Print Form

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

A Public Document

1. Agency Name

County of Los Angeles

Division, Department, or Region *(If Applicable)*

Board of Supervisors, 3rd District

Designated Agency Contact *(Name, Title)*

Yolanda Valadez, Ticket Administrator

Area Code/Phone Number: 213 974-3333

E-mail: yvaladez@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: *Provide Title/Explanation*

Face Value of Each Ticket/Pass $ 35

Date(s): 9/1/15 9/8/15

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

If no: Hollywood Bowl *Name of Source*

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

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

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Crestwood Hills Park Assoc.	25	Senior Group/Homeowners Assn

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 | Yolanda Valadez *Print Name* | Ticket Administrator *Title* | 8/31/15 *(Month, Day, Year)*

Comment: 15 for 9/1/15 ; 10 for 9/8/15 Concerts.

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

2. Function or Event Information

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

Face Value of Each Ticket/Pass $ 35

Event Description *Provide Title/Explanation*

Date(s) 6/28/15 7/16/15 8/4/15 9/1/15

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

If no: Hollywood Bowl *Name of Source*

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

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

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
JFS of LA SOVA	100	Food and Resource Program

4. Verification

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

Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
	Yolanda Valadez	Ticket Administrator	8/31/15

Comment: 25 tickets to each Concert.

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

2. Function or Event Information

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

Face Value of Each Ticket/Pass $ 35

Event Description *Provide Title/Explanation*

Date(s) 7 9 15 | 7 19 15 | 8 13 15 | 9 1 15

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

If no: Hollywood Bowl *Name of Source*

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

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

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Vista Del Mar	25	Social/psych. child/family svcs

4. Verification

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

Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
	Yolanda Valadez	Ticket Administrator	8/31/15

Comment: 5 tickets 7/9/15, 10/7/19/15, 5/8/13/15, 5/9/1/15

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

2. Function or Event Information

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

Event Description ____ *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 $ 35

Date(s) 6/28/15 7/19/15

If no: Hollywood Bowl *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:
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
New Horizons	50	assist/train adults w/ disabilities

4. Verification

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

Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
	Yolanda Valadez	Ticket Administrator	8/31/15

Comment: 25 tickets to each concert.

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2. Function or Event Information

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

Event Description *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 $ 35

Date(s) 8 25 15

If no: Hollywood Bowl *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:
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
RUTH Youth Build	25	Youth leadership development

4. Verification

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

Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
	Yolanda Valadez	Ticket Administrator	8/31/15

Comment:

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2. Function or Event Information

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

Face Value of Each Ticket/Pass $ 35

Event Description *Provide Title/Explanation*

Date(s) 7/16/15 8/25/15

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

If no: Hollywood Bowl *Name of Source*

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

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

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
The Guadalupe Center	50	Youth/family programs, classes, tutoring

4. Verification

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

Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
	Yolanda Valadez	Ticket Administrator	8/31/15

Comment: 25 tickets to ea. concert

Print Form

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2. Function or Event Information

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

Event Description *Provide Title/Explanation*

Face Value of Each Ticket/Pass $ 35

Date(s) 7/16/15 7/19/15

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

If no: Hollywood Bowl *Name of Source*

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

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

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

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

C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
El Caviso Park	50	Community rooms & other amenities

4. Verification

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

Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
	Yolanda Valadez	Ticket Administrator	8/31/15

Comment: 25 tickets to ea. concert.

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2. Function or Event Information

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

Face Value of Each Ticket/Pass $ 35

Event Description *Provide Title/Explanation*

Date(s) 7/16/15 8/25/15

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

If no: Hollywood Bowl *Name of Source*

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

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

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

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

C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
One Generation	50	Adult daycare, senior enrichment, daycare, etc.

4. Verification

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

Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
	Yolanda Valadez	Ticket Administrator	8/31/15

Comment: 25 tickets to each concert.

