

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
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	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
213 974-3333	yvaladez@bos.lacounty.gov	Date of Original Filing:	(Month, Day, Year)

2. Function or Event InformationDoes the agency have a ticket policy? Yes ☒ No ☐Face Value of Each Ticket/Pass \$ **40.00**Event Description **Dodger Tickets**
Provide Title/ExplanationDate(s) **4/4/15**Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒If no: **Los Angeles Dodgers**
Name of SourceWas ticket distribution made at the behest of agency official? No ☒ Yes ☐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)/Pass(es)	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)/Pass(es)	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)/Pass(es)	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

5/29/15

(Month, Day, Year)

Comment:

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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 \$ 40.00

Event Description	Provide Title/Explanation
Dodger Tickets	

Date(s) 4/7/15

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

If no: Los Angeles Dodgers
Name of Source

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐

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)/ Pass(es)	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)/ Pass(es)	Identify one of the following:	
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>	Income <input type="checkbox"/>
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>	Income <input type="checkbox"/>

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

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Signature of Agency Head or Designee

Yolanda Valadez

Print Name _____

Ticket Administrator

T416

5/29/15

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213 974-3333	yvaladez@bos.lacounty.gov	Date of Original Filing: <input type="text"/> (Month, Day, Year)	

2. Function or Event InformationDoes the agency have a ticket policy? Yes ☒ No ☐Face Value of Each Ticket/Pass \$ **40.00**Event Description **Dodger Tickets**
Provide Title/ExplanationDate(s) **4/8/15**Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒If no: **Los Angeles Dodgers**
Name of SourceWas ticket distribution made at the behest of agency official? No ☒ Yes ☐If yes:
Official's Name (Last, First)**3. Recipients**

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A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	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)/Pass(es)	Identify one of the following:
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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	Ticket Administrator	5/29/15
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

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2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐Face Value of Each Ticket/Pass \$ 40.00Event Description Dodger Tickets
Provide Title/ExplanationDate(s) 4/14/15Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒If no: Los Angeles Dodgers
Name of SourceWas ticket distribution made at the behest of agency official? No ☒ Yes ☐If yes: _____
Official's Name (Last, First)

3. Recipients

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Board of Supervisors	2	Per Ticket Policy 5.3(k)
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
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Yolanda Valadez

Print Name

Ticket Administrator

Title

5/29/15

(Month, Day, Year)

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Provide Title/ExplanationDate(s) 4/15/15Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒If no: Los Angeles Dodgers
Name of SourceWas ticket distribution made at the behest of agency official? No ☒ Yes ☐If yes: _____
Official's Name (Last, First)

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	Yolanda Valadez	Ticket Administrator	5/29/15
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

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213 974-3333	yvaladez@bos.lacounty.gov	Date of Original Filing: <input type="text"/> (Month, Day, Year)	

2. Function or Event InformationDoes the agency have a ticket policy? Yes ☒ No ☐Face Value of Each Ticket/Pass \$ **40.00**Event Description **Dodger Tickets**
Provide Title/ExplanationDate(s) **4/17/15**Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒If no: **Los Angeles Dodgers**
Name of SourceWas ticket distribution made at the behest of agency official? No ☒ Yes ☐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)/Pass(es)	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)/Pass(es)	Identify one of the following:
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Signature of Agency Head or Designee

Yolanda Valadez

Print Name

Ticket Administrator

Title

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

2. Function or Event InformationDoes the agency have a ticket policy? Yes ☒ No ☐Face Value of Each Ticket/Pass \$ 40.00Event Description Dodger Tickets
Provide Title/ExplanationDate(s) 4/18/15Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒If no: Los Angeles Dodgers
Name of SourceWas ticket distribution made at the behest of agency official? No ☒ Yes ☐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)/Pass(es)	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)/Pass(es)	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:
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Print Name

Ticket Administrator

Title

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

2. Function or Event InformationDoes the agency have a ticket policy? Yes ☒ No ☐Face Value of Each Ticket/Pass \$ 40.00Event Description Dodger Tickets
Provide Title/ExplanationDate(s) 4/27/15Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒If no: Los Angeles Dodgers
Name of SourceWas ticket distribution made at the behest of agency official? No ☒ Yes ☐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)/Pass(es)	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)/Pass(es)	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:
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Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
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 \$ 40.00Event Description Dodger Tickets
Provide Title/ExplanationDate(s) 4/28/15Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒If no: Los Angeles Dodgers
Name of SourceWas ticket distribution made at the behest of agency official? No ☒ Yes ☐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)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Board of Supervisors	2	Per Ticket Policy 5.3(k)
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	Yolanda Valadez	Ticket Administrator	5/29/15
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

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2. Function or Event Information

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Provide Title/ExplanationDate(s) 4/29/15Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒If no: Los Angeles Dodgers
Name of SourceWas ticket distribution made at the behest of agency official? No ☒ Yes ☐If yes: _____
Official's Name (Last, First)

