

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

Amendment (Must provide explanation in Part 3.)

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

2. Function, Event, or Ceremonial Role Information

Title: Performing Arts Center of LA County

Face Value of Each Admission \$: 105.00

Description: Performance at Dorothy Chandler Pavilion

Date(s): 01 / 13 / 12

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

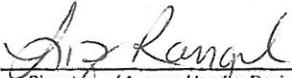
The identity of recipient(s) and the explanation:

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

03/14/12 (month, day, year)

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

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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: Performing Arts Center of LA County
 Description: Performance at Ahmanson Theatre
 Face Value of Each Admission \$: 115.00
 Date(s): 01 / 15 / 12

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.
Tim Pershing	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.

 Signature of Agency Head or Designee
 Liz Rangel Print Name
 Ticket Administrator Title
 03/14/12 (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: _____ <small>(month, day, year)</small>	

2. Function, Event, or Ceremonial Role Information

Title: Los Angeles Philharmonic Face Value of Each Admission \$ 165.00

Description: Performance at Walt Disney Concert Hall Date(s) 01 / 15 / 12

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 <input checked="" type="checkbox"/> 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"/>	

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.

	<u>Liz Rangel</u> <small>Print Name</small>	<u>Ticket Administrator</u> <small>Title</small>	<u>03/14/12</u> <small>(month, day, year)</small>
--	--	---	--

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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: Los Angeles Philharmonic

Face Value of Each Admission \$: 165.00

Description: Performance at Walt Disney Concert Hall

Date(s): 01 / 26 / 12

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?

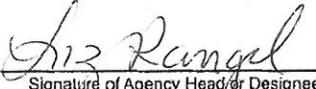
Yes No If yes: _____
Official's Name (Last, First) and Title

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 & 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"/>

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 Signature of Agency Head/ Designee

Liz Rangel Print Name

Ticket Administrator Title

03/14/12 (month, day, year)

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

2. Function, Event, or Ceremonial Role Information

Title: Performing Arts Center of LA County

Face Value of Each Admission \$ 115.00

Description: Performance at Ahmanson Theatre

Date(s): 01 / 18 / 12

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
Alisa Katz	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"/>

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Ticket Administrator Title

03/14/12 (month, day, year)

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Date of Original Filing: _____
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2. Function, Event, or Ceremonial Role Information

Title: Performing Arts Center of LA County

Face Value of Each Admission \$: 115.00

Description: Performance at Ahmanson Theatre

Date(s): 01 / 22 / 12

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
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"/>
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03/14/12 (month, day, year)

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(month, day, year)

2. Function, Event, or Ceremonial Role Information

Title: Performing Arts Center of LA County

Face Value of Each Admission \$: 210.00

Description: Performance at Dorothy Chandler Pavilion

Date(s): 02 / 19 / 12

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
Genie Chough	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"/>

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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

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Zev Yaroslavsky	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	job duties require attendance & monitoring	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"/>

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 <small>Signature of Agency Head/Designee</small>	Liz Rangel <small>Print Name</small>	Ticket Administrator <small>Title</small>	03/14/12 <small>(month, day, year)</small>
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