

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

A Public Document

|   |                          |  |   |
|---|--------------------------|--|---|
| <b>1. Agency Name</b>                           |                          | Date Stamp   | <b>California Form 802</b><br>For Official Use Only |
| County of Los Angeles                           |                          |  |   |
| 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.)<br>Date of Original Filing: _____<br>(Month, Day, Year) |   |
| 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: Opera Provide Title/Explanation

Face Value of Each Ticket/Pass \$ \$240.00

Date(s) 05 / 23 / 12

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:  |
| Alisa Katz  | 2                            | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input checked="" type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
|   |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><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.

|  |   |  |
|--|---|--|
| <u>Liz Rangel</u><br><small>Print Name</small> | <u>Ticket Administrator</u><br><small>Title</small> | <u>06/25/2012</u><br><small>(Month, Day, Year)</small> |
|--|---|--|