eremonial Role Events and Tic Agency Name			5	A Public Docume
County of Los Angeles	nang Markanan panah panah sang		Date Stamp	California 802
Division, Department, or Region (If Applicable	le)			For Official Use Only
Board of Supervisors, 3rd District				
Designated Agency Contact (Name, Title)				
Yolanda Valadez, Ticket Administrator			Amendment (Must R	
Area Code/Phone Number E-mail 213 974-3333 vvaladez@bi				Ovide explanation in Part 3.)
213 974-3333 yvaladez@bi	os.iacounty.	gov	Date of Original Filing:	(Month, Day, Year)
Does the agency have a ticket policy?	Yes No	Face Value of	of Each Ticket/Pass \$	40.00
Event Description Dadger T	الالالماء الالا		Ly IS	
Provide Title/Exp.	lanation	Date(s)		
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: Le	5 Angel	
Was ticket distribution made at the behest	No⊠ Yes	If yes:	Martie of Sol	ure
of agency official?	110-2 163	If yes:	Official's Name (L	ast, First)
Recipients				
Use Section A to identify the agency's department or	unit. • Use Se	CARLES PER L'ANDENER DE L'ANDER MA	Art of the Comment of the comment	* N. 43a. No. Co. of Company of the Co.
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
Board of Supervisors	2	Per Ticket Policy 5.3(12)	
		rei ficket rolley 5.5(K)	
				•
B. Name of Individual	Number of Ticket(s)/			
(Lost, First)	Pass(es)		Identify one of the following	19:
		Ceremonial Role If checking "Ceremoni	Other Land Role" or "Other" describe below:	income
	*			
		Ocean and a Date		
		Ceremonial Role If checking "Ceremoni	Other I	Income [
			The state of the s	Income [
Name of Outside Organization	Number of ·	if checking "Ceremoni	al Role" or "Other" describe below:	
Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	if checking "Ceremoni Describe the publ	al Role" or "Other" describe below:	o,the agency's policy
Name of Outside Organization (Include address and description)	TicketisV	if checking "Ceremoni Describe the publ	al Role" or "Other" describe below:	
Name of Outside Organization (include address and description)	TicketisV	if checking "Ceremoni Describe the publ	al Role" or "Other" describe below:	o,the agency's policy
Name of Outside Organization (Include address and description)	Ticketisy	if checking "Ceremoni Describe the publ	al Role" or "Other" describe below:	o,the agency's policy
(Include address and description)	Ticketisy	if checking "Ceremoni Describe the publ	al Role" or "Other" describe below:	o,the agency's policy
(Include address and description) Verification	Ticket(s)/ Pass(es)	if checking "Ceremoni Describe the publ	al Role" or "Other" describe below:	o,the agency's policy
(Include address and description) Verification have read and understand FPPC Regulations 18944.1 and	Ticket(s)/ Pass(es)	Describe the publication set to	al Role" or "Other" describe below:	o the agency's policy

Agency Report of: Ceremonial Role Events and	l Ticket/Pass	s Distributi	ons		A Public Document
1. Agency Name				Date Stamp	California 802
County of Los Angeles					
Division, Department, or Region (If App		For Official Use Only			
Board of Supervisors, 3rd District Designated Agency Contact (Name, Title					
Yolanda Valadez, Ticket Administrato					
Area Code/Phone Number F-mail	,			Amendment (Must pro	ovide explanation in Part 3.)
213 974-3333 yvalade	z@bos.lacounty.	.gov	THE STATE OF THE S	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 \$	10.00
Event Description Desgravite To	Ticket tie/Explanation	Date((s) 4	17 1/5	
Ticket(s)/Pass(es) provided by agency	7 <u></u> 1	If no:	Lo	3 Anaele	es Obdaers
	-			Mame of Sour	ma 0
Was ticket distribution made at the beh of agency official?	est No⊠ Yes	If yes	:	Official's Name (La	est, First)
3. Recipients					
Use Section A to identify the agency's departm	Number of			il. • Use Section C to Identif	y an outside organization.
