**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 $** 130
- **Event Description:** Curious Incident of the Day.
- **Date(s):** 8/12/17, 8/11/14
- **Ticket(s)/Pass(es) provided by agency?** Yes ☑ No ☐ 4
- **Name of Source:** Ahmanson Theatre

**Was ticket distribution made at the behest of agency official?** Yes ☑ No ☐ 8/12/17

**Official’s Name (Last, First)**

**3. Recipients**

- **A. Name of Agency, Department or Unit**
  - Board of Supervisors
  - Number of Ticket(s)/Passes: 4

- **Describe the public purpose made pursuant to the agency’s policy**
  - 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:

- **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**

**Date of Original Filing:** (month, day, year)
10/12/17

**FPPC Toll-Free Helpline:** 866/ASK-FPPC (866/275-3772)