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, 3rd District
   Designated Agency Contact (Name, Title)
   Yolanda Valadez, Ticket Administrator
   Area Code/Phone Number: 213 974-3333
   E-mail: yvaladez@bos.lacounty.gov

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $135
   Event Description: Falsehos
   Date(s) 4/28/19
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Ahmanskii
   Name of Source
   Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
   If yes: Official's Name (Last, First)

3. Recipients
   • Use Section A to identify the agency's department or unit.
   • Use Section B to identify an individual.
   • Use Section C to identify an outside organization.

   A. Name of Agency, Department or Unit
      Number of Ticket(s)/Passes
      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 following:
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:
      Ceremonial Role ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:

   C. Name of Outside Organization
      (include address and description)
      Number of Ticket(s)/Passes
      Describe the public purpose made pursuant to the agency's policy

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Yolanda Valadez
   Signature of Agency Head or Designee
   Ticket Administrator
   Print Name
   Title
   (month, day, year)

FPPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
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Ceremonial Role Events and Ticket/Pass Distributions

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   Division, Department, or Region (if applicable)
   Board of Supervisors, 3rd District
   Designated Agency Contact (Name, Title)
   Yolanda Valadez, Ticket Administrator

   Area Code/Phone Number | E-mail
   ------------------------|-----------------------
   213 974-3333            | yvaladez@bos.lacounty.gov

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $150
   Event Description: *Shan Yun 2019 Tour* Date(s) 4/13/19
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Dorothy Ahmanson Pavilion
   Was ticket distribution made at the behest of agency official? Yes ☒ No ☐

3. Recipients
   * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization.

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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<tbody>
<tr>
<td>Board of Supervisors</td>
<td>2</td>
<td>Per Ticket Policy 5.3(k)</td>
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<th>Name of Individual (Last, First)</th>
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4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Signature of Agency Head or Designee: Yolanda Valadez
   Print Name: Ticket Administrator
   Title: 5/11/19
   (month, day, year)

Comment:
1. Agency Name
   County of Los Angeles
   Division, Department, or Region (if applicable)
   Board of Supervisors, 3rd District
   Designated Agency Contact (Name, Title)
   Yolanda Valadez, Ticket Administrator
   Area Code/Phone Number 213 974-3333
   E-mail yvaladez@bos.lacounty.gov

2. Function or Event Information
   Does the agency have a ticket policy? Yes □ No □ Face Value of Each Ticket/Pass $ 168
   Event Description: John K. Description: Date(s) 7/19
   Ticket(s)/Pass(es) provided by agency? Yes □ No □ If no: DOC4
   Was ticket distribution made at the behest of agency official? Yes □ No □ If yes: Official's Name (Last, First)

3. Recipients
   * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization.

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<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
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   Signature of Agency Head or Designee: Yolanda Valadez
   Print Name: Ticket Administrator
   Title: 5/3/19
   (month, day, year)
   
   Comment:
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, 3rd District
Designated Agency Contact (Name, Title)
Yolanda Valadez, Ticket Administrator
Area Code/Phone Number 213 974-3333
E-mail yvaladez@bos.lacounty.gov

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☐
Face Value of Each Ticket/Pass $ 168
Event Description: Ravell’s Role
Date(s): 4/16/19
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
If no: WOCH
Name of Source
Was ticket distribution made at the behest of agency official?
Yes ☒ No ☐
If yes: Official’s Name (Last, First)

3. Recipients
• Use Section A to identify the agency’s department or unit.
• Use Section B to identify an individual.
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<td>Board of Supervisors</td>
<td>2-6</td>
<td>Per Ticket Policy 5.3(k)</td>
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Signature of Agency Head or Designee
Yolanda Valadez
Ticket Administrator
Print Name
Title

Signature
(month, day, year)

Comment:
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
County of Los Angeles
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Board of Supervisors, 3rd District
Designated Agency Contact (Name, Title)
Yolanda Valadez, Ticket Administrator
Area Code/Phone Number
213 974-3333
E-mail
yvaladez@bos.la.county.gov

2. Function or Event Information
Does the agency have a ticket policy?
Yes ☐ No ☐
Face Value of Each Ticket/Pass $134
Event Description: Alvin Ailey
Date(s) 4/4/19
Ticket(s)/Pass(es) provided by agency?
Yes ☐ No ☒
If no:
Name of Source
Dorothy Chandler Pavilion
Was ticket distribution made at the behest of agency official?
Yes ☒ No ☐
If yes:
Official's Name (Last, First)

