

# 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

Face Value of Each Ticket/Pass \$    \$36.00  
 Date(s)    06 / 14 / 14    \_\_\_\_\_  
 If no: Los Angeles Dodgers  
Name of Source  
 If yes: \_\_\_\_\_  
Official's Name (Last, First)

Ticket(s)/Pass(es) provided by agency?    Yes     No   
 Was ticket distribution made at the behest of agency official?    No     Yes

**3. Recipients**  
 • Use Section A to identify the agency's department or unit.    • Use Section B to identify an individual.    • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit			Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Board of Supervisors Staff			2	Per ticket policy 5.3 (k)
B. Name of Individual (Last, First)			Number of Ticket(s)/Pass(es)	Identify one of the following:
				Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
				Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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*    Liz Rangel    Ticket Administrator    8/5/14  
Signature of Agency Head or Designee    Print Name    Title    (Month, Day, Year)

Comment: \_\_\_\_\_

**Agency Report of:  
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County of Los Angeles			
Division, Department, or Region (If Applicable)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Board of Supervisors, Third District			
Designated Agency Contact (Name, Title)			
Liz Rangel, Ticket Administrator			
Area Code/Phone Number	E-mail		
213-974-3333	lrangel@bos.lacounty.gov		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No

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 \$ \$36.00

Date(s) 06 / 18 / 14

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
Board of Supervisors Staff	2	Per ticket policy 5.3 (k)
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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      Liz Rangel      Ticket Administrator      8/5/14  
Signature of Agency Head or Designee      Print Name      Title      (Month, Day, Year)

Comment: \_\_\_\_\_

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1. Agency Name
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Board of Supervisors, Third District
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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 [X] No [ ]
Event Description Dodger Game
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
Was ticket distribution made at the behest of agency official? No [X] Yes [ ]
Face Value of Each Ticket/Pass \$ 36.00
Date(s) 06 / 26 / 14
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.
Table with columns: Name of Agency, Department or Unit; Number of Ticket(s)/Pass(es); Describe the public purpose made pursuant to the agency's policy.
Table with columns: Name of Individual (Last, First); Number of Ticket(s)/Pass(es); Identify one of the following: Ceremonial Role, Other, Income.
Table with columns: Name of Outside Organization (include address and description); Number of Ticket(s)/Pass(es); Describe the public purpose made pursuant to the agency's policy.

4. Verification
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
Signature of Agency Head or Designee: Liz Rangel
Print Name: Liz Rangel
Title: Ticket Administrator
Date: 8/5/14
Comment:

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

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## 1. Agency Name

County of Los Angeles  
 Division, Department, or Region (If Applicable)  
 Board of Supervisors, Third District  
 Designated Agency Contact (Name, Title)  
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Date Stamp  
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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 \$ 36.00  
 Date(s) 06 / 27 / 14  
 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
Board of Supervisors Staff	2	Per ticket policy 5.3 (k)
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

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

Signature of Agency Head or Designee: Liz Rangel    Print Name: Liz Rangel    Title: Ticket Administrator    Date: 8/5/14  
 (Month, Day, Year)

Comment: \_\_\_\_\_

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

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Board of Supervisors, Third District			
Designated Agency Contact (Name, Title)			
Liz Rangel, Ticket Administrator			
Area Code/Phone Number	E-mail		
213-974-3333	lrangel@bos.lacounty.gov		

**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 \$ \$36.00

Date(s) 06 28 14

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
Board of Supervisors Staff	2	Per ticket policy 5.3 (k)
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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      Liz Rangel      Ticket Administrator      8/5/14  
Signature of Agency Head or Designee      Print Name      Title      (Month, Day, Year)

Comment: \_\_\_\_\_

**Agency Report of:  
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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		

**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 \$ \$36.00

Date(s) 06 / 29 / 14

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
Board of Supervisors Staff	2	Per ticket policy 5.3 (k)
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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      Liz Rangel      Ticket Administrator      8/15/14  
Signature of Agency Head or Designee      Print Name      Title      (Month, Day, Year)

Comment: \_\_\_\_\_

**Agency Report of:  
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Designated Agency Contact (Name, Title)			
Liz Rangel, Ticket Administrator			
Area Code/Phone Number	E-mail		
213-974-3333	lrangel@bos.lacounty.gov		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No

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 \$ \$36.00

Date(s) 07 10 14

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
Board of Supervisors Staff	2	Per ticket policy 5.3 (k)
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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      Liz Rangel      Ticket Administrator      8/5/14  
Signature of Agency Head or Designee      Print Name      Title      (Month, Day, Year)