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2. Function or Event Information

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

Face Value of Each Ticket/Pass $ 35

Event Description *Provide Title/Explanation*

Date(s) 7 9 15 7 [illegible] 15 8/25/15 9/1/15

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

If no: Hollywood Bowl *Name of Source*

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

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

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Alicia Broadous-Duncan Multi Purpose center	100	Social Services & Senior center

4. Verification

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

Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
	Yolanda Valadez	Ticket Administrator	8/31/15

Comment:

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2. Function or Event Information

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

Face Value of Each Ticket/Pass $ 35

Event Description *Provide Title/Explanation*

Date(s) 8 13 15

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

If no: Hollywood Bowl *Name of Source*

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

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

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Cloud and Fire YouthBuild	25	Education for low-income urban youth

4. Verification

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

Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
	Yolanda Valadez	Ticket Administrator	8/31/15

Comment: 25 for 8/13/15 concert

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2. Function or Event Information

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

Event Description: *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 $ 35

Date(s): 7/16/15 8/13/15

If no: Hollywood Bowl *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:
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
West Valley Boys & Girls Club	50	Youth pgms, activities & services

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 | Yolanda Valadez *Print Name* | Ticket Administrator *Title* | 8/31/15 *(Month, Day, Year)*

Comment: 25 tickets to en. Concert

Print Form

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2. Function or Event Information

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

Event Description *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 $ 35

Date(s) 7/19/15 8/25/15 9/8/15

If no: Hollywood Bowl *Name of Source*

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

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

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

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
San Fernando Kiwanis Club	33	Volunteer organization

4. Verification

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

Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
	Yolanda Valadez	Ticket Administrator	8/31/15

Comment: 19/7/19/15, 6/8/25/15, 8/9/8/15

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

2. Function or Event Information

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

Event Description: *Provide Title/Explanation*

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

If no: Hollywood Bowl *Name of Source*

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

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

Face Value of Each Ticket/Pass $ 35

Date(s) 7/21/15 8/4/15 9/11/15

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

C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Being Alive LA	90	HIV/AIDS health/wellness pgm

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 | Yolanda Valadez *Print Name* | Ticket Administrator *Title* | 8/31/15 *(Month, Day, Year)*

Comment: 25 | 9/11/15 | 30 | 7/21/15 | 35 | 8/4/15

Print Form

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

A Public Document

1. Agency Name

County of Los Angeles

Division, Department, or Region *(If Applicable)*

Board of Supervisors, 3rd District

Designated Agency Contact *(Name, Title)*

Yolanda Valadez, Ticket Administrator

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

Date Stamp

California Form 802

For Official Use Only

☐ **Amendment** *(Must provide explanation in Part 3.)*

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

2. Function or Event Information

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

Face Value of Each Ticket/Pass $ 35

Event Description *Provide Title/Explanation*

Date(s) 8/4/15 8/20/15 9/1/15

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

If no: Hollywood Bowl *Name of Source*

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

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

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Israel Levin Center JFS of LA	25	Senior Center community

4. Verification

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

Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
	Yolanda Valadez	Ticket Administrator	8/31/15

Comment: 5 8/4/15 Loca. for 8/20/15 & 9/1/15

FPPC Form 802 (4/12)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)

Print Form

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

A Public Document

1. Agency Name

County of Los Angeles

Division, Department, or Region *(If Applicable)*

Board of Supervisors, 3rd District

Designated Agency Contact *(Name, Title)*

Yolanda Valadez, Ticket Administrator

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

Date Stamp

California Form 802

For Official Use Only

☐ **Amendment** *(Must provide explanation in Part 3.)*

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

2. Function or Event Information

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

Face Value of Each Ticket/Pass $ 35

Event Description *Provide Title/Explanation*

Date(s) 7/19/15 8/4/15

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

If no: Hollywood Bowl *Name of Source*

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

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

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Topanga Seniors Group & Canyon Sages	50	Senior center community

4. Verification

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

Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
	Yolanda Valadez	Ticket Administrator	8/31/15

Comment: 25 to ea. Concert

Print Form

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

A Public Document

1. Agency Name

County of Los Angeles

Division, Department, or Region *(If Applicable)*

Board of Supervisors, 3rd District

Designated Agency Contact *(Name, Title)*

Yolanda Valadez, Ticket Administrator

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

213 974-3333 | yvaladez@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 *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 $ 35

Date(s) 6/28/15 8/13/15 7/19/15

If no: Hollywood Bowl *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:
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Topanga Youth Services	52	Youth creative enrichment & comm. svc.

