-	eremoniai Role Even	ts and nicket	Pass Disti	ributions		A Public Documen	
1.	Agency Name				Date Stamp	California OOC	
	County of Los Angeles					Form OUA	
	Division, Department, or Reg		1	For Official Use Only			
	Board of Supervisors, 3rd D						
	Designated Agency Contact		1				
1.	Yolanda Valadez, Ticket Ad	ministrator			D Amenders of the		
	Area Code/Phone Number	E-mail			Amenament (Musi	t Provide Explanation in Part 3.)	
	213 974-3333	yvaladez@bos.lad	ounty.gov		Date of Original Filing	(month, day, year)	
2.	Function or Event Infor	mation					
	Does the agency have a tick	et policy? Yes	□ No □ □	Face Value of	Each Ticket/Pass \$ _	135	
	Event Description: Fal			Date(s)	A CONTRACT AND A CONT		
	Ticket(s)/Pass(es) provided			fno: A	Name of Source	<u> </u>	
	Was ticket distribution made at the behest Yes ☒ No ☐ If yes:						
	of agency official?				Official's Name (Last, First)	
3.	Recipients						
	• Use Section A to identify the agence	y's department or unit.	Use Section B to	identify an individ	ual. • Use Section C to ider	ntify an outside organization.	
	A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	Describe the	pe the public purpose made pursuant to the agency's policy		
	Board of Supervisors		2	Per Ticket Policy 5.3(k)			
	B. Name of Indiv	idual	Number				
	(Last, First		of Ticket(s)/ Passes		Identify one of the	following:	
					onial Role Other		
					onial Role Other on "Other" de	Income cscribe below:	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe the	public purpose made pur	suant to the agency's policy	
						8	
	Verification	C Poquilations 19014	1 and 100 to 1	h			
N	have read and understand FPP with the req uireme nts.	o negulalions 18944.	i and 18942. [nave verified th	at the distribution set fo	orth above, is in accordance	
_	Signature of Agency Head or Designee		a Valadez		Ficket Administrator	(month, day, year)	

Comment: _

	ency Report of: remonial Role Ever	nts and Ticket/	Pass Disti	ributions	^	Public Documen	
	gency Name				Date Stamp	California OOO	
C	County of Los Angeles				Date damp	Form 802	
D	ivision, Department, or Reg	ion (if applicable)				For Official Use Only	
В	oard of Supervisors, 3rd D	District					
D	esignated Agency Contact	(Name, Title)					
Υ	olanda Valadez, Ticket Ad	ministrator					
A	rea Code/Phone Number	E-mail			Amendment (Must F	Provide Explanation in Part 3.)	
2	13 974-3333	yvaladez@bos.lad	county.gov		Date of Original Filing:	(month, day, year)	
2. F	unction or Event Infor	mation					
D	oes the agency have a tick	ket policy?	□ No □ F	ace Value of I	Each Ticket/Pass \$	150	
	vent Description:		2019	Date(s)	13/19		
Ti	cket(s)/Pass(es) provided	• CHARLES THE CONTROL OF THE TAX AND ADDRESS OF THE CONTROL OF THE		f no: Do	Name of Source	and lay	
W	as ticket distribution made of agency official?	at the behest Yes	⊠ No□ I	f yes:	Official's Name (Last, First)	tavilla	
	Recipients Use Section A to identify the agend	cy's department or unit.	Use Section B to i	identify an individu	ual. • Use Section C to ident	ify an outside organization.	
	Name of Agency, Depa	Number of Ticket(s)/ Passes			suant to the agency's policy		
-	Board of Supervisors		24	Per Ticket Po	Ticket Policy 5.3(k)		
_					9		
E	Name of Indiv (Last, First		Number of Ticket(s)/ Passes		Identify one of the fo	llowing:	
				No. 00 (00 (00 (00 (00 (00 (00 (00 (00 (00	onial Role Other or "Other" desc	Income In	
					nial Role Other or "Other" desc	Income Income	
c	Name of Outside Org (include address and o		Number of Ticket(s)/ Passes	Describe the	public purpose made purs	uant to the agency's policy	
_						P E	
l ha	r ification ve read and understand FPP the req uireme nts.	C Regulations 18944.	1 and 18942. I	have verified th	at the distribution set for	th above, is in accordance	
	W/	Valord	la Valadez	~ ~	Takak Adaminin		
		roiand	ia valadez	ı	icket Administrator	C10-119	