3. Recipients
* Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization.

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<td>Board of Supervisors</td>
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Yolanda Valadez
Ticket Administrator

Signature of Agency Head or Designee
Print Name
Title
Date (month, day, year)

Comment:
**Agency Report of:**  
**Ceremonial Role Events and Ticket/Pass Distributions**

1. **Agency Name**  
   County of Los Angeles  
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   Board of Supervisors, 3rd District  
   Designated Agency Contact (Name, Title)  
   Yolanda Valadez, Ticket Administrator  
   Area Code/Phone Number  
   213 974-3333  
   E-mail  
   yvaladez@bos.lacounty.gov

2. **Function or Event Information**  
   Does the agency have a ticket policy?  
   Yes ☐  No ☐  
   Face Value of Each Ticket/Pass: $168  
   Event Description: 
   Date(s): 3/24/19  
   Ticket(s)/Pass(es) provided by agency?  
   Yes ☒  No ☐  
   If no:  
   Name of Source:  
   Was ticket distribution made at the behest of agency official?  
   Yes ☒  No ☐  
   If yes:  
   Official's Name (Last, First):  

3. **Recipients**  
   * Use Section A to identify the agency's department or unit.  
   * Use Section B to identify an individual.  
   * Use Section C to identify an outside organization.

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<th>A. Name of Agency, Department or Unit</th>
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<td>Board of Supervisors</td>
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<td>Per Ticket Policy 5.3(k)</td>
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4. **Verification**  
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Signature of Agency Head or Designee:  
   Yolanda Valadez  
   Print Name:  
   Ticket Administrator  
   Title:  
   Date: 5/19 (month, day, year)

Comment:  

FPPC Form 802 (2/2016)  
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1. Agency Name
   County of Los Angeles
   Board of Supervisors, 3rd District
   Yolanda Valadez, Ticket Administrator

   Area Code/Phone Number: 213 974-3333
   E-mail: yvaladez@bos.lacounty.gov

2. Function or Event Information
   Does the agency have a ticket policy? Yes [ ] No [ ]
   Face Value of Each Ticket/Pass $ 168
   Event Description: Gustavo Dudamel
   Date(s): 3/6/19
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
   If no: WOCY
   Was ticket distribution made at the behest of agency official? Yes [X] No [ ]

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.

   A. Name of Agency, Department or Unit: Board of Supervisors
      Number of Ticket(s)/Passes: 2
      Describe the public purpose made pursuant to the agency’s policy: Per Ticket Policy 5.3(k)

   B. Name of Individual (Last, First)
      Number of Ticket(s)/Passes
      Identify one of the following:
      Ceremonial Role [ ] Other [ ] Income [ ]
      If checking "Ceremonial Role" or "Other" describe below:

   C. Name of Outside Organization (include address and description)
      Number of Ticket(s)/Passes
      Describe the public purpose made pursuant to the agency’s policy

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Yolanda Valadez
   Ticket Administrator

   Signature of Agency Head or Designee: [Signature]
   Print Name: [Print Name]
   Title: [Title]
   Date: 3/6/17

Comment: [Comment]
# 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, 3rd District**
- **Designated Agency Contact (Name, Title)**
  - Yolanda Valadez, Ticket Administrator

**Area Code/Phone Number** | **E-mail**
--- | ---
213 974-3333 | yvaladez@bos.lacounty.gov

### 2. Function or Event Information
- **Does the agency have a ticket policy?** □ Yes □ No
  - **Face Value of Each Ticket/Pass** $145
- **Event Description:** Cinderella
- **Date(s):** 3/2/19 3/3/19
- **Ticket(s)/Pass(es) provided by agency?** □ Yes □ No
  - **If no:** J. Alexander
  - **Name of Source**
- **Was ticket distribution made at the behest of agency official?** □ Yes □ No
  - **If yes:** 
    - **Official's Name (Last, First)**

### 3. Recipients

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<tr>
<th>A. Name of Agency, Department or Unit</th>
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<tbody>
<tr>
<td>Board of Supervisors</td>
<td>5</td>
<td>Per Ticket Policy 5.3(k)</td>
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<tr>
<th>B. Name of Individual (Last, First)</th>
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### 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

