<u>_</u>	eremoniai Role Even	ts and Ticketi	Pass Distr	ibutions	Α	Public Document
1.	Agency Name				Date Stamp	California 802
	County of Los Angeles				1	
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only
	Board of Supervisors, Third	District				
	Designated Agency Contact	Name, Title)			1	
	Yolanda Valadez, Ticket Ad	ministrator				
	Area Code/Phone Number	E-mail			Amendment (Must P	Provide Explanation in Part 3.)
	213 974-3333	yvaladez@bos.lad	county.gov		Date of Original Filing: .	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	cet policy? Yes	⊠ No□ F	ace Value of	Each Ticket/Pass \$	35-436

	Event Description:	Provide Title/ Expl	anation [Date(s)	18/17	8,24,17
	Ticket(s)/Pass(es) provided	AND STATE OF THE S	□ No 🛭 If	fno: Ho	Name of Source	Boul
	Was ticket distribution made	at the behest Yes	M No I	yes:	Official's Name (Last, First)	
	of agency official?				Official's Name (Last, First)	
_	B :: 1					
3.	Recipients					
	• Use Section A to identify the agend	cy's department or unit.	lual. • Use Section C to ident	ify an outside organization.		
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made purs	suant to the agency's policy
	B. Name of Indiv		Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:
				I	nonial Role Other Ching "Ceremonial Role" or "Other" des	
				100	nonial Role Other Sking "Ceremonial Role" or "Other" desc	
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	suant to the agency's policy
	Westside Fa	nily	50		****	
						(4)
	Verification					
	I have read and understand FPF with the requirements.	² C Regulations 18944	1.1 and 18942. I	have verified t	hat the distribution set for	rth above, is in accordance
	u'/		da Valadez		Ticket Administrator	10/2/17
•	Signature of Agency Head or Designe	e P	rint Name		Title	(month, day, year)
	Comment: 25 t	ickets	per	conce	t date	

	gency Report of: eremonial Role Ever	nts and Ticket/F	Pass Distri	butions	Δ	Public Documer
_	Agency Name				Date Stamp	
	County of Los Angeles				2 die olamp	California 802
	Division, Department, or Reg	gion (if applicable)			+	For Official Use Only
	Board of Supervisors, Third					
	Designated Agency Contact				4	
	Yolanda Valadez, Ticket Ad	5 5				
	Area Code/Phone Number	TE-mail			Amendment (Must Pi	rovide Explanation in Part 3.)
	213 974-3333	yvaladez@bos.lac	ounty.gov		Date of Original Filing: _	(month, day, year)
2.	. Function or Event Information					
	Does the agency have a tic	ket policy?	⊠ No □ Fa	ace Value of	Each Ticket/Pass \$	35-126
	Event Description:		D		/ 18 / 17	7,27,17
	Tielset/e\/Dees/ee\ massided	Provide Title/ Expla		11-	ollywood	0
	Ticket(s)/Pass(es) provided	by agency? Yes	□ No 🛛 If	no:	Name of Source	Sow
	Was ticket distribution made	e at the hehest vest	ren N. m. If	yes:		
	of agency official?	e at the beliest Yes	△ NO □ "	y co	Official's Name (Last, First)	
3.	Recipients • Use Section A to identify the ager	ncy's department or unit.	Use Section B to id	lentify an individ	ual. • Use Section C to identi	fy an outside organization
			Number			
	A. Name of Agency, Depart	artment or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the fo	llowing;
					nonial Role Other Other ing "Ceremonial Role" or "Other" desc	Income [
	C. Name of Outside Organization (include address and description)				onial Role Other on "Other of the other" description of the other o	Income [
			Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy
	West Knoll	4				
	Pesidence	Conncil	100			
	•					
	Verification					
	Vermication I have read and understand FP with the requirements.	PC Regulations 18944.	1 and 18942. I	have verified t	hat the distribution set for	th above, is in accordance
3	L.	Yoland	da Valadez		Ticket Administrator	tala lua
			- Valuacz		HONGE AUTHINISTIATOR	1012117
•	Signature of Agency Head or Design	ee Pr	int Name		Title	(month, day, year)

<u> </u>	eremonial Role Even	is and lickeur	ass Distri	butions	A	Public Document
1.	Agency Name				Date Stamp	California Q02
	County of Los Angeles					Form OUZ
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Board of Supervisors, Third	District				
	Designated Agency Contact	(Name, Title)				
	Yolanda Valadez, Ticket Ad	lministrator			Amandmant (4. 10	
	Area Code/Phone Number	E-mail			Amendment (Must P.	rovide Explanation in Part 3.)
	213 974-3333	yvaladez@bos.lac	ounty.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a ticl	ket policy? Yes	⊠ No ☐ Fa	ace Value of I	Each Ticket/Pass \$	35-\$3b
	Event Description:		D	ate(s)	18 (17 (52)	7,20,17
		Provide Title/ Expla	nation	1.1	11	
	Ticket(s)/Pass(es) provided	by agency? Yes	□ No 🛛 If	no: Ho	Name of Source	Boul
9	Was ticket distribution made	at the behest Ves	⊠ No□ If	yes:	Traine or boards	
	of agency official?	103			Official's Name (Last, First)	
3.	Recipients	7.7				
	• Use Section A to identify the agen	cy's department or unit.		lentify an individ	ual. • Use Section C to identi	fy an outside organization.
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy

	B. Name of Indi		Number of Ticket(s)/		Identify one of the fo	llowing:
	(Last, Firs	SI)	Passes			
					onial Role Other Officer Offic	Income _
				n checki	ng Geremonial Note of Other desc	oribe below:
					onial Role Other Other Onial Role Other Other Other Other	Income cribe below:
	C Name of Outside Or	ranization	Number			
	C. Name of Outside Or (include address and		of Ticket(s)/ Passes	Describe the	public purpose made purs	uant to the agency's policy
	Valley Store	2 1				
	The Fo	4004	80			A .
	360135	maring				
$\overline{}$	Verification					
		PC Pagulations 19044	1 and 10040 I	hovo verifical H	not the distribution of s	4
v	have read and understand FPI with the requirements.	C Regulations 18944	. i anu 16942. l	nave venned ti	iai trie distribution set foi	τη above, is in accordance
	. '/	Valer	da Valadez		Ticket Administrator	. 1 1