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Per Ticket Policy 5.3(k)			
Board of Supervisors	2				
B. Name of Individual	Number of				
(Lest, First)	Ticket(s)/ Pass(es)		Facility	Identify one of the followin	g:
		Ceremon If checking		Other Role" or "Other" describe below:	Income
		1	ial Role	Other Role" or "Other" describe below:	Income 🔲
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
		of the state of th			
. Verification					
I have read and understand FPPC Regulations 18944		erified that the distribu	tion set fort	h above, is in accordance with	the requirements:
V V	olanda Valadez		Ticket	Administrator	5/29/15
Signature of agency Head or Designee	Print Nam	16		Title	(Month, Day, Year)
Comment:					EDDC Form 802 (4/42)

Agency Name			Date Stamp	California O.O.
County of Los Angeles			Date Starrip	California 802
Division, Department, or Region (If Ap	1	For Official Use Only		
Board of Supervisors, 3rd District				
Designated Agency Contact (Name, Tit	tie)			-
Yolanda Valadez, Ticket Administrat	or	A CONTRACTOR OF THE CONTRACTOR		
Area Code/Phone Number E-mail			3	provide explanation in Part 3.)
Lympites and Large to the control from the	ez@bos.lacounty.	gov	Date of Original Filing	(Month, Day, Year)
Function or Event Information Does the agency have a ticket policy?		Face Value	(5.1.7.1.15	40.00
	Yes⊠ No	race value	of Each Ticket/Pass \$	
Event Description Description Provide 7	Title/Explanation	Date(s)	1 6 12	
Ticket(s)/Pass(es) provided by agency	3	x If no: L	3 Anael	es Dodger
	- 1002 110		Name of S	ource O
Was ticket distribution made at the be of agency official?	hest No Yes	If yes:	Official's Name	(Last First)
Recipients				,,
Use Section A to identify the agency's departer	ment or unit. • Use Se	ction B to identify an individ	ual. • Use Section C to Ider	ntify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuan	t to the agency's policy
Board of Supervisors	2	Per Ticket Policy 5.3	(k)	
	1		CONTRACTOR	
		A CONTRACTOR OF THE CONTRACTOR		9
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
	Ticket(s)/	Ceremonial Role If checking "Ceremon	Identify one of the follow Other Other describe below:	ring:
	Ticket(s)/	if checking "Ceremon	Other Islands or "Other" describe below:	
	Ticket(s)/	if checking "Ceremon	Other Islands or "Other" describe below:	Income
	Ticket(s)/ Pass(es)	if checking "Ceremon Ceremonial Role if checking "Ceremon	Other Interpretation of the purpose made pursuant	Income
(Leat, First) Name of Outside Organization	Number of Ticket(s)	if checking "Ceremon Ceremonial Role if checking "Ceremon	Other Islands or "Other" describe below: Other Islands or "Other" describe below:	Income Income
(Lest, Fire!) C. Name of Outside Organization	Number of Ticket(s)	if checking "Ceremon Ceremonial Role if checking "Ceremon	Other Islands or "Other" describe below: Other Islands or "Other" describe below:	Income Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)	if checking "Ceremon Ceremonial Role if checking "Ceremon	Other Islands or "Other" describe below: Other Islands or "Other" describe below:	Income Income
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	If checking "Ceremon Ceremonial Role If checking "Ceremon Describe the pub	Other Island Role" or "Other" describe below: Other Island Role" or "Other" describe below: Ilic purpose made pursuant	Income Income to the agency's policy
C. Name of Outside Organization (Include address and description) Verification have read and understand FPPC Regulations 1894	Number of Ticket(s)/ Pass(es)	Ceremonial Role if checking "Ceremon Describe the pub	Other Island Role" or "Other" describe below: Other Island Role" or "Other" describe below: Ilic purpose made pursuant	Income Income Income

Date Stamp California	ocume
Form	802
cable) For Official Us	Use Only
Security .	-
Amendment (Must provide explanation in P	Part 3.)