4. Verification

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

Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
	Yolanda Valadez	Ticket Administrator	8/31/15

Comment: 10 tickets 6/28/15 ; 8/13/15 32 7/19/15

Print Form

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

A Public Document

1. Agency Name

County of Los Angeles

Division, Department, or Region *(If Applicable)*

Board of Supervisors, 3rd District

Designated Agency Contact *(Name, Title)*

Yolanda Valadez, Ticket Administrator

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

213 974-3333 | yvaladez@bos.lacounty.gov

Date Stamp

California Form 802

For Official Use Only

☐ **Amendment** *(Must provide explanation in Part 3.)*

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

2. Function or Event Information

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

Face Value of Each Ticket/Pass $ 35

Event Description *Provide Title/Explanation*

Date(s) 8/4/15 9/1/15

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

If no: Hollywood Bowl *Name of Source*

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

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

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Housing Works	50	Accessible housing & service

4. Verification

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

Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
	Yolanda Valadez	Ticket Administrator	8/31/15

Comment: 25 tickets ea. Concert

Print Form

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

A Public Document

1. Agency Name

County of Los Angeles

Division, Department, or Region *(If Applicable)*

Board of Supervisors, 3rd District

Designated Agency Contact *(Name, Title)*

Yolanda Valadez, Ticket Administrator

Area Code/Phone Number: 213 974-3333

E-mail: yvaladez@bos.lacounty.gov

Date Stamp

California Form 802

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☐ **Amendment** *(Must provide explanation in Part 3.)*

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

2. Function or Event Information

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

Face Value of Each Ticket/Pass $ 35

Event Description *(Provide Title/Explanation)*

Date(s) 7/9/15 9/8/15

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

If no: Hollywood Bowl *(Name of Source)*

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

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

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
St. Joseph's Center	50	Social svcs for low-income families

4. Verification

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

Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
	Yolanda Valadez	Ticket Administrator	8/31/15

Comment: 25 tickets ea. concert.

Print Form

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

A Public Document

1. Agency Name

County of Los Angeles

Division, Department, or Region *(If Applicable)*

Board of Supervisors, 3rd District

Designated Agency Contact *(Name, Title)*

Yolanda Valadez, Ticket Administrator

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

213 974-3333 | yvaladez@bos.lacounty.gov

Date Stamp

California Form 802

For Official Use Only

☐ **Amendment** *(Must provide explanation in Part 3.)*

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

2. Function or Event Information

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

Face Value of Each Ticket/Pass $ 35

Event Description *Provide Title/Explanation*

Date(s) 8/20/15 9/1/15

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

If no: Hollywood Bowl *Name of Source*

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

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

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
OPCC	50	Social svcs for low-income families

4. Verification

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

Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
	Yolanda Valadez	Ticket Administrator	8/31/15

Comment: 25 tickets ea. Concert.

Print Form

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

A Public Document

1. Agency Name

County of Los Angeles

Division, Department, or Region *(If Applicable)*

Board of Supervisors, 3rd District

Designated Agency Contact *(Name, Title)*

Yolanda Valadez, Ticket Administrator

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

Date Stamp

California Form 802

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☐ **Amendment** *(Must provide explanation in Part 3.)*

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

2. Function or Event Information

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

Face Value of Each Ticket/Pass $ 35

Event Description *Provide Title/Explanation*

Date(s) 7/9/15 8/13/15

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

If no: Hollywood Bowl *Name of Source*

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

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

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
My Friends Place	50	Social svcs for homeless youth

4. Verification

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

Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
	Yolanda Valadez	Ticket Administrator	8/31/15

Comment: 25 tickets to ea. Concert

Print Form

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

A Public Document

1. Agency Name

County of Los Angeles

Division, Department, or Region *(If Applicable)*

Board of Supervisors, 3rd District

Designated Agency Contact *(Name, Title)*

Yolanda Valadez, Ticket Administrator

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

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California Form 802

For Official Use Only

☐ **Amendment** *(Must provide explanation in Part 3.)*

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

2. Function or Event Information

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

Face Value of Each Ticket/Pass $ 35

Event Description *Provide Title/Explanation*

Date(s) 7/9/15 8/13/15

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

If no: Hollywood Bowl *Name of Source*

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

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

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
San Fernando Valley Comm. Mental Health	50	mental health svcs for all ages

4. Verification

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

Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
	Yolanda Valadez	Ticket Administrator	8/31/15

Comment: 25 to ea. Concnt.

