Agency Head or Designee

Liz Rangel Print Name

Ticket Administrator Title

10/20/11 (month, day, year)

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

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2. Function, Event, or Ceremonial Role Information

Title Face Value of Each Admission \$

Description Date(s) / / _____

Ticket(s)/Admission(s) provided by agency? Yes No If no: Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes No If yes: Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	• Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. • If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.
Benita Trujillo	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	retaining highly qualified county employees Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	

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I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

Signature of Agency Head or Designee Print Name Title (month, day, year)

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		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	

2. Function, Event, or Ceremonial Role Information

Title: "Grandeza Mexicana" Face Value of Each Admission \$ 27.00

Description: Performance at Ford Theatre Date(s) 08 / 19 / 11

Ticket(s)/Admission(s) provided by agency? Yes No If no: John Anson Ford Theatre
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes No If yes: _____
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	• Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. • If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.
Patty Farias	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	retaining highly qualified county employees Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

3. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

Liz Rangel
Ticket Administrator
10/31/11
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
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Street Address 500 W. Temple Street, Room 821, Los Angeles, CA 90012			
Designated Agency Contact (Name, Title) Liz Rangel		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number 213-974-3333	E-mail lrangel@bos.lacounty.gov	Date of Original Filing: <input type="text"/>	(month, day, year)

2. Function, Event, or Ceremonial Role Information

Title: Face Value of Each Admission \$

Description: Date(s) / /

Ticket(s)/Admission(s) provided by agency? Yes No If no:
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes No If yes:
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> • Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. • If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. 	
Regina Marquez	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	retaining highly qualified county employees	Income <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>	Income <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>	Income <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>	Income <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>	Income <input type="checkbox"/>

3. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

	<input type="text" value="Liz Rangel"/>	<input type="text" value="Ticket Administrator"/>	<input type="text" value="10/31/11"/>
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

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Area Code/Phone Number 213-974-3333	E-mail lrangel@bos.lacounty.gov	Date of Original Filing: <input type="text"/>	<small>(month, day, year)</small>

2. Function, Event, or Ceremonial Role Information

Title: Face Value of Each Admission \$

Description: Date(s) / /

Ticket(s)/Admission(s) provided by agency? Yes No If no:
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes No If yes:
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

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Maria Chong-Castillo	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	retaining highly qualified county employees Income <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/> Income <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/> Income <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/> Income <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/> Income <input type="checkbox"/>

3. Verification

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	<input type="text" value="Liz Rangel"/>	<input type="text" value="Ticket Administrator"/>	<input type="text" value="10/31/11"/>
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

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2. Function, Event, or Ceremonial Role Information

Title Face Value of Each Admission \$

Description Date(s) / / _____

Ticket(s)/Admission(s) provided by agency? Yes No If no: Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes No If yes: Official's Name (Last, First) and Title

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Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> • Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. • If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. 	
Yolanda Valadez	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	retaining highly qualified county employees	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

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I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

 <small>Signature of Agency Head or Designee</small>	Liz Rangel <small>Print Name</small>	Ticket Administrator <small>Title</small>	10/20/11 <small>(month, day, year)</small>
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**Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions**

A Public Document

1. Agency Name		Date Stamp	California Form 802
County of Los Angeles			For Official Use Only
Division, Department, or Region (if applicable) Board of Supervisors, Third District			
Street Address 500 W. Temple Street, Room 821, Los Angeles, CA 90012			
Designated Agency Contact (Name, Title) Liz Rangel		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number 213-974-3333	E-mail lrangel@bos.lacounty.gov	Date of Original Filing: <input type="text"/> <small>(month, day, year)</small>	

2. Function, Event, or Ceremonial Role Information

Title: Face Value of Each Admission \$

Description: Date(s) / / / /

Ticket(s)/Admission(s) provided by agency? Yes No If no:
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes No If yes:
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> • Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. • If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.
Regina Marquez	4	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	retaining highly qualified county employees Income <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/> Income <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/> Income <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/> Income <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/> Income <input type="checkbox"/>

3. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

	Liz Rangel	Ticket Administrator	10/20/11
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

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

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

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1. Agency Name

County of Los Angeles

Division, Department, or Region (if applicable)
Board of Supervisors, Third District

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

Designated Agency Contact (Name, Title)
Liz Rangel

Area Code/Phone Number
213-974-3333

E-mail
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, Event, or Ceremonial Role Information

Title fair

Face Value of Each Admission \$ 17.00

Description Los Angeles County Fair

Date(s) 09 / / 11 / /

Ticket(s)/Admission(s) provided by agency? Yes No If no: _____
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes No If yes: _____
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	Income
Lisa Garcia	4	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	retaining highly qualified county employees <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

• Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.
• If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.

3. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

 Signature of Agency Head or Designee

Liz Rangel Print Name

Ticket Administrator Title

10/20/11 (month, day, year)

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

pursuant to Contract

**Agency Report of:
Ceremonial Role Events and
Ticket/Admission Distributions**

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1. Agency Name		Date Stamp	California Form 802 <small>For Official Use Only</small>
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Designated Agency Contact (Name, Title) Liz Rangel		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number 213-974-3333	E-mail lrangel@bos.lacounty.gov	Date of Original Filing: <input type="text"/> <small>(month, day, year)</small>	

2. Function, Event, or Ceremonial Role Information

Title: Face Value of Each Admission \$

Description: Date(s) / / / / /

Ticket(s)/Admission(s) provided by agency? Yes No If no:
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes No If yes:
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> • Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. • If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. 	
Liz Rangel	4	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	retaining highly qualified county employees	Income <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>	Income <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>	Income <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>	Income <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>	Income <input type="checkbox"/>

3. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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Ceremonial Role Events and
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Designated Agency Contact (Name, Title) Liz Rangel		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number 213-974-3333	E-mail lrangel@bos.lacounty.gov	Date of Original Filing: _____ <small>(month, day, year)</small>	

2. Function, Event, or Ceremonial Role Information

Title: fair

Face Value of Each Admission \$ 17.00

Description: Los Angeles County Fair

Date(s): 09 / / 11

Ticket(s)/Admission(s) provided by agency? Yes No If no: _____
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes No If yes: _____
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> • Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. • If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.
Yolanda Valadez	4	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	retaining highly qualified county employees Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

3. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

Liz Rangel
Ticket Administrator
10/20/11
Signature of Agency Head, or Designee Print Name Title (month, day, year)

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

Agency Report of:
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1. Agency Name

County of Los Angeles

Division, Department, or Region (if applicable)
Board of Supervisors, Third District

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

Designated Agency Contact (Name, Title)
Liz Rangel

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, Event, or Ceremonial Role Information

Title fair

Face Value of Each Admission \$ 17.00

Description Los Angeles County Fair

Date(s) 09 / / 11

Ticket(s)/Admission(s) provided by agency? Yes No If no: _____
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes No If yes: _____
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.	Income
Joel Bellman	4	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	retaining highly qualified county employees	<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>

3. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

 Signature of Agency Head or Designee

Liz Rangel Print Name

Ticket Administrator Title

10/20/11 (month, day, year)

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

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1. Agency Name

County of Los Angeles

Division, Department, or Region (if applicable)
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Street Address
500 W. Temple Street, Room 821, Los Angeles, CA 90012

Designated Agency Contact (Name, Title)
Liz Rangel

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, Event, or Ceremonial Role Information

Title: fair

Face Value of Each Admission \$: 17.00

Description: Los Angeles County Fair

Date(s): 09 / ____ / 11

Ticket(s)/Admission(s) provided by agency? Yes No If no: _____
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes No If yes: _____
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	Income
Maria Chong-Castillo	4	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	retaining highly qualified county employees <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

*Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.
If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.*

3. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

 Signature of Agency Head or Designee

Liz Rangel Print Name

Ticket Administrator Title

10/20/11 (month, day, year)

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

pursuant to Contract

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

A Public Document

1. Agency Name County of Los Angeles Division, Department, or Region (if applicable) Board of Supervisors, Third District Street Address 500 W. Temple Street, Room 821, Los Angeles, CA 90012 Designated Agency Contact (Name, Title) Liz Rangel Area Code/Phone Number 213-974-3333 E-mail lrangel@bos.lacounty.gov		Date Stamp California Form 802 For Official Use Only <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (month, day, year)
---	--	---

2. Function, Event, or Ceremonial Role Information

Title: "NY's Finest leading Men of Broadway"
 Description: Performance at Ford Theatre
 Face Value of Each Admission \$: 27.00
 Date(s): 09 / 16 / 11
 Ticket(s)/Admission(s) provided by agency? Yes No If no: John Anson Ford Theatre
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes No If yes: _____
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	Income
Vivian Rescalvo	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	retaining highly qualified county employees <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

3. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.


 Signature of Agency Head or Designee

 Print Name

 Title

 (month, day, year)

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

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County of Los Angeles			
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Board of Supervisors, Third District			
Street Address			
500 W. Temple Street, Room 821, Los Angeles, CA 90012			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Liz Rangel		Date of Original Filing: <input type="text"/>	
Area Code/Phone Number	E-mail		
213-974-3333	lrangel@bos.lacounty.gov		

2. Function, Event, or Ceremonial Role Information

Title Face Value of Each Admission \$

Description Date(s) / /

Ticket(s)/Admission(s) provided by agency? Yes No If no:

Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes No If yes:

Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	Income
Zev Yaroslavsky	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	job duties require attendance and monitoring <input checked="" type="checkbox"/> Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

3. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.



Signature of Agency Head or Designee *Print Name* *Title* *(month, day, year)*

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1. Agency Name County of Los Angeles Division, Department, or Region (if applicable) Board of Supervisors, Third District Street Address 500 W. Temple Street, Room 821, Los Angeles, CA 90012 Designated Agency Contact (Name, Title) Liz Rangel Area Code/Phone Number E-mail 213-974-3333 lrangel@bos.lacounty.gov	Date Stamp	California Form 802 For Official Use Only
<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)		Date of Original Filing: _____ (month, day, year)

2. Function, Event, or Ceremonial Role Information

Title: "Full.Still.Hungry" Face Value of Each Admission \$ 27.00

Description: Performance at Ford Theatre Date(s) 09 / 23 / 11

Ticket(s)/Admission(s) provided by agency? Yes No If no: John Anson Ford Theatre
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes No If yes: _____
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	• Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. • If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.
Maria Chong-Castillo	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	retaining highly qualified county employees Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

3. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

	Liz Rangel	Ticket Administrator	10/31/11
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

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Designated Agency Contact (Name, Title) Liz Rangel		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number 213-974-3333	E-mail lrangel@bos.lacounty.gov	Date of Original Filing: <input type="text"/>	(month, day, year)

2. Function, Event, or Ceremonial Role Information

Title: Face Value of Each Admission \$

Description: Date(s) / /

Ticket(s)/Admission(s) provided by agency? Yes No If no:
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes No If yes:
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> • Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. • If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.
Patty Farias	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	retaining highly qualified county employees Income <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/> Income <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/> Income <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/> Income <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/> Income <input type="checkbox"/>

3. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

	<input type="text" value="Liz Rangel"/>	<input type="text" value="Ticket Administrator"/>	<input type="text" value="10/31/11"/>
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

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Designated Agency Contact (Name, Title) Liz Rangel		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number 213-974-3333	E-mail lrangel@bos.lacounty.gov	Date of Original Filing: <input type="text"/>	<small>(month, day, year)</small>

2. Function, Event, or Ceremonial Role Information

Title: Face Value of Each Admission \$

Description: Date(s) / /

Ticket(s)/Admission(s) provided by agency? Yes No If no:
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes No If yes:
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> • Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. • If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.
Georgia Reyes	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	retaining highly qualified county employees Income <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/> Income <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/> Income <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/> Income <input type="checkbox"/>
<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/> Income <input type="checkbox"/>

3. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

	<input type="text" value="Liz Rangel"/>	<input type="text" value="Ticket Administrator"/>	<input type="text" value="10/31/11"/>
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

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

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1. Agency Name

County of Los Angeles

Division, Department, or Region (if applicable)
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Street Address
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Designated Agency Contact (Name, Title)
Liz Rangel

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, Event, or Ceremonial Role Information

Title "Fiesta Mexicana"

Face Value of Each Admission \$ 27.00

Description Performance at Ford Theatre

Date(s) 09 / 24 / 11

Ticket(s)/Admission(s) provided by agency? Yes No If no: John Anson Ford Theatre
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

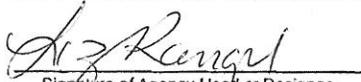
Yes No If yes: _____
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	Income
Benita Trujillo	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	retaining highly qualified county employees <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

3. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

 Signature of Agency Head or Designee

Liz Rangel Print Name

Ticket Administrator Title

10/31/11 (month, day, year)

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

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Agency Report of:
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1. Agency Name

County of Los Angeles

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Board of Supervisors, Third District

Street Address
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Designated Agency Contact (Name, Title)
Liz Rangel

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, Event, or Ceremonial Role Information

Title: "BlueGrass"

Face Value of Each Admission \$ 27.00

Description: Performance at Ford Theatre

Date(s): 09 / 25 / 11

Ticket(s)/Admission(s) provided by agency? Yes No If no: John Anson Ford Theatre
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes No If yes: _____
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	Income
Elan Shultz	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Income <input checked="" type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

• Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.
• If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.

3. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

 Signature of Agency Head or Designee

Liz Rangel Print Name

Ticket Administrator Title

10/31/11 (month, day, year)

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

pursuant to Contract