@bos.lacounty.gov Date of Original Filing: (Month, Day, Year)	<u></u>
Vac Na Na Face Value of Each Ticket/Pace \$ 40.00	
Yes No Face Value of Each Ticket/Pass \$ 5.00	
Tickets Date(s) 4/14/15	
Yes Nox If no: Los Anacles Dod	aer
st No Yes If yes: Official's Name (Last, First)	
nt or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization	
Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's poli Pass(es)	licy
2 Per Ticket Policy 5.3(k)	
Number of	Market Valence Control
Ticket(s)/ Pass(et)	
Ceremonial Role Other	Income
If checking "Ceremonial Rale" or "Other" describe below:	
If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other	Income
If checking "Ceremonial Role" or "Other" describe below:	Income
If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other	
Ceremonial Role Other Gescribe below: Ceremonial Role Other Gescribe below: If checking "Ceremonial Role" or "Other" describe below: Number of Ticket(sy Describe the public purpose made pursuant to the agency's polic	
if checking "Ceremonial Role" or "Other" describe below:	-

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 Print Name (Month, Day, Year) Comment:

200	gency Report of: eremonial Role Events and Tic	ket/Pass	s Distributior	าร		A Public Document
1	Agency Name County of Los Angeles Division, Department, or Region (If Applicable)	12.50	Date Stamp California Form For Official Use Only			
	Board of Supervisors, 3rd District Designated Agency Contact (Name, Title)					
	Yolanda Valadez, Ticket Administrator Area Code/Phone Number E-mail 213 974-3333 yvaladez@bo	s.lacounty.	gov		Amendment (Must pro	ovide explanation in Part 3.) (Month, Day, Year)
	Event Description Desgrey Tile/Expla	Yes⊠ No	Date(s)	Hue of	Each Ticket/Pass \$ 15 15 5	to.00
	Was ticket distribution made at the behest of agency official?	No ☑ Yes			Name of Soun	m
	Recipients • Use Section A to identify the agency's department or u	nit. • Use Se	ction B to identify an in	ndividual	l. • Use Section C to Identify	y an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe th	e public	purpose made pursuant to	the agency's policy
	Board of Supervisors	2	Per Ticket Policy	/ 5.3(k)		
	B. Name of Individual	Number of Ticket(s)/ Pass(es)	Ceremonial F	Role	Identify one of the following Other Role" or "Other" describe below:	Income
			Ceremonial F		Other CROIS OF "Other" describe below:	Income []
	Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the	e public.	purpose made pursuant to	the agency's noticy
The same of the sa						
	Verification have read and understand FPPC Regulations 18944.1 and 1 Yolanda	15242. I have ve Valadez	1 1		n above, is in accordance with to Administrator	he requirements:
-	Signature of Age by Head or Designee	Print Nam	e		Title	(Month, Day, Year)
C	Comment:					FPPC Form 802 (4/12)

Agency Report of: Ceremonial Role Events	and Ticke	t/Pass	S Distributions		A Public Documen
Agency Name County of Los Angeles				Date Stamp	California 802
Division, Department, or Region		-			For Official Use Only
Board of Supervisors, 3rd Distriction Designated Agency Contact (Nan					
Yolanda Valadez, Ticket Adminis	strator nail			Amendment (Must pr	ovide explanation in Part 3.)