Comment: __

	gency Report of: eremonial Role Ever	nts and Ticket/	Pass Dist	ributions	Δ	N Public Documen
-	Agency Name				Date Stamp	California OOO
	County of Los Angeles	,				Form 802
	Division, Department, or Reg	jion (if applicable)			1	For Official Use Only
	Board of Supervisors, 3rd D	District				
	Designated Agency Contact				-	
	Yolanda Valadez, Ticket Ac	50				
	Area Code/Phone Number	E-mail			Amendment (Must F	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			The second secon	
	Does the agency have a tick	ket policy?		Face Value of	Each Ticket/Pass \$	1168
	Event Description:	Provide Title/ Expl	sy : De	Date(s)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Ticket(s)/Pass(es) provided			f no: <u>wo</u>	Name of Source	
	Was ticket distribution made of agency official?	at the behest Yes	⊠ No□ I	f yes:	Official's Name (Last, First)	
3.	Recipients • Use Section A to identify the agen	cy's department or unit.	Use Section B to	identify 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
	Board of Supervisors		2	Per Ticket Po	olicy 5.3(k)	
	B. Name of India (Last, Firs		Number of Ticket(s)/ Passes		Identify one of the fo	ellowing:
					onial Role Other Onial Role" or "Other" desi	Income Income
					onial Role Other on "Other" desc	Income Income
	C. Name of Outside Org		Number of Ticket(s)/ Passes	Describe the	public purpose made purs	uant to the agency's policy
1	Verification have read and understand FPF vith the requirements.	PC Regulations 18944.	1 and 18942. I	have verified th	at the distribution set for	th above, is in accordance
	W/	Volono	to Voledo-	_	Cialcat A desired	
•	Signature of Agency Head or Designer		da Valadez		Ticket Administrator	218115
	1	FII	Hame		Title	(month, day, year)

Comment: __

_	eremonial Role Even	ts and licket/F	Pass Dist	ributions		A Public Documen
	Agency Name				Date Stamp	California OOC
	County of Los Angeles					Form 802
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only
	Board of Supervisors, 3rd D					
	Designated Agency Contact (Name, Title)				
	Yolanda Valadez, Ticket Ad	ministrator				
	Area Code/Phone Number	E-mail			Amendment (Mus	t Provide Explanation in Part 3.)
	213 974-3333	yvaladez@bos.lac	ounty.gov		Date of Original Filing	(month, day, year)
2.	Function or Event Inform	nation				
	Does the agency have a tick	et policy? Yes l		Face Value of I	Each Ticket/Pass \$.	168
	Event Description:	el's Bole		Date(s)		
	Ticket(s)/Pass(es) provided I	Provide Title/Explain Dy agency? Yes [fno: · 🕶	Name of Source	
	Was ticket distribution made	at the behest Ves I	א וייסוע וא	f ves:		
	of agency official?	163			Official's Name (Last, First)
3.	Recipients					
	Use Section A to identify the agence	y's department or unit. •		identify an individu	1al. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Depar	tment or Unit	Number of Ticket(s)/ Passes	Describe the	public purpose made pu	rsuant to the agency's policy
	Board of Supervisors		26	Per Ticket Po	olicy 5.3(k)	
			Number			
	B. Name of Indivi		of Ticket(s)/ Passes		Identify one of the	following:
					nial Role Other C og "Ceremonial Role" or "Other" de	
					nial Role Other Other' de	Income I
	C. Name of Outside Org.		Number of Ticket(s)/ Passes	Describe the	public purpose made pur	suant to the agency's policy
89						
						9
. \	/erification					
/ W	have read and understand FPP(vith the req uirem ents.	C Regulations 18944.1	and 18942. I	have verified the	at the distribution set fo	orth above, is in accordance
	W/	Volanda	a Valadez	-	Talent Admin 1 1 1 1	
	Signature of Agency Head or Designee		t Name		icket Administrator	2/8/13