Cere	emonial Role Even	ts and Ticket/I	Pass Distri	ibutions	Α	Public Document
1. Ag	Agency Name				Date Stamp	Octional and
Co	County of Los Angeles				77.33	Form 802
Div	ision, Department, or Reg	ion (if applicable)			1	For Official Use Only
Bo	ard of Supervisors, Third	District				
Des	Designated Agency Contact (Name, Title)				1	
Yol	landa Valadez, Ticket Ad	ministrator				
Are	a Code/Phone Number	E-mail			. Amendment (Must F	Provide Explanation in Part 3.)
213	3 974-3333	yvaladez@bos.lad	county.gov		Date of Original Filing:	(month, day, year)
2. Fu	nction or Event Infor	mation		- 10		
Do	es the agency have a tick	ket policy? Yes	⊠ No□ F	ace Value of I	Each Ticket/Pass \$ 🚄	35-436
Eve	ent Description:			Date(s)	20/17	8 1 17
Tick	ket(s)/Pass(es) provided	Provide Title/ Explain by agency? Yes	anation		Name of Source	12
	s ticket distribution made agency official?	at the behest Yes	⊠ No□ If	yes:	Official's Name (Last, First)	
3. R	ecipients					
	Jse Section A to identify the agen	cy's department or unit.	· Use Section B to i	dentify an individ	ual. • Use Section C to ident	tify an outside organization.
Α.	Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made pur	suant to the agency's policy
В.	Name of Indi	vidual	Number			
Ь.	(Last, Firs		of Ticket(s)/ Passes		Identify one of the fo	ollowing:
					onial Role Other of "Other" des	Income Income
	C. Name of Outside Organization (include address and description)			The second secon	onial Role Other on "Other" des	Income Income
C.			Number of Ticket(s)/ Passes	Describe the	public purpose made purs	suant to the agency's policy
7.	allay Self	Help	30			- I
10						,
	ification					
l hav with	ve read and understand FPI the requirements.	PC Regulations 18944	.1 and 18942. I	have verified th	hat the distribution set fo	rth above, is in accordance
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Yolan	da Valadez	•	Ticket Administrator	ماءاءاء
Sig	gnature of Agency Head or Designe		rint Name		Title	(month. day. year)
Cor	mment: 15 to	ckets 1	zen C	ment	date.	

	gency Report of: eremonial Role Ever	nts and Ticket/	Pass Distr	ributions	٨	Public Document	
	Agency Name				Date Stamp	California	
	County of Los Angeles				Date Stamp	Form 802	
	Division, Department, or Reg	gion (if applicable)			1	For Official Use Only	
	Board of Supervisors, Third	District					
	Designated Agency Contact				1		
	Yolanda Valadez, Ticket Ad	dministrator					
	Area Code/Phone Number	E-mail			Amendment (Must Pr	ovide Explanation in Part 3.)	
	213 974-3333	yvaladez@bos.lad	county.gov		Date of Original Filing: _	(month, day, year)	
2.	Function or Event Infor	mation					
	Does the agency have a tic	ket policy? Yes	⊠ No □ F	ace Value of	Each Ticket/Pass \$ 3	5-436	
	Event Description:			Date(s)	Each Ticket/Pass \$ 3		
	Ticket(s)/Pass(es) provided	Provide Title/ Explain	arration		Mywood		
				1110.	Name of Source	Dow	
	Was ticket distribution made	e at the behest Yes	⊠ No 🗆 If	f yes:	Official's Name (Last, First)		
	of agency official?				Official's Name (Last, First)		
3.	Recipients • Use Section A to identify the agen	cy's department or unit.	Use Section B to i	dentify an individ	dual. • Use Section C to identify an outside organization.		
	A. Name of Agency, Depa		Number of Ticket(s)/ Passes		public purpose made pursu		
	B. Name of India (Last, Firs		Number of Ticket(s)/ Passes		Identify one of the foll	owing:	
			rasses	Ceremo If checkir	onial Role Other or "Other" descri	Income De below:	
					nial Role Other Other or "Other" descri	Income Income	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe the	public purpose made pursua	ant to the agency's policy	
	UCLA Hillel		20				
_	/erification						
1	have read and understand FPP vith the requirements.	C Regulations 18944.	1 and 18942. I i	have verified the	at the distribution set forth	above, is in accordance	
927	"	Yoland	a Valadez	т	icket Administrator	1-1-1-	
_	Signature of Agency Head or Designee		nt Name		Title	(month day year)	
(Comment:		×			,, day, youry	

	gency Report of: eremonial Role Evel	nts and Ticket/F	Pass Distr	ibutions	Δ	Public Document	
_	Agency Name				Date Stamp	California OOO	
	County of Los Angeles				Date Stamp	Form 802	
	Division, Department, or Reg	gion (if applicable)			-	For Official Use Only	
	Board of Supervisors, Third						
	Designated Agency Contact						
	Yolanda Valadez, Ticket Ad	C. C. S. C. G. G. S. C. S. C. C. S.					
	Area Code/Phone Number	E-mail			Amendment (Must P.	rovide Explanation in Part 3.)	
	213 974-3333	yvaladez@bos.lac	ounty.gov		Date of Original Filing: -	(month downsor)	
2.	Function or Event Infor	mation				(monal, day, year)	
	Does the agency have a tic	ket policy? Yes	⊠ No □ F	ace Value of	Each Ticket/Pass \$ 3	5-\$36	
	Event Description:		Г			8/1/17	
	Ticket(s)/Pass(es) provided	Provide Title/ Expla	nation		Maragan	B	
					Name of Source	Dow	
	Was ticket distribution made of agency official?	e at the behest 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 of						fy an outside organization.	
	A. Name of Agency, Depa		Number of Ticket(s)/ Passes		public purpose made purs		
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the fo	llowing:	
					onial Role Other on "Other on "Other" descriptions	Income In	
					nial Role Other or "Other" descri	Income Income	
	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		
-	Topanga Yout	L Services	20				
1	/erification have read and understand FPF vith the requirements.	PC Regulations 18944.	1 and 18942. I I	have verified th	at the distribution set fort	h above, is in accordance	
		Yoland	a Valadez	٦	icket Administrator	John I.a	
-	Signature of Agency Head or Designe					1012117	

	gency Report of: eremonial Role Even	ts and Ticket/F	Pass Distri	butions	Δ	Public Document
	Agency Name				Date Stamp	Collifornia o o o
	County of Los Angeles					Form 802
	Division, Department, or Reg	ion (if applicable)	***************************************		+	For Official Use Only
	Board of Supervisors, Third	District				
	Designated Agency Contact				1	
	Yolanda Valadez, Ticket Ad					
	Area Code/Phone Number	E-mail			Amendment (Must P.	rovide Explanation in Part 3.)
	213 974-3333	yvaladez@bos.lac	ounty.gov		Date of Original Filing: .	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	cet policy? Yes	⊠ No ☐ Fa	ace Value of	Each Ticket/Pass $\$ 2$	5-436
	Event Description:	Provide Title/ Expla	D	ate(s)	10,17	8,24,17
	Ticket(s)/Pass(es) provided		nation □ No ☑ If	no: Ho	Name of Source	
	Was ticket distribution made of agency official?	at the behest Yes [⊠ No□ If	yes:	Official's Name (Last, First)	
3.	Recipients • Use Section A to identify the agence A. Name of Agency, Depa		Use Section B to id			
	A. Name of Agency, Depa		of Ticket(s)/ Passes		e public purpose made purs	uant to the agency's policy
	B. Name of Indiv		Number of Ticket(s)/ Passes		Identify one of the fo	llowing:
					onial Role Other on "Other of the control of the co	Income Income
					onial Role Other on "Other" description of the other o	Income Income
	C. Name of Outside Organization (include address and	description)	Number of Ticket(s)/ Passes	Describe the	public purpose made purs	uant to the agency's policy
	The Village Sersice	Family	50			
1	Verification have read and understand FPF vith the requirements.	PC Regulations 18944.	1 and 18942. I I	have verified th	nat the distribution set for	th above, is in accordance
1/	are reguli official.					
V	. 7	344.55/402 (7.55/5) 44	la Valadez		Ticket Administrator	- 200

