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

1. Agency Name
   County of Los Angeles
   Division, Department, or Region (if applicable)
   Board of Supervisors, Third 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 $ 120
   Event Description: Curious Incident of the Dog Abhason Theatre
   Ticket(s)/Pass(es) provided by agency?  Yes ☐ No ☒
   If no: Name of Source
   Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
   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)/Passes  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)/Passes  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)/Passes  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
   Yolanda Valadez
   Print Name
   Ticket Administrator  Title  10/23/17 (month, day, year)

Comment: __________________________

FPPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
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   Division, Department, or Region (if applicable)
   Board of Supervisors, Third 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 $165
   Event Description: The Red Shoes
   Date(s) 9/15/17 9/21/17
   Ticket(s)/Pass(es) provided by agency? Yes ☐   No ☑
   If no: Ahmanson Theatre
   Name of Source
   Was ticket distribution made at the behest of agency official? Yes ☑   No ☐
   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>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/ Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board of Supervisors</td>
<td>8</td>
<td>Per Ticket Policy 5.3(K)</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/ Passes</th>
<th>Identify one of the following:</th>
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<td></td>
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<td>Ceremonial Role ☐ Other ☐</td>
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<td></td>
<td></td>
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   Signature of Agency Head or Designee: ____________________________
   Yolanda Valadez
   Ticket Administrator: ____________________________
   (month, day, year)
   Print Name: ____________________________
   Comment: 9/12/17 9/14/17 9/24/17
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   County of Los Angeles
   Division, Department, or Region (if applicable)
   Board of Supervisors, Third District
   Designated Agency Contact (Name, Title)
   Yolanda Valadez, Ticket Administrator
   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 $ 249
   Event Description: Carmen
   Date(s): 9/12/2017
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If no: LA Opera
   Name of Source
   Was ticket distribution made at the behest of agency official? Yes ☑ No ☐
   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.

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<tr>
<th>A. Name of Agency, Department or Unit</th>
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   Signature of Agency Head or Designee  Yolanda Valadez  Ticket Administrator
   Print Name  Title
   (month, day, year)

Comment:  

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Yolanda Valadez, Ticket Administrator
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 $ 75
Event Description: Simply Shakespeare
Provide Title/Explanation
Date(s) 9/18/17
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Freud Theatre (UCLA)
Name of Source
Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
If yes: 
Official’s Name (Last, First)

3. Recipients
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Signature of Agency Head or Designee: Yolanda Valadez
Print Name: Ticket Administrator
Title: 10/23/17
(month, day, year)

Comment: 

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