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp County of Los Angeles Form Division, Department, or Region (if applicable) For Official Use Only Board of Supervisors, 3rd 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: 213 974-3333 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 \$ 134 Yes ☐ No ☐ Event Description: _ 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 Name of Agency, Department or Unit A. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes **Board of Supervisors** Per Ticket Policy 5.3(k) 26 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

Title Comment:

Print Name

ncy Head or Designee

Signature of A

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, 3rd 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: . 213 974-3333 yvaladez@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 168 Does the agency have a ticket policy? Yes No No Event Description: . Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🖾 Name of Source 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 A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes **Board of Supervisors** Per Ticket Policy 5.3(k) Number Name of Individual В. 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 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 gcy Head or Designee Signature of Print Name

Agency Report of:

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, 3rd District Designated Agency Contact (Name, Title) Yolanda Valadez, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number 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 \$ _ № П 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 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 A. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes **Board of Supervisors** Per Ticket Policy 5.3(k) 2 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 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 Signature of gcy Head or Designee Print Name

Agency Report of:

Agency Report of: 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, 3rd District Designated Agency Contact (Name, Title) Yolanda Valadez, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number 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 \$ 145 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 ☐ 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 A. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes **Board of Supervisors** Per Ticket Policy 5.3(k) 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 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 Signature of ncy Head or Designee Print Name

	gency Report of: eremonial Role Event	ts and Ticket/	Pass Disti	ributions	A	A Public Document
Total States	Agency Name				Date Stamp	California OOO
	County of Los Angeles					Form 802
	Division, Department, or Regi	on (if applicable)			1	For Official Use Only
	Board of Supervisors, 3rd Di	strict				
	Designated Agency Contact (-	
	Yolanda Valadez, Ticket Adr	5				
	Area Code/Phone Number	E-mail			Amendment (Must F	Provide Explanation in Part 3.)
	213 974-3333	waladaz@bas las			Date of Original Filing:	
-		yvaladez@bos.lad	ounty.gov		Date of Original Filling.	(month, day, year)
2.	Function or Event Inform	nation				
	Does the agency have a tick	et policy? Yes	□ No□ F	Face Value of	Each Ticket/Pass \$	86
	Event Description:			Date(s)	8 19 (3)	2,9,19
	Ticket(s)/Pass(es) provided b	3727		f no: AL	Name of Source	- Theater
	Was ticket distribution made of agency official?	at the behest Yes	⊠ No□ I	f yes:	Official's Name (Last, First)	
3.	Recipients • Use Section A to identify the agency	r's department or unit.	Use Section B to	identify an individ	ual. • Use Section C to ident	tify an outside organization.
	A. Name of Agency, Depart		Number of Ticket(s)/ Passes			suant to the agency's policy
	Board of Supervisors		*7	Per Ticket Po	olicy 5.3(k)	
	B. Name of Indivi		Number		·	
	(Last, First)		of Ticket(s)/ Passes		Identify one of the fo	ollowing:
				1	onial Role Other Onial Role" or "Other" des	
					onial Role Other on "Other" description of "Ceremonial Role" or "Other" descriptions	
	C. Name of Outside Orga (include address and de	inization escription)	Number of Ticket(s)/ Passes	Describe the	public purpose made purs	uant to the agency's policy
1	Verification have read and understand FPPC with the requirements.	Regulations 18944.	1 and 18942. I	have verified th	at the distribution set for	th above, is in accordance
	u /	V-1-	ا دا ا دا	72		-le-1
-	Signature of Agency Head or Designee		da Valadez		Ficket Administrator	718113
	J. Load of Designee	Pri	in ivalife		Title	(month, day, year)

Agency Report of: 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, 3rd 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: 213 974-3333 yvaladez@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 168 Does the agency have a ticket policy? Yes ☐ No ☐ Event Description: 605+600 D Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛭 Name of Source 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 A. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes **Board of Supervisors** Per Ticket Policy 5.3(k) 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 abo	ve is in accordance
with the requirements.				- of to the door daylor

W	Yolanda Valadez	Ticket Administrator	518119
Signature of Agency Head or Designee Comment:	Print Name	Title	(month, day, year)