**Signature of Agency Head or Designee**

Yolanda Valadez

**Ticket Administrator**

Print Name:

Title:

Date: 3/18/19

(month, day, year)

Comment:

---

FPPC Form 802 (2/2016)

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   Designated Agency Contact (Name, Title)
   Yolanda Valadez, Ticket Administrator
   Area Code/Phone Number 213 974-3333
   E-mail yvaladez@bos.lacounty.gov

2. Function or Event Information
   Does the agency have a ticket policy? Yes [ ] No [x] Face Value of Each Ticket/Pass $ 860
   Event Description: Linda Vista
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x] If no: Abrahamsv Theater
   Was ticket distribution made at the behest of agency official? Yes [x] No [ ] If yes:

3. Recipients
   * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization.

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

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   Yolanda Valadez, Ticket Administrator
   Area Code/Phone Number
   213 974-3333
   E-mail
   yvaladez@bcos.lacounty.gov

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☒
   Face Value of Each Ticket/Pass $ 168
   Event Description: Gustave Dudamel
   Date(s) 1/20/19 2/28/19
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: WCHQ
   Name of Source
   Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
   If yes: Official's Name (Last, First)

3. Recipients
   * Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization.

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   Yolanda Valadez
   Print Name
   Ticket Administrator
   Signature of Agency Head or Designee
   Title
   Date 5/19/19
   (month, day, year)
   Comment:
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   Designated Agency Contact (Name, Title)
   Yolanda Valadez, Ticket Administrator
   Area Code/Phone Number 213 974-3333
   E-mail yvaladez@bcs.lacounty.gov

2. Function or Event Information
   Does the agency have a ticket policy? Yes □ No □
   Face Value of Each Ticket/Pass $ 168
   Event Description: Jährliche Preisverleihung
   Date(s) 1/20/19
   Ticket(s)/Pass(es) provided by agency? Yes □ No □
   If no: 200
   Name of Source
   Was ticket distribution made at the behest Yes □ No □
   of agency official? 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>
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<tr>
<td>Board of Supervisors</td>
<td>2</td>
<td>Per Ticket Policy 5.3(k)</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
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<tr>
<td></td>
<td></td>
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<th>C. Name of Outside Organization (include address and description)</th>
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4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

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

   Comment:

FPPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   County of Los Angeles
   Division, Department, or Region (if applicable)
   Board of Supervisors, 3rd District
   Designated Agency Contact (Name, Title)
   Yolanda Valadez, Ticket Administrator
   Area Code/Phone Number 213 974-3333
   E-mail yvaladez@bos.lacounty.gov

2. Function or Event Information
   Does the agency have a ticket policy? □ Yes □ No
   Face Value of Each Ticket/Pass $168
   Event Description: Zulfiqar Forte, S. Date(s) 1/6/19
   Ticket(s)/Pass(es) provided by agency? □ Yes □ No
   If no: □
   Name of Source
   Was ticket distribution made at the behest of agency official? □ Yes □ No
   If yes:

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.

A. Name of Agency, Department or Unit | 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 following:
---|---|---
Ceremonial Role □ Other □ Income □
   If checking "Ceremonial Role" or "Other" describe below:

C. Name of Outside Organization (include address and description) | Number of Ticket(s)/Passes | Describe the public purpose made pursuant to the agency's policy

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Yolanda Valadez
   Print Name
   Ticket Administrator
   Title

Comment:

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1. Agency Name
   County of Los Angeles
   Division, Department, or Region (if applicable)
   Board of Supervisors, 3rd District
   Designated Agency Contact (Name, Title)
   Yolanda Valadez, Ticket Administrator
   Area Code/Phone Number 213 974-3333
   E-mail yvaladez@bos.lacounty.gov

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐ Face Value of Each Ticket/Pass $ 74
   Event Description: Holiday Sing-Alongs Date(s) 12/22/18
   Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐ If no: Watch
   Was ticket distribution made at the behest of agency official? Yes ☒ No ☐ 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>
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<tr>
<td>Board of Supervisors</td>
<td>24</td>
<td>Per Ticket Policy 5.3(k)</td>
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</tbody>
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<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
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4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Yolanda Valadez
   Print Name
   Ticket Administrator
   Title 5/16/19
   (month, day, year)