Print Form

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

A Public Document

1. Agency Name

County of Los Angeles

Division, Department, or Region *(If Applicable)*

Board of Supervisors, 3rd District

Designated Agency Contact *(Name, Title)*

Yolanda Valadez, Ticket Administrator

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

213 974-3333 | yvaladez@bos.lacounty.gov

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California Form 802

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☐ **Amendment** *(Must provide explanation in Part 3.)*

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

2. Function or Event Information

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

Face Value of Each Ticket/Pass $ 35

Event Description *Provide Title/Explanation*

Date(s) 6/28/15 8/4/15

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

If no: Hollywood Bowl *Name of Source*

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

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

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
PATH	50	Supportive svcs for homeless

4. Verification

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

Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
	Yolanda Valadez	Ticket Administrator	8/31/15

Comment: 25 tickets to ea. Concert.

Print Form

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

A Public Document

1. Agency Name

County of Los Angeles

Division, Department, or Region *(If Applicable)*

Board of Supervisors, 3rd District

Designated Agency Contact *(Name, Title)*

Yolanda Valadez, Ticket Administrator

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

213 974-3333 | yvaladez@bos.lacounty.gov

Date Stamp

California Form 802

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

2. Function or Event Information

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

Face Value of Each Ticket/Pass $ 35

Event Description *Provide Title/Explanation*

Date(s) 7/9/15 9/1/15

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

If no: Hollywood Bowl *Name of Source*

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

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

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
The Teen Project	50	Transition-age youth support

4. Verification

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

Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
	Yolanda Valadez	Ticket Administrator	8/31/15

Comment: 25 tickets to ea. Concert.

Print Form

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

A Public Document

1. Agency Name

County of Los Angeles

Division, Department, or Region *(If Applicable)*

Board of Supervisors, 3rd District

Designated Agency Contact *(Name, Title)*

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Area Code/Phone Number	E-mail
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California Form 802

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☐ **Amendment** *(Must provide explanation in Part 3.)*

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

2. Function or Event Information

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

Face Value of Each Ticket/Pass $ 35

Event Description *Provide Title/Explanation*

Date(s) 7/9/15 8/25/15

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

If no: Hollywood Bowl *Name of Source*

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

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

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

B. Name of Individual *(Last, First)*	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Village Family Services	50	Bilingual family wellness agency

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	Yolanda Valadez *Print Name*	Ticket Administrator *Title*	8/31/15 *(Month, Day, Year)*

Comment: 25 tickets to ea. concert

FPPC Form 802 (4/12)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)

Print Form

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

A Public Document

1. Agency Name

County of Los Angeles

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Board of Supervisors, 3rd District

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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 *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 $ 35

Date(s) 6/28/15 8/25/15 9/11/15 9/18/15

If no: Hollywood Bowl *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:
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Congregation Shaarei Tefila Senior Ctr		Senior center community

4. Verification

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

Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
	Yolanda Valadez	Ticket Administrator	8/31/15

Comment: 50 | 6/28/15 25 | 8/25/15 10 | 9/11/15 25 | 9/18/15

Print Form

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

A Public Document

1. Agency Name

County of Los Angeles

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Board of Supervisors, 3rd District

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

2. Function or Event Information

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

Event Description *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 $ 35

Date(s) 6/28/15 7/16/15 8/20/15 9/8/15

If no: Hollywood Bowl *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:
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Valley Self Help Center	31	12-step & self-help meeting location

4. Verification

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

Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
	Yolanda Valadez	Ticket Administrator	8/31/15

Comment: 5 6/28/15 8/7 1/6/15 & 8/20/15 10 9/8/15