Agency Report of: 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, 3rd District Designated Agency Contact (Name, Title) Yolanda Valadez, Ticket Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number 213 974-3333 Date of Original Filing: yvaladez@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 168 Does the agency have a ticket policy? Yes ☐ No ☐ ,20,19 Event Description: . Ticket(s)/Pass(es) provided by agency? Yes □ No ☑ Name of Source 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 A. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes **Board of Supervisors** Per Ticket Policy 5.3(k) 2 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. of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (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

Signature of Agency Head or Designee

Print Name

Title

(month, day, year)

Comment:

$\stackrel{\smile}{=}$	eremonial Role Even	its and licketif	'ass Distr	ibutions		A Public Document
1.	Agency Name				Date Stamp	California 000
	County of Los Angeles					Form OUZ
	Division, Department, or Reg	ion (if applicable)	1	For Official Use Only		
	Board of Supervisors, 3rd D					
	Designated Agency Contact	• 41000.000.000.000.000.000.000.000.000.00	1			
	Yolanda Valadez, Ticket Ad	ministrator			Amondment (tau-	David F. L. W. L. David
	Area Code/Phone Number	E-mail			Amendment (Must	Provide Explanation in Part 3.)
	213 974-3333	yvaladez@bos.lace	ounty.gov		Date of Original Filing	:(month, day, year)
2.	Function or Event Infor	mation			And the second of the second s	
	Does the agency have a tick	ket policy? Yes [□ No □ F	ace Value of	Each Ticket/Pass \$ _	168
	Event Description: Zok	erman, Fo	157th	Date(s)	6,19	
	Ticket(s)/Pass(es) provided	Provide Title/ Explain by agency? Yes [nation □ No 🛭 I	f no: <u>'</u>	Name of Source	
	Was ticket distribution made	at the behest Yes	No□ I	f yes:		5
	of agency official?				Official's Name (Last, First)	
3.	Recipients				\	
	Use Section A to identify the agence	cy's department or unit. •	Use Section B to	identify an individ	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Depa	Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy	
	Board of Supervisors		.2	Per Ticket P	olicy 5.3(k)	
			Number		•	
	B. Name of Indiv (Last, Firs.		of Ticket(s)/ Passes		Identify one of the	following:
		s			onial Role Other ing "Ceremonial Role" or "Other" de	
					onial Role Other ing "Ceremonial Role" or "Other" de	Income scribe below:
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe the	Describe the public purpose made pursuant to the agency's poli	
200						4
1	/erification have read and understand FPF vith the requ ir ements.	PC Regulations 18944.	1 and 18942. I	have verified ti	nat the distribution set fo	orth above, is in accordance
8.5	14					1 - 1
	Signature of Agency Head or Designed		a Valadez		Ticket Administrator	218113

Comment: _

Ceremonial Rol	e Events and Ticke	t/Pass Dist	ributions		A Public Documer			
1. Agency Name				Date Stamp	California OO			
County of Los Ang					Form 80			
Division, Departmen	nt, or Region (if applicable)				For Official Use Only			
Board of Superviso	ors, 3rd District							
Designated Agency	Contact (Name, Title)							
Yolanda Valadez,	Ticket Administrator							
Area Code/Phone N	umber E-mail			☐ Amendment (Must	Provide Explanation in Part 3.)			
213 974-3333	yvaladez@bos.	lacounty.gov		Date of Original Filing	(month, day, year)			
2. Function or Eve	nt Information							
Does the agency h	Does the agency have a ticket policy? Yes □ No □ Face Value of Each Ticket/Pass \$ □ ↑							
Event Description:	Holiday Sing	- Alang	Date(s) 12	22,18				
Ticket(s)/Pass(es)	provided by agency?	es □ No ☑ I	fno: <u>· wo</u>	Name of Source				
Was ticket distributi	on made at the behest You	es IXI No II I	f yes:					
of agency official?	The second secon		•	Official's Name (Last, First)				
. Recipients								
	ify the agency's department or unit	. • Use Section B to	identify an individu	ıal. • Use Section C to iden	tify an outside organization.			
A. Name of Ag	ency, Department or Unit	Number of Ticket(s)/ Passes	Describe the	public purpose made pur	suant to the agency's policy			
Board of Supervis	ors	24	Per Ticket Po	olicy 5.3(k)				
		Number		·				
B. Na	me of Individual (Last, First)	of Ticket(s)/ Passes		Identify one of the f	ollowing:			
				nial Role Other G g "Ceremonial Role" or "Other" des				
	-			nial Role Other g	Income C			
	C. Name of Outside Organization (include address and description)		Describe the	public purpose made purs	suant to the agency's policy			
Verification								
I have read and unders with the requirements.	tand FPPC Regulations 189	44.1 and 18942. I	have verified tha	at the distribution set for	rth above, is in accordance			
w	Yola	nda Valadez	Т	icket Administrator	Flelia			
Signature of Agency Head	or Designee	Print Name		Title	(month, day, year)			