Comment:
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, 3rd District
Designated Agency Contact (Name, Title)
Yolanda Valadez, Ticket Administrator
Area Code/Phone Number 213 974-3333
E-mail yvaladez@bos.lacounty.gov

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☑
Face Value of Each Ticket/Pass $168
Event Description: Gautier Caravan
Date(s) 12/4/18
Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
If no: watch
Name of Source
Was ticket distribution made at the behest of agency official? Yes ☑ No ☐
If yes: 
Official’s Name (Last, First)

3. Recipients
* Use Section A to identify the agency’s department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization.

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<tr>
<th>A. Name of Agency, Department or Unit</th>
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<td>Board of Supervisors</td>
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<td>Per Ticket Policy 5.3(k)</td>
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4. Verification
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Yolanda Valadez
Signature of Agency Head or Designee

Ticket Administrator
Print Name
Title

Comment:

FPPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   County of Los Angeles
   Division, Department, or Region (if applicable)
   Board of Supervisors, 3rd District
   Designated Agency Contact (Name, Title)
   Yolanda Valadez, Ticket Administrator
   Area Code/Phone Number 213 974-3333
   E-mail yvaladez@bos.lacounty.gov

   Date Stamp
   California Form 802
   For Official Use Only
   Amendment (Must Provide Explanation in Part 3)
   Date of Original Filing: (month, day, year)

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No □
   Face Value of Each Ticket/Pass $2.44
   Event Description: Hansel & Gretel
   Date(s): 11/17/18 11/25/18
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If no: Davodiya Chandler Pavilion
   Name of Source
   Was ticket distribution made at the behest of agency official? Yes ☑ No ☐

3. Recipients
   • Use Section A to identify the agency’s department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

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4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

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

   FPPC Form 802 (2/2016)
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
# Agency Report of:
## Ceremonial Role Events and Ticket/Pass Distributions

### 1. Agency Name
- County of Los Angeles
- Division, Department, or Region (if applicable): Board of Supervisors, 3rd District
- Designated Agency Contact (Name, Title): Yolanda Valadez, Ticket Administrator
- Area Code/Phone Number: 213 974-3333
- E-mail: yvaladez@bos.lacounty.gov

### 2. Function or Event Information
- Does the agency have a ticket policy? Yes [ ] No [x]
- Face Value of Each Ticket/Pass $319
- Event Description: Satyagraha
- Date(s): 11/11/18
- Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
- If no: Dorothy Chandler Pavilion
- Was ticket distribution made at the behest of agency official? Yes [x] No [ ]

### 3. Recipients
- A. Name of Agency, Department or Unit: Board of Supervisors
- Number of Ticket(s)/Passes: 2-4
- Describe the public purpose made pursuant to the agency's policy: Per Ticket Policy 5.3(k)

- B. Name of Individual (Last, First)
- Number of Ticket(s)/Passes
- Identify one of the following:
  - Ceremonial Role [ ]
  - Other [ ]
  - Income [ ]
- If checking "Ceremonial Role" or "Other" describe below:

- C. Name of Outside Organization (include address and description)
- Number of Ticket(s)/Passes
- Describe the public purpose made pursuant to the agency's policy

### 4. Verification
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee: Yolanda Valadez
Print Name: Ticket Administrator
Title: 5/18/19

Comment:
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, 3rd District
Designated Agency Contact (Name, Title)
Yolanda Valadez, Ticket Administrator
Area Code/Phone Number
213 974-3333
E-mail
yvaladez@bos.lacounty.gov

2. Function or Event Information
Does the agency have a ticket policy?  Yes ☐ No ☐
Face Value of Each Ticket/Pass $ 340
Event Description: J O N T Celebration  11/7/18
Provide Title/Explaination
Ticket(s)/Pass(es) provided by agency?  Yes ☐ No ☐
If no: Dorothy Chandler Pavilion
Name of Source
Was ticket distribution made at the behest of agency official?  Yes ☒ No ☐
If yes: ____________________________
Official's Name (Last, First)

3. Recipients
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Signature of Agency Head or Designee
Yolanda Valadez
Print Name
Ticket Administrator
Title

Comment: ____________________________

Date: 5/13/19

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