

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 <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)
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2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 99

Event Description Beethoven Symphonies Date(s) 10/3/15 10/4/15 10/2/15
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: WDC.H
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	<u>6</u>	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"/> 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.

_____ Yolanda Valadez Ticket Administrator 11/20/15
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: _____

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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	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small>	
213 974-3333	yvaladez@bos.lacounty.gov		

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description: Appropriate
Provide Title/Explanation

Face Value of Each Ticket/Pass \$ 66 ÷ \$94

Date(s) 10/3/15 10/17/15

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

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

If no: Mark Taper Forum
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	<u>4</u>	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>
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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] Yolanda Valadez Ticket Administrator 11/20/15
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: 10/3/15 (\$66) ÷ 10/17/15 (\$94)

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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 Face Value of Each Ticket/Pass \$ **138**

Event Description **The Mariinsky Ballet & Orchestra Dance**
Provide Title/Explanation Ticket(s) **10, 10, 15, 12, 11, 15**

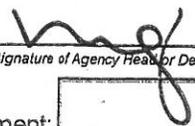
Ticket(s)/Pass(es) provided by agency? Yes No If no: **Dance**
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: _____
Official's Name (Last, First)

3. Recipients
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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	4	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>
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Yolanda Valadez
Ticket Administrator
11/20/15
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: _____

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

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 99 : \$168

Event Description Music 101 - KUSC's Date(s) 10/21/15
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: WDOH
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: _____
Official's Name (Last, First)

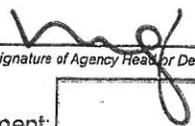
3. Recipients

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Board of Supervisors	<u>4</u>	Per Ticket Policy 5.3(k)
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
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Yolanda Valadez
Ticket Administrator
11/20/15
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: _____

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213 974-3333	yvaladez@bos.lacounty.gov		

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description: Sound of Music
Provide Title/Explanation

Face Value of Each Ticket/Pass \$ 150

Date(s) 10 24 15

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

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

If no: Ahmannson Theater
Name of Source

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

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Board of Supervisors	2	Per Ticket Policy 5.3(k)
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Signature of Agency Head or Designee: [Signature]
 Print Name: Yolanda Valadez
 Title: Ticket Administrator
 Date: 11/20/15
(Month, Day, Year)

Comment: _____