	gency Report of: eremonial Role Ever	nts and Ticket/F	Pass Distri	butions	ΔΕ	Public Document
the same of the same of	Agency Name				Date Stamp	Colifornia C. C. C.
	County of Los Angeles					Form 802
	Division, Department, or Reg	gion (if applicable)				For Official Use Only
	Board of Supervisors, Third	District			-	
	Designated Agency Contact					
	Yolanda Valadez, Ticket Ad	5				
	Area Code/Phone Number	E-mail			Amendment (Must Prov	ride Explanation in Part 3.)
	213 974-3333	yvaladez@bos.lace	ounty.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Information					
	Does the agency have a tic	ket policy? Yes			Each Ticket/Pass \$ 3	
	Event Description:		D	ate(s)	18/17	8/3/17
	Ticket(s)/Pass(es) provided	Provide Title/ Explain by agency? Yes [nation □ No 🛛 If	no: Ho	Name of Source	Bow)
	Was ticket distribution made of agency official?	e at the behest Yes [⊠ No 🗆 If	yes:	Official's Name (Last, First)	
3.	Recipients • Use Section A to identify the ager	ncy's department or unit.		dentify an individ	ual. • Use Section C to identify	an outside organization.
	A. Name of Agency, Depa	Number of Ticket(s)/ Passes	Describe the	e public purpose made pursua	ant to the agency's policy	
	B. Name of Indi (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the follo	wing:
					onial Role Other Ining "Ceremonial Role" or "Other" describ	Income e below:
					onial Role Other Other ing "Ceremonial Role" or "Other" describ	Income
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe the	public purpose made pursua	nt to the agency's policy
	The Tean T	Project	40			
1	Verification					,
	Verification I have read and understand FP	PC Regulations 18944.	1 and 18942. I	have verified th	hat the distribution set forth	above, is in accordance
1	with the requirements.					, a an aroon admoo
1	with the requirements.		la Valadez		Ticket Administrator	ا ماما

	gency Report of: eremonial Role Even	ts and Ticket/F	Pass Distri	butions	Α	Public Document	
-	Agency Name				Date Stamp	Colifornia	
	County of Los Angeles					Form 802	
	Division, Department, or Regi	on (if applicable)			1	For Official Use Only	
	Board of Supervisors, Third	District					
	Designated Agency Contact (1		
	Yolanda Valadez, Ticket Adr	15 15					
		E-mail			Amendment (Must Pr	ovide Explanation in Part 3.)	
	213 974-3333	yvaladez@bos.lac	ounty.gov		Date of Original Filing: _	(month, day, year)	
2.	Function or Event Information						
	Does the agency have a tick	et policy? Yes	⊠ No □ Fa	ace Value of	Each Ticket/Pass \$ 3	5-436	
	Event Description:		D:	ate(s)	120/17	9,14,17	
	Ticket(s)/Pass(es) provided by	Provide Title/Expla by agency? Yes	nation □ No 🛭 If	no: Ho	Name of Source	Boul	
	Was ticket distribution made of agency official?	at the behest Yes [Official's Name (Last, First)				
3.	Recipients • Use Section A to identify the agence	y's department or unit. •	Use Section B to id	lentify an individ	ual. • Use Section C to identif	y an outside organization.	
	A. Name of Agency, Depar	Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy		
	B. Name of Indivi (Last, First		Number of Ticket(s)/ Passes		Identify one of the folonial Role Other of the folonial Role Other fing "Ceremonial Role" or "Other" descri	Income 🗌	
	,				onial Role Other on "Other" description of "Ceremonial Role" or "Other" descriptions	Income In	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe the	public purpose made pursu	ant to the agency's policy	
	Sylman Wan	an's dul	.40				
,	Verification I have read and understand FPP with the requirements.	C Regulations 18944.	1 and 18942. I I	nave verified th	nat the distribution set fort	h above, is in accordance	
	7	Voleno	la Valadez	.	Ticket Administrator	. 1 1	
-	Signature of Agency Head or Designee		nt Name		Title	1012/17	
	2		\circ			(month, day, year)	

Ceremonial Role Events and Ticket/Pass Distributions					A Public Document		
1.	Agency Name				Date Stamp	California Q02	
	County of Los Angeles					Form 802	
	Division, Department, or Reg	ion (if applicable)				For Official Use Only	
	Board of Supervisors, Third						
	Designated Agency Contact	(Name, Title)					
	Yolanda Valadez, Ticket Ad	ministrator			Amandmant (44)		
	Area Code/Phone Number	E-mail		***************************************	Amendment (Must)	Provide Explanation in Part 3.)	
	213 974-3333	yvaladez@bos.lac	ounty.gov		Date of Original Filing:	(month, day, year)	
2.	Function or Event Infor	mation					
	Does the agency have a tick	ket policy? Yes	⊠ No□ F	ace Value of I	Each Ticket/Pass \$ _	35-136	
		, , , , ,				CIS	
	Event Description:	Provide Title/ Expla	D	ate(s)t_/	20,17	8 117	
	Ticket(s)/Pass(es) provided	1985V		no: Ho	Name of Source	Boul	
	Was ticket distribution made	at the behest Yes	⊠ No□ If	yes:	Official's Name (Last, First)		
	of agency official?				Omoure wante (Lust, 1 list)		
3.	Recipients						
•	• Use Section A to identify the agen-	cy's department or unit.	Use Section B to i	dentify an individ	ual. • Use Section C to ident	ify an outside organization.	
	A. Name of Agency, Depa	Number of Ticket(s)/ Passes			suant to the agency's policy		
			Number				
	B. Name of Indiv (Last, Firs		of Ticket(s)/ Passes		Identify one of the fo	ollowing:	
					onial Role Other on "Other" des	Income Income	
					onial Role Other on "Other" des	Income Income	
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	public purpose made purs	uant to the agency's policy	
	St. Sebastian	~	48	343			
. 7	Verification						
1	have read and understand FPF with the requirements.	PC Regulations 18944.	1 and 18942. I	have verified th	at the distribution set fo	rth above, is in accordance	
_	Signature of diagrams		da Valadez		Ticket Administrator		
	Signature of Agency Head or Designe	e Pr	int Name	\	Title	(month, day, year)	
	Comment: 91141	n (18 t	icket	(25			

Name If Los Angeles Department, or Reg Supervisors, Third Agency Contact Valadez, Ticket Adel/Phone Number 3333 In or Event Information Agency have a tick scription: Pass(es) provided It distribution made By official?	d District (Name, Title) dministrator E-mail yvaladez@bos.lace rmation ket policy? Yes Provide Title/ Expla I by agency? Yes e at the behest Yes	ounty.gov ☑ No ☐ Face ☐ Date(☐ No ☑ If no: ☑ No ☐ If yes	Date Stamp California Form For Official Use On Amendment (Must Provide Explanation in Part 3 Date of Original Filling:
f Los Angeles Department, or Reg Supervisors, Third of Agency Contact Valadez, Ticket Ace Phone Number 3333 n or Event Informagency have a tick scription: Pass(es) provided t distribution made by official?	d District (Name, Title) dministrator E-mail yvaladez@bos.lace rmation ket policy? Yes Provide Title/ Expla I by agency? Yes e at the behest Yes	No ☐ Face Date(Ination ☐ No ☑ If no: ☑ No ☐ If yes	Amendment (Must Provide Explanation in Part 3 Date of Original Filling: (month, day, year) E Value of Each Ticket/Pass \$ 35 - 1636 E(s) 7, 27, 17 & 7, 22, 17 Name of Source S: Official's Name (Last, First)
Supervisors, Third Agency Contact Valadez, Ticket Adel/Phone Number 3333 n or Event Informagency have a tick scription: Pass(es) provided the distribution made by official?	d District (Name, Title) dministrator E-mail yvaladez@bos.lace rmation ket policy? Yes Provide Title/ Expla I by agency? Yes e at the behest Yes	No ☐ Face Date(Ination ☐ No ☑ If no: ☑ No ☐ If yes	Date of Original Filing:
Supervisors, Third Agency Contact Valadez, Ticket Ader/Phone Number 3333 n or Event Informagency have a tick scription: Pass(es) provided the distribution made by official?	d District (Name, Title) dministrator E-mail yvaladez@bos.lace rmation ket policy? Yes Provide Title/ Expla I by agency? Yes e at the behest Yes	No ☐ Face Date No ☑ If no: No ☐ If yes	Date of Original Filing:
Agency Contact Valadez, Ticket Ade/Phone Number 3333 n or Event Informagency have a tick scription: Pass(es) provided t distribution made by official? ents on A to identify the agen	dministrator E-mail yvaladez@bos.lac rmation ket policy? Yes Provide Title/ Expla I by agency? Yes e at the behest Yes	No ☐ Face Date No ☑ If no: No ☐ If yes	Date of Original Filing:
Valadez, Ticket Adel/Phone Number 3333 n or Event Informagency have a ticked scription: Pass(es) provided the distribution made by official? Pass on A to identify the agent	dministrator E-mail yvaladez@bos.lacermation Yes Provide Title/ Explain Section Yes by agency? Yes Yes e at the behest Yes	No ☐ Face Date No ☑ If no: No ☐ If yes	Date of Original Filing:
e/Phone Number 3333 n or Event Information agency have a tick scription: Pass(es) provided t distribution made by official? ents on A to identify the agen	E-mail yvaladez@bos.lace rmation ket policy? Yes Provide Title/ Expla I by agency? Yes e at the behest Yes	No ☐ Face Date No ☑ If no: No ☐ If yes	Date of Original Filing:
agency have a tice scription: Pass(es) provided the distribution made by official?	yvaladez@bos.lace rmation sket policy? Yes Provide Title/ Expla I by agency? Yes e at the behest Yes	No ☐ Face Date No ☑ If no: No ☐ If yes	(month, day, year) E Value of Each Ticket/Pass \$ 35 - \$36 E(s) 7 / 27 / 17
agency have a tic scription:	Provide Title/ Expla I by agency? Yes e at the behest Yes	Date(□ No ☑ If no: ☑ No ☐ If yes	Holywood Bows Name of Source Official's Name (Last, First)
scription: Pass(es) provided t distribution made y official? ents on A to identify the agen	Provide Title/ Expla I by agency? Yes e at the behest Yes	Date(□ No ☑ If no: ☑ No ☐ If yes	Holywood Bows Name of Source Official's Name (Last, First)
Pass(es) provided t distribution made y official? ents on A to identify the ager	I by agency? Yes	□ No⊠ If no: ☑ No□ If yes	Name of Source Official's Name (Last, First)
Pass(es) provided t distribution made y official? ents on A to identify the ager	I by agency? Yes	□ No⊠ If no: ☑ No□ If yes	Name of Source S:Official's Name (Last, First)
ents on A to identify the ages		7 Shilana Mara	S:Official's Name (Last, First)
on A to identify the age	ncy's department or unit.	Use Section B to identi	
Name of Agency, Dep	artment or Unit	Number of Ticket(s)/ Passes	ify an individual. • Use Section C to identify an outside organization Describe the public purpose made pursuant to the agency's po
Name of Ind (Last, Fir		Number of Ticket(s)/ Passes	Identify one of the following: Ceremonial Role Other Income of the following:
			Ceremonial Role Other Inco
C. Name of Outside Organization (include address and description)			Describe the public purpose made pursuant to the agency's pol
Joseph's	- Center	50	
	PPC Regulations 18944	.1 and 18942. I have	ve verified that the distribution set forth above, is in accord
on and understand FP	TO regulations 10544.		Ticket Administrator
_	(Include address and	(Include address and description) Soseph's Center	(Include address and description) Soseph's Center on and understand FPPC Regulations 18944.1 and 18942. I have

	gency Report of: eremonial Role Events and Ticket/F	Pass Distri	ibutions	A	Public Document	
1.	Agency Name			Date Stamp	Collifornia	
	County of Los Angeles				Form 802	
	Division, Department, or Region (if applicable)				For Official Use Only	
	Board of Supervisors, Third District					
	Designated Agency Contact (Name, Title)					
	Yolanda Valadez, Ticket Administrator					
	Area Code/Phone Number E-mail			Amendment (Must Pr	rovide Explanation in Part 3.)	
	213 974-3333 yvaladez@bos.lac	ounty.gov		Date of Original Filing: _	(month, day, year)	
2.	Function or Event Information					
	Does the agency have a ticket policy? Yes			Each Ticket/Pass \$ 🗵		
	Event Description:		oate(s)	13,17	8 22 17	
	Provide Title/ Explain Ticket(s)/Pass(es) provided by agency? Yes	nation □ No 🛭 If	no: Ho	Name of Source		
	Was ticket distribution made at the behest Yes of agency official?		yes:	Name of Source Official's Name (Last, First)		
3.	Recipients • Use Section A to identify the agency's department or unit.	Use Section B to i	dentify an individ	ual. • Use Section C to identi	fy an outside organization.	
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy	
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the folonial Role Other one of the one of the one of the folonial Role or "Other" descriptions of the folonial Role of the folon	Income 🗌	
			V	onial Role Other Onial Role Other Onial Role Other Other	Income In	
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the	public purpose made pursu	ant to the agency's policy	
	Shc Emeritus College	50				
I		1 and 18942. I la Valadez		nat the distribution set fort Ticket Administrator	th above, is in accordance	
		nt Name		Title	(month, day, year)	

	gency Report of: eremonial Role Ever	nts and Ticket/P	ass Distri	ibutions	A	N Public Docur	mení	
	Agency Name		Date Stamp	Colifornia				
	County of Los Angeles					Form 8	02	
	Division, Department, or Reg	jion (if applicable)			1	For Official Use C	Only	
	Board of Supervisors, Third	*** 1 4. 1. 1. 4. 4. 4. 4. 4.						
	Designated Agency Contact							
	Yolanda Valadez, Ticket Ac							
	Area Code/Phone Number	IE-mail			Amendment (Must	Provide Explanation in Part	3.)	
	213 974-3333	yvaladez@bos.laco	ounty.gov		Date of Original Filing:	(month, day, year)	•	
2.	Function or Event Information							
	Does the agency have a tic	ket policy? Yes [⊠ No□ F	ace Value of	Each Ticket/Pass \$ _	35-\$36	_	
	Event Description:		D	ate(s) 8	3/17	8,22,5	١	
		Provide Title/ Explai	nation					
	Ticket(s)/Pass(es) provided				Name of Source	1 Bowl	-	
	Was ticket distribution made of agency official?	e at the behest Yes	⊠ No 🔲 lf	yes:	Official's Name (Last, First)			
3.	Recipients • Use Section A to identify the agen	ncy's department or unit.	Use Section B to i	dentify an individ	ual. • Use Section C to iden	tify an outside organization	on.	
	A. Name of Agency, Depart		Number of Ticket(s)/ Passes		e public purpose made pu			
	B. Name of Indi	vidual	Number					
	(Last, Fire	and the state of t	of Ticket(s)/ Passes		Identify one of the t	following:		
					onial Role Other Cing "Ceremonial Role" or "Other" de		come [
				N., 1502002000	onial Role Other of "Other" de		come [
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency			olicy	
	San Fernand Chus	o Kinamis	50			-		
	Verification I have read and understand FP	PC Regulations 18944	1 and 18942 I	have verified t	hat the distribution set for	orth above is in secon	dones	
	with the requirements.					orur above, is in accord	uance	
	Signature of Agency Head or Designo		la Valadez		Ticket Administrator	10/2	17	
	orgination of Figure 1 Pooligin		in italie		Title	(month, day,	year)	

Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California County of Los Angeles Form Division, Department, or Region (if applicable) For Official Use Only Board of Supervisors, Third District Designated Agency Contact (Name, Title) Yolanda Valadez, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail 213 974-3333 Date of Original Filing: yvaladez@bos.lacounty.gov (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ 35 Yes ⊠ No □ Event Description: Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes □ No 🛛 Name of Source Was ticket distribution made at the behest Yes ☒ No ☐ If yes: Official's Name (Last, First) of agency official? 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. Number A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ **Passes** Number B. Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income ___ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (Include address and description) Passes 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 Head or Designee Print Name Title

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, Third District Designated Agency Contact (Name, Title) Yolanda Valadez, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 213 974-3333 yvaladez@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 3 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: _ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛛 Was ticket distribution made at the behest Yes ☒ No ☐ If yes: Official's Name (Last, First) of agency official? Recipients 3. · 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. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ A. **Passes** Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other ___ Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes ente 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 Print Name Signature of Agency Head or Designee

Oex

C	eremoniai Role Even	is and lickeup	ass Distri	DULIONS		A Public	Document
1.	Agency Name	Date Stamp	Califo	rnia 802			
	County of Los Angeles					For	
	Division, Department, or Reg	ion (if applicable)			1	For C	official Use Only
	Board of Supervisors, Third	District					
	Designated Agency Contact	(Name, Title)		1			
	Yolanda Valadez, Ticket Ad	ministrator					
	Area Code/Phone Number	E-mail			Amendment (Must Provide Explanation in Part 3.)		
	213 974-3333	yvaladez@bos.laco	unty.gov		Date of Original Fil	ing:(month, da	ay, year)
2.	Function or Event Infor	mation					
	Does the agency have a tick	ket policy? Yes	No□ F	ace Value of	Each Ticket/Pass	\$ 35- #	>36
	Event Description:		D	ate(s)	13/17	1	1
	Everte Decomption:	Provide Title/ Explan	ation				
	Ticket(s)/Pass(es) provided	by agency? Yes [] No⊠ If	no: <u>Ho</u>	Name of Source	. Box	
	Was ticket distribution made	e at the behest Yes	I No □ If	yes:	Official's Name (Last, I	First)	
	of agency official?		•				
3.	Recipients						
J.	• Use Section A to identity the ager	dual. • Use Section C to	identity an outsid	e organization.			
	A. Name of Agency, Dep	Number of Ticket(s)/ Passes	Describe th	ne public purpose mad	e pursuant to the	agency's policy	
	B. Name of Ind		Number of Ticket(s)/ Passes		Identify one of	the following:	
					monial Role Oth	ner her' describe below:	Income _
		4.00		1	monial Role Ott	her her heer helow:	Income _
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe t	the public purpose made pursuant to the agency's p		agency's policy
	NCJW	2-2-2-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3-3	20			*	
_	Varification						
4.	Verification I have read and understand Fl	PPC Regulations 18042	1 and 18942	I have verified	that the distribution	set forth above	is in accordance
	with the requirements.	. O Nogalations 10947	10072.	70111100	areanauron		2000,007,000
		Volon	da Valadez		Ticket Administra	ator	1012 11-
	Signature of Agercy Head or Desig		rint Name		Title		(month, day, year)
	0						
	Comment:						

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, Third District Designated Agency Contact (Name, Title) Yolanda Valadez, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 213 974-3333 yvaladez@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 35 - \$36 Does the agency have a ticket policy? Yes⊠ No□ Event Description: _ Date(s) Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes 🗌 No 🛛 Name of Source Was ticket distribution made at the behest Yes ☒ No ☐ If yes: Official's Name (Last, First) of agency official? Recipients · Use Section A to identity the agency's department or unit. · Use Section B to identity an individual. · Use Section C to identity an outside organization. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ A. Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other Income ___ If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes 5 4. Verification

I have read and understand FPPC Regulations	18944.1	and 1894	2. I have	verified that th	e distribution	set forth a	above, .	is in acco	ordance
with the requirements.									

Head or Designee Signature of Agend

Yolanda Valadez

Ticket Administrator

Comment:

Agency Report of: Ceremonial Role Ever	nts and Ticket/Pa	ass Distril	outions	A	Public Document	
1. Agency Name	- Accessory and			Date Stamp	California OOO	
County of Los Angeles					Form 802	
Division, Department, or Reg	gion (if applicable)				For Official Use Only	
Board of Supervisors, Third	District					
Designated Agency Contact						
Yolanda Valadez, Ticket A						
Area Code/Phone Number	E-mail	.,		Amendment (Must Provide Explanation in Part 3.)		
213 974-3333	yvaladez@bos.laco	unty.gov		Date of Original Filing:	(month, day, year)	
2. Function or Event Info	rmation					
Does the agency have a tio				Each Ticket/Pass \$ 4	5-436	
Event Description:	D 11 TU 15 1	Da	ate(s)	13/11		
Ticket(s)/Pass(es) provided	Provide Title/ Expland I by agency? Yes [No⊠ If	no: Ha	Name of Source	3000	
Was ticket distribution mad of agency official?	e at the behest Yes	No □ If	yes:	Official's Name (Last, First)		
3. Recipients • Use Section A to identity the age	ency's department or unit.	Use Section B to id	lentity an individ	tual. • Use Section C to iden	atity an outside organization.	
A. Name of Agency, Dep		Number of Ticket(s)/ Passes			rsuant to the agency's policy	
B. Name of In		Number of Ticket(s)/ Passes		Identify one of the following:		
				king "Ceremonial Role" or "Olher" de		
				monial Role Other C king "Ceremonial Role" or "Other" de		
C. Name of Outside (include address ar		Number of Ticket(s)/ Passes	Describe ti	rsuant to the agency's policy		
Magnalia Sc	Academy	25				
4. Verification						
I have read and understand F with the requirements.			have verified		1 12100	
Signature of Agency Head or Desi		da Valadez rint Name	-	Ticket Administrator	(month, day, year)	
Comment:						