3. Recipients

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A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Board of Supervisors	2	Per Ticket Policy 5.3(k)
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Provide Title/ExplanationDate(s) 5/11/15Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒If no: Los Angeles Dodgers
Name of SourceWas ticket distribution made at the behest of agency official? No ☒ Yes ☐If yes:
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Signature of Agency Head or Designee	Yolanda Valadez	Ticket Administrator	5/29/15
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Signature of Agency Head or Designee

Yolanda Valadez

Print Name

Ticket Administrator

Title

5/29/15

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Area Code/Phone Number	E-mail		
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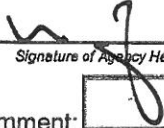
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	Yolanda Valadez	Ticket Administrator	5/29/15
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: _____

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Board of Supervisors, 3rd District			
Designated Agency Contact (Name, Title)			
Yolanda Valadez, Ticket Administrator			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
213 974-3333	yvaladez@bos.lacounty.gov	Date of Original Filing: <input type="text"/> (Month, Day, Year)	

2. Function or Event InformationDoes the agency have a ticket policy? Yes ☒ No ☐Face Value of Each Ticket/Pass \$ **40.00**Event Description **Dodger Tickets**
Provide Title/ExplanationDate(s) **5/14/15**Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒If no: **Los Angeles Dodgers**
Name of SourceWas ticket distribution made at the behest of agency official? No ☒ Yes ☐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)/Pass(es)	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)/Pass(es)	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)/Pass(es)	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	5/29/15
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		Date Stamp	California Form 802 For Official Use Only
County of Los Angeles			
Division, Department, or Region (If Applicable)			
Board of Supervisors, 3rd District			
Designated Agency Contact (Name, Title)			
Yolanda Valadez, Ticket Administrator		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	Date of Original Filing: (Month, Day, Year)
Area Code/Phone Number	E-mail		
213 974-3333	yvaladez@bos.lacounty.gov		


2. Function or Event InformationDoes the agency have a ticket policy? Yes ☒ No ☐Face Value of Each Ticket/Pass \$ **40.00**Event Description **Dodger Tickets**
Provide Title/ExplanationDate(s) **5/15/15**Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒If no: **Los Angeles Dodgers**
Name of SourceWas ticket distribution made at the behest of agency official? No ☒ Yes ☐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)/Pass(es)	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)		
		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)		
		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	5/29/15
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		Date Stamp	California Form 802 For Official Use Only
County of Los Angeles			
Division, Department, or Region (If Applicable)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: (Month, Day, Year)	
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 \$ 40.00

Event Description	Provide Title/Explanation
Dodger Tickets	

Date(s) 5/17/15

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

If no: Los Angeles Dodgers
Name of Source

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐

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)/ Pass(es)	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)/ Pass(es)	Identify one of the following:
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>

C.	Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	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	5/29/15 (Month, Day, Year)
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Comment: _____

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
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	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
213 974-3333	yvaladez@bos.lacounty.gov	Date of Original Filing: <input type="text"/> (Month, Day, Year)	

2. Function or Event InformationDoes the agency have a ticket policy? Yes ☒ No ☐Face Value of Each Ticket/Pass \$ **40.00**Event Description **Dodger Tickets**
Provide Title/ExplanationDate(s) **5/22/15**Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒If no: **Los Angeles Dodgers**
Name of SourceWas ticket distribution made at the behest of agency official? No ☒ Yes ☐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)/Pass(es)	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)/Pass(es)	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)/Pass(es)	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

5/29/15

(Month, Day, Year)

Comment:

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
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	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
213 974-3333	yvaladez@bos.lacounty.gov	Date of Original Filing: _____ (Month, Day, Year)	

2. Function or Event InformationDoes the agency have a ticket policy? Yes ☒ No ☐Face Value of Each Ticket/Pass \$ 40.00Event Description Dodger Tickets
Provide Title/ExplanationDate(s) 5/23/15Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒If no: Los Angeles Dodgers
Name of SourceWas ticket distribution made at the behest of agency official? No ☒ Yes ☐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)/Pass(es)	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)/Pass(es)	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)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18242. 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

5/29/15

(Month, Day, Year)

Comment: _____

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
County of Los Angeles			
Division, Department, or Region (If Applicable)			
Board of Supervisors, 3rd District			
Designated Agency Contact (Name, Title)			
Yolanda Valadez, Ticket Administrator		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number	E-mail		
213 974-3333	yvaladez@bos.lacounty.gov		

2. Function or Event InformationDoes the agency have a ticket policy? Yes ☒ No ☐Face Value of Each Ticket/Pass \$ **40.00**Event Description **Dodger Tickets**
Provide Title/ExplanationDate(s) **5/24/15**Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒If no: **Los Angeles Dodgers**
Name of SourceWas ticket distribution made at the behest of agency official? No ☒ Yes ☐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)/Pass(es)	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)/Pass(es)	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)/Pass(es)	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

5/29/15

(Month, Day, Year)

Comment:

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
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	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
213 974-3333	yvaladez@bos.lacounty.gov	Date of Original Filing: _____ (Month, Day, Year)	

2. Function or Event InformationDoes the agency have a ticket policy? Yes ☒ No ☐Face Value of Each Ticket/Pass \$ 40.00Event Description Dodger Tickets
Provide Title/ExplanationDate(s) 5/25/15Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒If no: Los Angeles Dodgers
Name of SourceWas ticket distribution made at the behest of agency official? No ☒ Yes ☐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)/Pass(es)	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)/Pass(es)	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)/Pass(es)	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

5/29/15

(Month, Day, Year)

Comment:

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
County of Los Angeles			
Division, Department, or Region (If Applicable)			
Board of Supervisors, 3rd District			
Designated Agency Contact (Name, Title)			
Yolanda Valadez, Ticket Administrator		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number	E-mail		
213 974-3333	yvaladez@bos.lacounty.gov		

2. Function or Event InformationDoes the agency have a ticket policy? Yes ☒ No ☐Face Value of Each Ticket/Pass \$ 40.00Event Description Dodger Tickets
Provide Title/ExplanationDate(s) 5/26/15Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒If no: Los Angeles Dodgers
Name of SourceWas ticket distribution made at the behest of agency official? No ☒ Yes ☐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)/Pass(es)	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)/Pass(es)	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)/Pass(es)	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	5/29/15
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		Date Stamp	California Form 802 For Official Use Only
County of Los Angeles			
Division, Department, or Region (If Applicable)			
Board of Supervisors, 3rd District			
Designated Agency Contact (Name, Title)			
Yolanda Valadez, Ticket Administrator		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	Date of Original Filing: <input type="text"/> (Month, Day, Year)
Area Code/Phone Number	E-mail		
213 974-3333	yvaladez@bos.lacounty.gov		

2. Function or Event InformationDoes the agency have a ticket policy? Yes ☒ No ☐Face Value of Each Ticket/Pass \$ 40.00Event Description Dodger Tickets
Provide Title/ExplanationDate(s) 5/27/15Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒If no: Los Angeles Dodgers
Name of SourceWas ticket distribution made at the behest of agency official? No ☒ Yes ☐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)/Pass(es)	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)/Pass(es)	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)/Pass(es)	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	5/29/15
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		Date Stamp	California Form 802 For Official Use Only
County of Los Angeles			
Division, Department, or Region (If Applicable)			
Board of Supervisors, 3rd District			
Designated Agency Contact (Name, Title)			
Yolanda Valadez, Ticket Administrator		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	Date of Original Filing: (Month, Day, Year)
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 \$ 99.00

Event Description Brahms with Brahms Date(s) 5/7/15 LA Phil
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Walt Disney Concert Hall
Name of Source

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐ 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)/Pass(es)	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)/Pass(es)	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)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Griffith Park Adult Community Center	2	Raffle / Silent Auction

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	5/29/15
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		Date Stamp	California Form 802
County of Los Angeles			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	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
213 974-3333	yvaladez@bos.lacounty.gov	Date of Original Filing: <input type="text"/>	
		(Month, Day, Year)	

2. Function or Event InformationDoes the agency have a ticket policy? Yes ☒ No ☐Face Value of Each Ticket/Pass \$ 168.00Event Description Brahms with Brontman
Provide Title/ExplanationDate(s) 5/19/15Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒If no: Walt Disney Concert Hall
Name of SourceWas ticket distribution made at the behest of agency official? No ☒ Yes ☐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)/Pass(es)	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)/Pass(es)	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)/Pass(es)	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	5/29/15 (Month, Day, Year)
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Comment:

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
County of Los Angeles			
Division, Department, or Region (If Applicable)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: (Month, Day, Year)	
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 \$ 168.00

Event Description	FSII & Flamenco
	Provide Title/Explanation

Date(s) 5/21/15 5/23/15

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

If no: Walt Disney Concert Hall
Name of Source

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐

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)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Board of Supervisors	24	Per Ticket Policy 5.3(k)

B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	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)/ Pass(es)	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	5/29/15
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

☐ 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 \$

85.00

Event Description

Immediate Family
Provide Title/Explanation

Date(s)

5/23/15

Ticket(s)/Pass(es) provided by agency?

Yes ☐ No ☒

If no:

Mark Taper Forum
Name of SourceWas ticket distribution made at the behest
of agency official?No ☒ Yes ☐

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)/Pass(es)	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)/Pass(es)	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)/Pass(es)	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

5/29/15

(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	E-mail
213 974-3333	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 InformationDoes the agency have a ticket policy? Yes ☒ No ☐Face Value of Each Ticket/Pass \$ **150.00**Event Description **Matilda**
Provide Title/ExplanationDate(s) **5/31/15**Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒If no: **Ahmanson Theatre**
Name of SourceWas ticket distribution made at the behest of agency official? No ☒ Yes ☐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)/Pass(es)	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)/Pass(es)	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)/Pass(es)	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

5/29/15

(Month, Day, Year)

Comment: