

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
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, 3rd District			
Designated Agency Contact (Name, Title)			
Yolanda Valadez, Ticket Administrator			
Area Code/Phone Number	E-mail		
213-974-3333	yvaladez@bos.lacounty.gov		

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description: LA Phil Provide Title/Explanation

Face Value of Each Ticket/Pass \$ 168.00

Date(s) 1 9 2015

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

If no: LA Phil 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
Board of Supervisors	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 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.


Yolanda Valadez
Ticket Administrator
1-26-2015

Signature of Agency Head or Designee
Print Name
Title
(Month, Day, Year)

Comment: _____

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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

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 For Official Use Only

Amendment (Must provide explanation in Part 3.)

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2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description: LA Phil
 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 \$ 99.00

Date(s) 1 / 21 / 2015

If no: LA Phil
 Name of Source

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

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Yolanda Valadez
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Ticket Administrator
 Title

1-26-2015
 (Month, Day, Year)

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

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Event Description: LA Phil Provide Title/Explanation

Face Value of Each Ticket/Pass \$ 168.00

Date(s) 1, 21, 2015

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

If no: LA Phil Name of Source

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

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

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Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: _____

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Face Value of Each Ticket/Pass \$ 168.00

Date(s) 1, 22, 2015

If no: LA Phil Name of Source

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

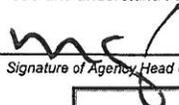
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Signature of Agency Head or Designee: 

Print Name: Yolanda Valadez

Title: Ticket Administrator

(Month, Day, Year): 1-26-2015

Comment: _____

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Date(s) 1 / 24 / 2015

If no: LA Phil Name of Source

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

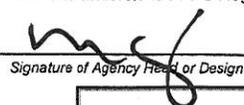
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Title: Ticket Administrator

(Month, Day, Year): 1-26-2015

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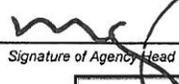
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	Yolanda Valadez	Ticket Administrator	1-26-2015
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment: _____