	jency Report of: eremonial Role Even	ts and Ticket/P	ass Distrib	outions		N Public Document	
1.	Agency Name				Date Stamp	California 802	
	County of Los Angeles					I GIIII	
	Division, Department, or Reg	ion (if applicable)				For Official Use Only	
	Board of Supervisors, Third	District					
	Designated Agency Contact						
	Yolanda Valadez, Ticket Ad						
	Area Code/Phone Number	E-mail			Amendment (Must	Provide Explanation in Part 3.)	
	213 974-3333	yvaladez@bos.laco	ounty.gov		Date of Original Filing	:(month, day, year)	
2.	Function or Event Infor	mation				-lı - i	
	Does the agency have a tick	ket policy? Yes [Each Ticket/Pass \$ _	35-\$36	
	Event Description:			ate(s)	12411	211411	
	Ticket(s)/Pass(es) provided	Provide Title/ Explain by agency? Yes	No⊠ If	no: Hoi	Name of Source	Bowl	
	Was ticket distribution made	e at the behest Voc.	XI No II If	yes:	Official's Name (Last, Firs		
	of agency official?	actio policot [63]	A NOL	•	Official's Name (Last, Firs	t)	
3.	Recipients Use Section A to identity the ager	ncy's department or unit.	Use Section B to id	lentity an indivi	dual. • Use Section C to ide	entity an outside organization.	
	A. Name of Agency, Dep		Number of Ticket(s)/ Passes			ursuant to the agency's policy	
	B. Name of Ind (Last, Fi		Number of Ticket(s)/ Passes		Identify one of the following:		
			-		monial Role Other cking "Ceremonial Role" or "Other"		
				1	monial Role Other		
	C. Name of Outside (include address an	Organization d description)	Number of Ticket(s)/ Passes	Describe t	the public purpose made pursuant to the agency's policy		
	Las Palm	as Pank	50				
4.	Verification	DDC Regulations 1904	4.1 and 18042	I have verified	I that the distribution se	t forth above, is in accordance	
	with the requirements.	i i O Neguladolis 1094	10072.	70111100			
	Signature of Agency Head or Designature		nda Valadez		Ticket Administrato	or 1012117 (month, day, year)	
	Comment: 2	ticket	5 for	eac	h conc	ent dute.	

CE	jency Report of: eremonial Role Even	ts and Ticket/P	ass Distrib	outions	Α	Public Document	
1.	Agency Name				Date Stamp	California 802	
	County of Los Angeles					101111 00-	
	Division, Department, or Reg	ion (if applicable)				For Official Use Only	
	Board of Supervisors, Third	District					
	Designated Agency Contact						
	Yolanda Valadez, Ticket Ad	Iministrator					
	Area Code/Phone Number	E-mail			Amendment (Must	Provide Explanation in Part 3.)	
	213 974-3333	yvaladez@bos.laco	ounty.gov		Date of Original Filing:	(month, day, year)	
2.	Function or Event Infor	mation				- "-	
	Does the agency have a tic	ket policy? Yes [-	Each Ticket/Pass \$ _	35-476	
	Event Description:	Provide Title/ Explai	Da	ate(s)	1 3 1 1	1/20/17	
	Ticket(s)/Pass(es) provided		□ No 🛭 If	no: Hoi	Name of Source	Benj	
	Was ticket distribution made of agency official?	e at the behest Yes [⊠ No □ If	yes:	Official's Name (Last, First)		
3.	Recipients • Use Section A to identity the age	ncy's department or unit. •	Use Section B to id	lentity an individ	dual. • Use Section C to iden	ntity an outside organization.	
	A. Name of Agency, Dep	artment or Unit	of Ticket(s)/ Passes	Describe th	ne public purpose made pu	ursuant to the agency's policy	
	B. Name of Inc	lividual	Number of Ticket(s)/		Identify one of the	following:	
	(Last, F	irst)	Passes		eremonial Role Other Income		
					monial Role Other Other of Ching "Ceremonial Role" or "Other" of		
	C. Name of Outside (include address ar		Number of Ticket(s)/ Passes	Describe t	he public purpose made p	ursuant to the agency's policy	
	LACER Aft.	ers chool	50				
4.	Verification I have read and understand F	PPC Regulations 1804	4 1 and 18042	have verified	that the distribution set	forth above is in accordance	
	with the requirements.	FFO Regulations 10944	T. I GIIU 10942. I	nave vermeu	and the distribution set	Total above, is in accordance	
	10	Volor	nda Valadez		Ticket Administrator	10/2/17	
	Signature of Agency Head or Designature		iua valaucz		Title	1912111	

	ency Report of: eremonial Role Even	ts and Ticket/Pa	ass Distrik	outions	A	Public Document	
1.	Agency Name				Date Stamp	California 802	
	County of Los Angeles				(4	Form OUZ	
	Division, Department, or Reg	ion (if applicable)				For Official Use Only	
	Board of Supervisors, Third	District					
	Designated Agency Contact						
	Yolanda Valadez, Ticket Ad						
	Area Code/Phone Number	E-mail			Amendment (Must F	Provide Explanation in Part 3.)	
	213 974-3333	yvaladez@bos.laco	unty.gov		Date of Original Filing:	(month, day, year)	
2.	Function or Event Infor	mation					
	Does the agency have a tic	N 5	3 110 🗀		Each Ticket/Pass \$ 🗖	8,10,17	
	Event Description:	Provide Title/ Explan	Da	ate(s)	13/11	81011	
	Ticket(s)/Pass(es) provided	B SAMMAN S M] No⊠ If	no: HOI	Name of Source		
	Was ticket distribution made of agency official?	e at the behest Yes 🛚	¶ No□ If	yes:	Official's Name (Last, First)		
3.	• Use Section A to identity the ages A. Name of Agency, Dep	Use Section B to ic Number of Ticket(s)/ Passes		A SEARCH SERVICE	ntity an outside organization.		
	B. Name of Individual		Number of Ticket(s)/		Identify one of the	following:	
	(Last, Fi	rst)	Passes		monial Role Other Cking "Ceremonial Role" or "Other" d		
					monial Role Other Ching "Ceremonial Role" or "Other" of		
	C. Name of Outside (include address an		Number of Ticket(s)/ Passes	Describe t	he public purpose made pu	ursuant to the agency's policy	
	LA Museum Hole	A Museum of the Holocoust			water to the control of the control	e	
4.	Verification I have read and understand F	PPC Regulations 18944	.1 and 18942.	I have verified	that the distribution set	forth above, is in accordance	
	with the requirements.		da Valadez		Ticket Administrator	10/2/17	
	Signature of Agency Head or Designature	gnee P	rint Name	2001	Title	(monin, day, year)	

Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, Third District Designated Agency Contact (Name, Title) Yolanda Valadez, Ticket Administrator ■ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 213 974-3333 yvaladez@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 35 - \$36 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: -Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛛 Was ticket distribution made at the behest Yes No □ If yes: Official's Name (Last, First) of agency official? Recipients • Use Section A to identity the agency's department or unit. • Use Section B to identity an individual. • Use Section C to identity an outside organization. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other ___ Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes 50 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 Title Signature of A cy Head or Designee Print Name Comment:

Ce	eremonial Role Even	ts and Ticket/Pa	ass Distrik	outions	2		c Document
1.	Agency Name		Date Stamp	Cali	fornia 802		
	County of Los Angeles					The same of the sa	
	Division, Department, or Reg	ion (if applicable)			1	Fo	or Official Use Only
	Board of Supervisors, Third	District		g.			
	Designated Agency Contact	(Name, Title)			į		
	Yolanda Valadez, Ticket Ad	ministrator			Amandment (Aunt Bravida Eva	Innation in Bart 2.1
	Area Code/Phone Number	E-mail			Amendment (Must Provide Explanation in Part 3.)		
	213 974-3333	Date of Original Fil	ling:(month	, day, year)			
2.	Function or Event Infor	mation					Ji
	Does the agency have a tick	ket policy? Yes	No□ Fa	ace Value of	Each Ticket/Pass	\$ 35-8	136
	Event Description:		D:	ate(s) %	124/17	5	14,17
	Event Description:	Provide Title/ Explan					
	Ticket(s)/Pass(es) provided	no: Hal	Name of Source	Bas	1		
	Was ticket distribution made of agency official?	yes:	Official's Name (Last,	First)			
3.	Recipients						
	Use Section A to identity the ager	dual. * Use Section C to	identity an out	side organization.			
	A. Name of Agency, Dep	Number of Ticket(s)/ Passes	Describe th	ne public purpose mad	le pursuant to t	the agency's policy	
	B. Name of Ind (Last, Fit		Number of Ticket(s)/ Passes		Identify one o	f the following:	
					monial Role Of cking "Ceremonial Role" or "O	ther ther describe below	Income
					monial Role Oi cking "Ceremonial Role" or "O	ther D	Income
	C. Name of Outside C		Number of Ticket(s)/ Passes	Describe t	he public purpose made pursuant to the agency's policy		
	LA LGGT CO	trad Chinia	D				
	Drag con cila	and Heal	150				
	1100000						
4.	Verification						
	I have read and understand Fa with the requirements.	PPC Regulations 18944	4.1 and 18942.	I have verified	I that the distribution	set forth abo	ve, is in accordance
	Signature of Archen Hoad or Design		nda Valadez		Ticket Administr	ator	(month, day, year)
	Signature of Agelico Head or Designature	gnoe r			1110	1	,
	Comment: 25	trukets	for	ench	conce	t d.	ate.

	gency Report of: eremonial Role Even	ts and Ticket/P	ass Distril	outions	A Pu	blic Document		
- 10-	Agency Name				Date Stamp	California OOO		
	County of Los Angeles					Form 802		
	Division, Department, or Reg	ion (if applicable)				For Official Use Only		
	Board of Supervisors, Third	District						
	Designated Agency Contact				†			
	Yolanda Valadez, Ticket Ad	ministrator			Amendment (Must Provide	Fundametics in Bort 21		
	Area Code/Phone Number	E-mail			Amendment (Must Provide	e Explanation in Fait 3.)		
	213 974-3333	yvaladez@bos.lace	ounty.gov		Date of Original Filing:(month, day, year)			
2.	Function or Event Infor	mation				10		
	Does the agency have a tic	ket policy? Yes	⊠ No □ Fa	ace Value of	Each Ticket/Pass \$ 35	- #36		
	Event Description:	Provide Title/ Expla	Dination D	ate(s)				
	Ticket(s)/Pass(es) provided		no: Ho	Name of Source	rul			
	Was ticket distribution made of agency official?	e at the behest Yes	yes:	Official's Name (Last, First)				
3.	Recipients • Use Section A to identify the age	ncy's department or unit.	dual. • Use Section C to identify a	n outside organization.				
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	Et la cut (cut)	he public purpose made pursuar			
	B. Name of Ind (Last, Fi		Number of Ticket(s)/ Passes	Cere	Identify one of the follow	wing:		
				If ched	cking "Ceremonial Role" or "Other" describe	below:		
				1	emonial Role Other Other claim "Ceremonial Role" or "Other" describe	Income Income		
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe t	the public purpose made pursuant to the agency's policy			
	LA Family	Housing	25			*		
4.	Verification				d 41 - 4 41 - dis-121 - 42 - 42 - 42	ah aya ia ia		
	I have read and understand F. with the requirements.	4.1 and 18942.	ı nave verified	a that the distribution set forth	above, is in accordance			
	Signature of Agency flead or Desig		nda Valadez Print Name		Ticket Administrator	(month, day, year)		
	Comment:							

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document **Date Stamp** California 1. Agency Name Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, Third District Designated Agency Contact (Name, Title) Yolanda Valadez, Ticket Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . 213 974-3333 yvaladez@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes ⊠ No □ Event Description: -Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🗵 Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? 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. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income ___ If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes 50 4. Verification

I have read and understand FPPC Regulations	18944.1 and 18	942. I have	verified that the	distribution set	forth above,	is in accordance
with the requirements.						

Q	
Signature of Age	cy Head or Designee

Yolanda Valadez Print Name

Ticket Administrator

eremonial Role Events	s and Ticket/Pa	ass Distrib	utions		A Public Document	
Agency Name				Date Stamp	California 802	
County of Los Angeles					Form 602 For Official Use Only	
Division, Department, or Region	n (if applicable)				For Official Ose Only	
Board of Supervisors, Third D						
Designated Agency Contact (A						
Yolanda Valadez, Ticket Adm				Amendment (Must Provide Explanation in Part 3.)		
Alca coach tions training	E-mail			Date of Original Filing:		
213 974-3333	yvaladez@bos.laco	unty.gov		Date of Originary mins	(month, day, year)	
Function or Event Inform	nation				25-1836	
Does the agency have a tick	et policy? Yes 2	No ☐ Fa	ce Value of	Each Ticket/Pass \$.	13	
Event Description:		Da	ate(s)	127/17	8,22,17	
	Provide Title/ Explan		no: Ho	Mar and	13-41	
Ticket(s)/Pass(es) provided by	by agency? Yes L	_ No⊠ III	10.	Name of Source		
Was ticket distribution made	at the behest Yes	No□ If	yes:	Official's Name (Last, Firs	st)	
of agency official?	•	***************************************			ē.	
Desiriente						
 Recipients Use Section A to identify the agence 	y's department or unit.	Use Section B to id	lentify an indivi	dual. • Use Section C to id	entify an outside organization.	
	41 344 W F. W. S. W.	Number			oursuant to the agency's policy	
A. Name of Agency, Depa	rtment or Unit	of Ticket(s)/ Passes	Describe u	ie banic parpose made i	outduring to and agency a passay	
B. Name of Indi		Number of Ticket(s)/		Identify one of the	ne following:	
(Last, Firs	St)	Passes	Cere	monial Role Other	r 🗍 Income 🗀	
			If che	cking "Ceremonial Role" or "Other		
				emonial Role Othe		
			If che	cking "Ceremonial Role" or "Othe	r" describe below:	
	1					
C. Name of Outside O	rganization	Number of Ticket(s)/	Describe	the public purpose made pursuant to the agency's policy		
C. (include address and	description)	Passes				
JFS-SOVA C	· ommy-it	145	=	ed Pan	-	
Food a Reso	urce Yrong	The same of the sa	100	a lan	1 4 7	
			1			
4. Verification	DDC Possilations 1904	4 1 and 18042	I have verifie	d that the distribution s	et forth above, is in accordance	
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified with the requirements.						
	nda Valadez		Ticket Administrat	tor 10/2/1-		
Signature of Agency Head or Desig		Print Name		Title	(month, day, year)	
Comment:						

Ceremonial Role Events and Ticket/Pass Distributions A Public Document California 1. Agency Name Date Stamp Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, Third District Designated Agency Contact (Name, Title) Yolanda Valadez, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 213 974-3333 vvaladez@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 35 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: -Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🗵 If yes: Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? 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. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. **Passes** Number Identify one of the following: Name of Individual of Ticket(s)/ B. (Last, First) **Passes** Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes 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 Ticket Administrator Yolanda Valadez Print Name Signature of Agency

