**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 [X] No [ ]
   - Face Value of Each Ticket/Pass $20
   - Event Description: **LA County Fair**
     - Date(s) __/__/____
   - Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
     - If no: ____________________________
     - Name of Source
   - Was ticket distribution made at the behest of agency official? Yes [X] 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>A. 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>400</td>
<td>Per Ticket Policy 5.3(K)</td>
</tr>
</tbody>
</table>
   
<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

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: ____________________________
     - (month, day, year)

Comment: ____________________________