Comment: __

\sim	eremonial Role Eve	nts and licket/	Pass Disti	ributions		A Public Documen
1.	Agency Name				Date Stamp	California OOO
	County of Los Angeles					Form 802
	Division, Department, or Re	gion (if applicable)			1	For Official Use Only
	Board of Supervisors, 3rd I	District				
	Designated Agency Contact	(Name, Title)			1	
	Yolanda Valadez, Ticket A	dministrator				
	Area Code/Phone Number	E-mail			☐ Amendment (Must	Provide Explanation in Part 3.)
	213 974-3333	yvaladez@bos.lad	ounty.gov		Date of Original Filing	:(month, day, year)
2.	Function or Event Info	rmation			and the second of the second s	
	Does the agency have a tic	cket policy? Yes	□ No □ I	Face Value of	Each Ticket/Pass \$ _	82
	Event Description: Gas	Provide Title Expla		Date(s) 12	4/18	
	Ticket(s)/Pass(es) provided	• • •		f no: • 🗘		
	Was ticket distribution made	a at the beheat		f yes:	Name of Source	-
	of agency official?	e at the beliest Yes	⊠ No□ '	i yes	Official's Name (Last, First)	
			•			
3.	Recipients				· · · · · · · · · · · · · · · · · · ·	
	· Use Section A to identify the ager	ncy's department or unit.	Use Section B to	identify an individ	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Department	artment or Unit	Number of Ticket(s)/ Passes	Describe the	public purpose made pu	rsuant to the agency's policy
	Board of Supervisors		2	Per Ticket Po	olicy 5.3(k)	
	D. Name of India	hada	Number		•	
	B. Name of Indi (Last, Fir		of Ticket(s)/ Passes		Identify one of the f	ollowing:
					onial Role Other on "Other" de	
		,			onial Role Other on "Other" dea	Income Income
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe the	public purpose made pur	suant to the agency's policy
. \	/erification					
1	have read and understand FPI vith the requ ireme nts.	PC Regulations 18944.	1 and 18942. I	have verified th	at the distribution set fo	rth above, is in accordance
	W/	Yoland	la Valadez) -	Γicket Administrator	-10-110
-	Signature of Agency Head or Designe		nt Name		Title	(month, day, year)

Agency Report of: Ceremonial Role Events	and Ticket/	Pass Distr	ibutions		A Public Docu	m o n é
1. Agency Name				Date Stamp	California C	ment
County of Los Angeles				Jaio otamp	Form	102
Division, Department, or Region	(if applicable)				For Official Use 0	Only
Board of Supervisors, 3rd Distr	rict					-
Designated Agency Contact (Nat	ne, Title)					
Yolanda Valadez, Ticket Admir	nistrator					
Area Code/Phone Number E-	mail			Amendment (Mus	st Provide Explanation in Part	3.)
213 974-3333 yv	/aladez@bos.lad	ounty.gov		Date of Original Filin	g:(month, day, year)	•
2. Function or Event Informa	tion					******
Does the agency have a ticket	policy? Yes	□ No□ F	ace Value of F	Each Ticket/Pass \$	7.44	
Event Description:	Provide Title Expla	etel o	ate(s)/	17/18	11/251	8 _(2/
Ticket(s)/Pass(es) provided by			no: Dov	Name of Source	andler &	34.7
Was ticket distribution made at of agency official?	the behest Yes	⊠ No □ If	yes:	Official's Name (Last, Firs	<i>t</i>)	
3. Recipients • Use Section A to identify the agency's of	lepartment or unit.	Use Section B to ic	dentify an individu	ual. • Use Section C to ide	ntify an outside organization	on.
A. Name of Agency, Departme		Number of Ticket(s)/ Passes			ursuant to the agency's po	
Board of Supervisors		64	Per Ticket Po	olicy 5.3(k)		
B. Name of Individua (Last, First)	ıl	Number of Ticket(s)/ Passes		Identify one of the	following:	
		rasses		onial Role Other or "Other" of		ome 🗌
	2			nial Role Other Officer or "Other" d		ome 🗌
C. Name of Outside Organiz		Number of Ticket(s)/ Passes	Describe the	public purpose made pu	rsuant to the agency's pol	licy
Verification I have read and understand FPPC R with the requirements.	egulations 18944.	1 and 18942. I i	nave verified tha	at the distribution set f	orth above, is in accord	lance
Signature of Agency Head or Designee		a Valadez		icket Administrator	SIB (month, day, ye	9