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document Date Stamp California 1. Agency Name Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, Third District Designated Agency Contact (Name, Title) Yolanda Valadez, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 213 974-3333 vvaladez@bos.lacounty.gov (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Yes ⊠ No □ Event Description: -Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🗵 Name of Source Was ticket distribution made at the behest Yes ☒ No ☐ If yes: Official's Name (Last, First) of agency official? 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. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Name of Individual Identify one of the following: of Ticket(s)/ B. (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes 4. Verification

have read and understand FPPC Regulation.	s 18944.1 and	10942. I nave	verilled triat	ure distribution	set fortif above, i	S III accc	Juance
vith the requirements.							
							100

Yolanda Valadez

Signature of Agency Head or Designee		Print Name
	1100	

Ticket Administrator

(month, day, year)

Comment: 9/14/17 (12 tickets)

Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name **Form** County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, Third District Designated Agency Contact (Name, Title) Yolanda Valadez, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 213 974-3333 vvaladez@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 35 Does the agency have a ticket policy? Yes ⊠ No □ Date(s)_ Event Description: -Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🖾 If yes: Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? 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. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. **Passes** Number Name of Individual Identify one of the following: of Ticket(s)/ B. (Last, First) **Passes** Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Other Ceremonial Role Income | If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes 50 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. Ticket Administrator Yolanda Valadez Print Name Signature of Agency Head or Designee

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, Third District Designated Agency Contact (Name, Title) Yolanda Valadez, Ticket Administrator ■ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: vvaladez@bos.lacounty.gov 213 974-3333 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 3 Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description: _ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🗵 If yes: Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? 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. Number Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Name of Agency, Department or Unit A. Passes Number Identify one of the following: Name of Individual of Ticket(s)/ B. (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Income _ Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes 50 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.	

\2	
Signature of Agency	Head or Designee

Yolanda Valadez Print Name

Ticket Administrator

C	eremonial Role Even	ts and Ticket/Pa	ass Distrib	utions		A Public I	Jocument	
1.	Agency Name	Date Stamp	California 802					
	County of Los Angeles	(5 c) 2 g						
	Division, Department, or Reg				For Official Use Only			
	Board of Supervisors, Third	District						
	Designated Agency Contact							
	Yolanda Valadez, Ticket Ad	olanda Valadez, Ticket Administrator					tion in Part 3.)	
	Area Code/Phone Number	E-mail			Amendment (Must Provide Explanation in Part 3.)			
	213 974-3333	yvaladez@bos.laco	unty.gov		Date of Original Fili	ng:(month, da	y, year)	
2.	Function or Event Infor	mation				n = 11:	21	
	Does the agency have a tick	Each Ticket/Pass \$ 35-#36						
	Event Description:		Da	te(s)	13/17	94	417	
	LVent Description.	Provide Title/ Explan	ation		11 3	173	-1	
	Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no:				Name of Source			
	Was ticket distribution made of agency official?	at the behest Yes	No□ If y	/es:	Official's Name (Last, F	First)		
3.	Recipients	nov's department or unit.	Use Section B to ide	entify an indivi	dual. • Use Section C to	identify an outside	organization.	
	Use Section A to identify the agency's department or unit. Use Section B to identify an individent of the section B to identify a section B							
	A Name of Agency, Department or Unit of Tic			Passes Describe the public purpose made pursuant to the agen-				
		Δ						
	B. Name of Ind		Number of Ticket(s)/ Passes		Identify one of	the following:		
					monial Role Ott cking "Ceremonial Role" or "Oti	ner her" describe below:	Income	
						ner 🗌	Income	
				if che	cking "Ceremonial Role" or "Ot	her" describe below:		
	Name of Outside (include address ar	Number of Ticket(s)/ Passes	of Ticket(s)/ Describe the public purpose made pursuant to the agenc			agency's policy		
		Family					9	
	Frie de a	f the	50					
	1 1160633							
-								
4.	. Verification		1 1 and 10010 I	have verified	d that the distribution	set forth above	is in accordance	
	I have read and understand F with the requirements.	PPC Regulations 18944	4.1 and 18942. I	nave vermed	I triat trie distribution	Set forth above,	10 11 4000/441100	
	mai are regardinesses.	Volar	nda Valadez		Ticket Administr	ator		
	Signature of Agency Head or Desi		Print Name		Title		(month, day, year)	
		1.4.	0.	0	C-	C L	4-1-	
	Comment: 25	TICKETS	LOY	Eau	n con	CEVT	care.	

Ceremonial Role Events and Ticket/Pass Distributions A Public Document Date Stamp California 1. Agency Name Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, Third District Designated Agency Contact (Name, Title) Yolanda Valadez, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: yvaladez@bos.lacounty.gov 213 974-3333 (month, day, year) 2. Function or Event Information Does the agency have a ticket policy? Yes ⊠ No □ Event Description: _ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🖾 Name of Source If yes: Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? 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. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ A. Passes Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) **Passes** Other Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) **Passes** 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. Ticket Administrator Yolanda Valadez Print Name Signature of Agency Head or Designee

Agency Report of:

Comment:

Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, Third District Designated Agency Contact (Name, Title) Yolanda Valadez, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: vvaladez@bos.lacounty.gov (month, day, year) 213 974-3333 2. Function or Event Information Face Value of Each Ticket/Pass \$ 55 Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description: _ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🖾 If yes: Was ticket distribution made at the behest Yes ☒ No ☐ Official's Name (Last, First) of agency official? 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. Number Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Name of Agency, Department or Unit A. Passes Number Identify one of the following: Name of Individual of Ticket(s)/ B. (Last, First) Passes Ceremonial Role Other \square Income __ If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other Income ___ If checking "Ceremonial Role" or "Other" describe below: Number Describe the public purpose made pursuant to the agency's policy Name of Outside Organization of Ticket(s)/ C. (include address and description) Passes 10 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. Ticket Administrator Yolanda Valadez Title Print Name Head or Designee Signature of Age

Agency Report of:

Comment:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name **Form** County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, Third District Designated Agency Contact (Name, Title) Yolanda Valadez, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 213 974-3333 yvaladez@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 2 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: -Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🗵 Was ticket distribution made at the behest Yes ☒ No ☐ If yes: Official's Name (Last, First) of agency official? 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. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. **Passes** Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy C. (include address and description) **Passes** enier Cente

4. Verification

I nave read and understand FPPC Regulations 1	18944.1 and 1	18942. I nave	vermed that the	aistribution se	et forth above, i	is in accordance
with the requirements						

Signature of Agency Head or Designee

Yolanda Valadez

Ticket Administrator

(month, day, year)

omment: 25 tickets for

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document Date Stamp California 1. Agency Name Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, Third District Designated Agency Contact (Name, Title) Yolanda Valadez, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: yvaladez@bos.lacounty.gov 213 974-3333 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 3 Does the agency have a ticket policy? Yes ⊠ No □ Date(s) 18/17 Event Description: _ Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: Yes ☐ No 🗵 Name of Source Was ticket distribution made at the behest Yes ☒ No ☐ If yes: Official's Name (Last, First) of agency official? 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. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Identify one of the following: Name of Individual of Ticket(s)/ B. (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other 🔲 Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes 50 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 Agend Head or Designee Print Name Title (month, day, year)

Comment: 25 tillet Administrator 10/2/10

(month, day, year)