

A Public Document

2. Function or Event Information

Was ticket distribution made at the behest of agency official? Yes ☒ No ☐ If yes: _____
Official's Name (Last, First)

• 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.

4. Verification

5/8/19
(month, day, year)

Comment:

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

A Public Document

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

Date Stamp

**California
Form 802**

For Official Use Only

☐ Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing: _____
(month, day, year)

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 \$ 150

Event Description: Shan Yun 2019 Tour Date(s) 4/13/19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Dorothy Chandler
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☒ No ☐ If yes: Pavilion
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	Describe the public purpose made pursuant to the agency's policy
Board of Supervisors	<u>24</u>	Per Ticket Policy 5.3(k)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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

5/8/19

(month, day, year)

Comment: _____

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

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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

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(month, day, year)

2. Function or Event Information

Does the agency have a ticket policy? Yes ☐ No ☐ Face Value of Each Ticket/Pass \$ 168

Event Description: Tchaikovsky Debussy Date(s) 4/7/19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: WDC
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	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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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

5/8/19
(month, day, year)

Comment: _____

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

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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

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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 \$ 168

Event Description: Ravel's Bolero Date(s) 4/6/17
Provide Title/Explanation

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. • 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	<u>2-6</u>	Per Ticket Policy 5.3(k)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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]
Signature of Agency Head or Designee

Yolanda Valadez
Print Name

Ticket Administrator
Title

5/18/17
(month, day, year)

Comment: _____

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

A Public Document

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
<input type="checkbox"/> 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 \$ 136

Event Description: Alvin Ailey Date(s) 4/4/19
Provide Title/Explanation

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

• 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	<u>26</u>	Per Ticket Policy 5.3(k)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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] Yolanda Valadez Ticket Administrator 5/8/19
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____

A Public Document

2. Function or Event Information

Was ticket distribution made at the behest of agency official? Yes ☒ No ☐ If yes: _____
Official's Name (Last, First)

• 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.

4. Verification

Comment: _____

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

A Public Document

1. Agency Name County of Los Angeles <hr/> Division, Department, or Region (if applicable) Board of Supervisors, 3rd District <hr/> Designated Agency Contact (Name, Title) Yolanda Valadez, Ticket Administrator <hr/> <table style="width:100%;"> <tr> <td style="width:50%;">Area Code/Phone Number</td> <td style="width:50%;">E-mail</td> </tr> <tr> <td>213 974-3333</td> <td>yvaladez@bos.lacounty.gov</td> </tr> </table>		Area Code/Phone Number	E-mail	213 974-3333	yvaladez@bos.lacounty.gov	<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> Date Stamp </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> California Form 802 For Official Use Only </div> <div> <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small> </div>
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 \$ 168

Event Description: Gustavo Duran Date(s) 3/8/19
Provide Title/Explanation

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. • 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>

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	<u>3/8/19</u> (month, day, year)
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Comment: _____

A Public Document

2. Function or Event Information

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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4. Verification

Comment: _____

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

A Public Document

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

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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 \$ 86

Event Description: Linda Vists
Provide Title/Explanation

Date(s) 2/8/19 2/9/19 2/17/19 ⁽²⁾

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

If no: Ahmanian Theater
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	Describe the public purpose made pursuant to the agency's policy
Board of Supervisors	<u>7</u>	Per Ticket Policy 5.3(k)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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

5/8/19
(month, day, year)

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

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yvaladez@bos.lacounty.gov

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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 \$ 168

Event Description: Gustavo Dudamel Date(s) 1/26/19 2/28/19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: WDC
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	Describe the public purpose made pursuant to the agency's policy
Board of Supervisors	<u>24</u>	Per Ticket Policy 5.3(k)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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

5/8/19
(month, day, year)

Comment: _____

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

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<input type="checkbox"/> 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 \$ 168
Event Description: Itzhak Pearlman Date(s) 1/20/19
Provide Title/Explanation
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. • 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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	5/8/19 (month, day, year)
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Comment: _____

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

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1. Agency Name County of Los Angeles		Date Stamp	California Form 802 For Official Use Only
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	<input type="checkbox"/> 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 \$ 168

Event Description: Zukerman, Forsyth Date(s) 1/6/19
Provide Title/Explanation

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)

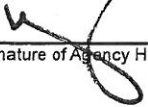
3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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	5/8/19
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: _____

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

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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

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(month, day, year)

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-A-Long Date(s) 12 / 22 / 18
Provide Title/Explanation

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. • 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	<u>24</u>	Per Ticket Policy 5.3(k)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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]
Signature of Agency Head or Designee

Yolanda Valadez
Print Name

Ticket Administrator
Title

5/8/19
(month, day, year)

Comment: _____

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

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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	<input type="checkbox"/> 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 \$ 168

Event Description: Gautier Capucan Date(s) 12/4/18
Provide Title Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: W O C H
Name of Source

Was ticket distribution made at the behest of agency official? Yes ☒ No ☐ If yes: _____
Official's Name (Last, First)

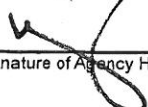
3. Recipients

• 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	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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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 5/8/19
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____

Agency Report of:
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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		Date Stamp	California Form 802 For Official Use Only
		<input type="checkbox"/> 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 \$ 244
Event Description: Hansel & Gretel Date(s) 11/17/18 11/25/18
Provide Title/Explanation
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

• 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
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B.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following: Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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] Yolanda Valadez Ticket Administrator 5/8/19
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____

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

A Public Document

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
		<input type="checkbox"/> 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 \$ 319
Event Description: Satyaana Date(s) 11 / 11 / 18
Provide Title/Explanation
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

• 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	<u>24</u>	Per Ticket Policy 5.3(k)
B.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following: Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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] Yolanda Valadez Ticket Administrator 5/18/19
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____

A Public Document

2. Function or Event Information

Was ticket distribution made at the behest of agency official? Yes ☒ No ☐ If yes: _____
Official's Name (Last, First)

• 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.

4. Verification

Comment: _____