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 $ 45
   Event Description: [Provide Title/Explanation]
   Date(s) 9/4/17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Dodgers
   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>2</td>
<td>Per Ticket Policy 5.3(K)</td>
</tr>
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<tr>
<th>Name of Individual (Last, First)</th>
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<tr>
<th>Name of Outside Organization (include address and description)</th>
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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
   10/23/17
   (month, day, year)

   Comment: 916, 917, 918, 919, 9119, 9122, 9123, 9124, 9125, 9126, 9127 (2 tickets per game)
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 $45
   Event Description: [Provide Title/Explanation]
   Date(s): 2/11/17, 2/12/17
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If no: Dodgers
   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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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: Yolanda Valadez
   Title: Ticket Administrator
   Date: 10/12/2017

   Comment: 8/13, 8/15, 8/16, 8/25, 8/26, 8/27, 62 tickets on agency

FPPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
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 $45
   Event Description:  
   Date(s) 7/4/17 7/5/17
   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.
   
<table>
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<td>32</td>
<td>Per Ticket Policy 5.3(K)</td>
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   | 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 ☐  
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   | 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  
   Ticket Administrator  
   Print Name
   Title  
   (month, day, year)

Comment: 7/16, 7/17, 7/18, 7/19, 7/20, 7/21, 7/22, 7/23, 7/24, 7/25, 7/26, 7/28, 7/29, 7/30 (2 tickets)
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 $45
   Event Description: Provide Title/Explanation
   Date(s) 6/5/17 6/6/17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Ddavano 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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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: [Signature]
   Print Name: Yolanda Valadez
   Title: Ticket Administrator
   Date (month, day, year): 6/23/17
   Comment: 6/17, 6/19, 6/19, 6/11, 6/19, 6/20, 6/21, 6/22, 6/23, 6/24, 6/25, 6/26, 6/27 (2 tickets per game)

   FPPC Form 802 (2/2016)
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
1. Agency Name
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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 $ 45
Event Description: Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If no: Dodgers
Name of Source
Was ticket distribution made at the behest of agency official? Yes ☑ No ☐
If yes: Official's Name (Last, First)
Date (s) 5/1/17 5/2/17

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

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2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No □
   Face Value of Each Ticket/Pass $45
   Event Description: (Provide Title/Explanation)
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Date(s) 4/14/17 4/15/17
   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
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   Signature of Agency Head or Designee
   Yolanda Valadez
   Ticket Administrator
   (Print Name)
   Title
   (month, day, year)
   Comment: 4119, 4117, 4118, 4119, 4125, 4129, 4130
   (2 tickets per agency)

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