_	eremonial Role Ever	its and licket	Pass Disti	ributions	Α	Public Documen
	Agency Name				Date Stamp	California
	County of Los Angeles					Form 802
	Division, Department, or Reg	jion (if applicable)			1	For Official Use Only
	Board of Supervisors, 3rd [District				
	Designated Agency Contact	(Name, Title)			i	
	Yolanda Valadez, Ticket Ad	Iministrator			_	
	Area Code/Phone Number	E-mail			Amendment (Must F	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 tic	ket policy? Yes		Face Value of I	Each Ticket/Pass \$	319
	Event Description: Sa			Date(s)/	11 18	
	Ticket(s)/Pass(es) provided	**************************************		fno: Dore	Name of Source	moder Pavili
	Was ticket distribution made	at the behest Yes	⊠ No∏ I	f yes:		
	of agency official?	100			Official's Name (Last, First)	
3.	Recipients					
	• Use Section A to identify the agen	cy's department or unit.		identify an individu	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	public purpose made purs	uant to the agency's policy
	Board of Supervisors		24	Per Ticket Po	olicy 5.3(k)	
	B. Name of India (Last, Firs		Number of Ticket(s)/ Passes		Identify one of the fo	llowing:
					onial Role Other on "Other" description of "Ceremonial Role" or "Other" descriptions of the control of the cont	Income
		9			nial Role Other or "Other" description of the control of the contr	Income Income
	C. Name of Outside Org	ganization description)	Number of Ticket(s)/ Passes	Describe the	public purpose made pursu	uant to the agency's policy
70°						4
٧	/erification					
1 W	have read and understand FPP vith the req uirem ents.	C Regulations 18944.	1 and 18942. I	have verified the	at the distribution set fort	th above, is in accordance
	W /	V-1	la Valadez	State of the state	icket Administrator	
	- ·	Volond				

Ceremonial Role Events and Ticket/Pass Distributions				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, 3rd District					
Designated Agency C	ontact (Name, Title)				
Yolanda Valadez, Ticket Administrator					
Area Code/Phone Number E-mail				Amendment (Must P	rovide Explanation in Part 3.)
213 974-3333	yvaladez@b	yvaladez@bos.lacounty.gov		Date of Original Filing:(month, day, year)	
2. Function or Even	t Information				
Does the agency ha	ve a ticket policy?	Yesi No I	Face Value of I	Each Ticket/Pass \$ 🚾	340
Event Description:	JONI 75	Celebration		7/18	
Ticket(s)/Pass(es) pr		\$3	f no: Doyo	Name of Source	Dlex Pavili
Was ticket distributio	n made at the behest	Vec IXI No I	f yes:		
of agency official?		Tes Ed INO		Official's Name (Last, First)	
B. Recipients					
• Use Section A to identify	the agency's department or	unit. • Use Section B to	identify an individ	ual. • Use Section C to identi	ify an outside organization.
A. Name of Ager	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 fo	llowing:
				onial Role Other on "Other" descriptions of "Ceremonial Role" or "Other" descriptions of the control of the con	Income 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 pursuant to the agency's policy		
Verification					,
I have read and underst with the requ ireme nts.	and FPPC Regulations	18944.1 and 18942. I	have verified th	at the distribution set for	th above, is in accordance
w /	,	Yolanda Valadez		Ticket Administrator	-1-1-
Signature of Agency Head		Print Name		Title	(month, day, year)