Comment: \_\_\_\_\_

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

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Board of Supervisors, Third District		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small>	
Designated Agency Contact (Name, Title)			
Liz Rangel, Ticket Administrator			
Area Code/Phone Number	E-mail		
213-974-3333	lrangel@bos.lacounty.gov		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No

Event Description: Dance @ Dorothy Chandler Pavilion  
Provide Title/Explanation

Face Value of Each Ticket/Pass \$ \$125.00

Date(s) 07 11 14

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

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

If no: Performing Arts Center of Los Angeles County  
Name of Source

If yes: \_\_\_\_\_  
Official's Name (Last, First)

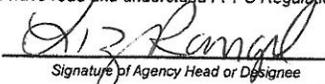
**3. Recipients**

• 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:
Lisa Brewer	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Per ticket policy 5.3 (k)
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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	<u>8/5/14</u>
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment: \_\_\_\_\_

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Board of Supervisors, Third District
Designated Agency Contact (Name, Title)
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Area Code/Phone Number E-mail
213-974-3333 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 or Event Information
Does the agency have a ticket policy? Yes [X] No [ ]
Event Description Dodger Game
Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
Was ticket distribution made at the behest of agency official? No [X] Yes [ ]
Face Value of Each Ticket/Pass \$ 36.00
Date(s) 07 12 14
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.

Table with 3 columns: Name of Agency/Individual/Organization, Number of Ticket(s)/Pass(es), and Describe the public purpose. Section A: Board of Supervisors Staff, 2 tickets, Per ticket policy 5.3 (k). Section B: Individual recipient information with checkboxes for Ceremonial Role, Other, and Income. Section C: Outside Organization information.

4. Verification
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee: Liz Rangel
Print Name: Liz Rangel
Title: Ticket Administrator
Date: 8/5/14
Comment:

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Ceremonial Role Events and Ticket/Pass Distributions**

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Board of Supervisors, Third District			
Designated Agency Contact (Name, Title)			
Liz Rangel, Ticket Administrator			
Area Code/Phone Number	E-mail		
213-974-3333	lrangel@bos.lacounty.gov		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No

Event Description: Dance @ Dorothy Chandler Pavilion  
Provide Title/Explanation

Face Value of Each Ticket/Pass \$ \$125.00

Date(s) 07 / 13 / 14

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

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

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	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: <u>Per ticket policy 5.3 (k)</u>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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      Liz Rangel      Ticket Administrator      8/5/14  
Signature of Agency Head or Designee      Print Name      Title      (Month, Day, Year)

Comment: \_\_\_\_\_

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

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County of Los Angeles			For Official Use Only
Division, Department, or Region (If Applicable)			
Board of Supervisors, Third District			
Designated Agency Contact (Name, Title)			
Liz Rangel, Ticket Administrator		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number	E-mail	Date of Original Filing: _____	
213-974-3333	lrangel@bos.lacounty.gov	(Month, Day, Year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No

Event Description: Dodger Game  
Provide Title/Explanation

Face Value of Each Ticket/Pass \$ \$36.00

Date(s) 07 / 13 / 14

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

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

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
Board of Supervisors Staff	2	Per ticket policy 5.3 (k)
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	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	8/5/14
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment: \_\_\_\_\_

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

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1. Agency Name
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Division, Department, or Region (If Applicable)
Board of Supervisors, Third District
Designated Agency Contact (Name, Title)
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Amendment (Must provide explanation in Part 3.)
Date of Original Filing:

2. Function or Event Information
Does the agency have a ticket policy? Yes [X] No [ ]
Event Description Dodger Game
Face Value of Each Ticket/Pass \$ 36.00
Date(s) 07 / 29 / 14
Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
If no: Los Angeles Dodgers
Was ticket distribution made at the behest of agency official? No [X] Yes [ ]
If yes:
Official's Name (Last, First)

3. Recipients
Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an outside organization.

Table with 3 columns: Name of Agency/Individual/Organization, Number of Ticket(s)/Pass(es), and Describe the public purpose made pursuant to the agency's policy. Includes rows for Board of Supervisors Staff and individual recipients.

4. Verification
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
Signature of Agency Head or Designee: Liz Rangel
Print Name: Liz Rangel
Title: Ticket Administrator
Date: 8/5/14

Comment:

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**1. Agency Name**

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 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: \_\_\_\_\_

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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 \$: \$36.00  
 Date(s): 07 / 31 / 14

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
Board of Supervisors Staff	2	Per ticket policy 5.3 (k)

B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>

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) | 8/5/14 (Month, Day, Year)

Comment: \_\_\_\_\_