213 974-3333 yv	aladez@bos.la	county.	gov	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information Does the agency have a ticket po Event Description	licy? Yes	No	Face Value	of Each Ticket/Pass \$	40.00
Ticket(s)/Pass(es) provided by ag	vide Title/Explanation	on No		s Angele	
Was ticket distribution made at the of agency official?	e behest No	Yes	If yes:	Official's Name (L	est, First)
3. Recipients • Use Section A to Identify the agency's de	partment or unit.	• Use Se	ction B to identify an individ	lual. • Use Section C to Identi	fy an outside organization
A. Name of Agency, Department or	Unit N	umber of icket(s)/ Pass(es)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	blic purpose made pursuant t	National Programmes and the second
Board of Supervisors	2		Per Ticket Policy 5.3	·(k)	
B. Name of Individual	1	umber of icket(s)/ Pass(es)		Identify one of the following	g:
			Ceremonial Role If checking "Ceremo	Other Initial Role" or "Other" describe below:	Income 🗀
			Ceremonial Role If checking "Ceremon	Other Other Other describe below:	Income
C. Name of Outside Organization (Include address and description)	т. Т	ımber of icket(s)/	Describe the put	ilic purpose mėde pursuant t	o the agency's policy
(made states and states pa		ass(es)		Professional Control of the Control	
. Verification I have read and understand FPPC Regulations	18944.1 and 1894	2. I have ve	rified that the distribution set	orth above, is in accordance with	the requirements.
~~~	Yolanda Va			et Administrator	5.129115
Signature of Agency Head on Designee		Print Nam	e	Title	(Month, Day, Year)
Comment:					FPPC Form 802 (4/42)

## Agency Report of:

C	eremonial Role Events and Tic	ket/Pass	s Distributions		A Public Document	
1.	Agency Name			Date Stamp	California Ono	
	County of Los Angeles				Form 802	
,	Division, Department, or Region (If Applicable	)		1	For Official Use Only	
	Board of Supervisors, 3rd District					
	Designated Agency Contact (Name, Title)	1				
	Yolanda Valadez, Ticket Administrator					
	Area Code/Phone Number E-mail			Amendment (Must )	provide explanation in Part 3.)	
	213 974-3333 yvaladez@bo	s.lacounty.	gov	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 \$	40.00	
	Event Description Dodger Tile/Expla	exed	Date(s)	1 18 15		
	Ticket(s)/Pass(es) provided by agency?	Yes No	If no:	3 Angel		
•	Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (	'Last, First)	
	Recipients  • Use Section A to Identify the agency's department or the section A to Identify the agency's department or the section A to Identify the agency's department or the section A to Identify the agency's department or the section A to Identify the agency's department or the section A to Identify the agency's department or the section A to Identify the agency's department or the section A to Identify the agency's department or the section A to Identify the agency's department or the section A to Identify the agency's department or the section A to Identify the agency's department or the section A to Identify the agency's department or the section A to Identify the agency and Identify the agency and Identify the agency agency at Identify the Identification the Identi	ınit. • Use Se	action B to identify an individ	ual. • Use Section C to Iden	ntify an outside organization.	
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	particular comments of the Court Ag	ilic purpose made pursuani	Charles Track as trees as a contract of	
	Board of Supervisors	2	Per Ticket Policy 5.3(k)			
	B. Name of Individual	Number of Ticket(s)/ Pass(es)	Ceremonial Role if checking "Ceremon	Identify one of the follow  Other  Other describe below:	ing:	
			Ceremonial Role If checking "Ceremon	Other Dial Role" or "Other" describe below:	Income 🗔	
	C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
A COLUMN						
	Verification					
1	have read and understand FPPC Regulations 18944.1 and				3	
		a Valadez		t Administrator	5/29/15	
	Signature of Agency Read or Designee	Print Nan	1 <del>0</del>	Title	(Month, Day, Year)	
(	Comment:					
•	VIIII VIII, Management and Company of the Company o				EDDC F 200 (4/40)	

Agency Report of:
Ceremonial Role Ever
1. Agency Name

		Distributions A Public Documen
Agency Name		Date Stamp California 802
County of Los Angeles		Tom
Division, Department, or Region (If Applic	able)	For Official Use Only
Board of Supervisors, 3rd District		
Designated Agency Contact (Name, Title)		
Yolanda Valadez, Ticket Administrator		
Area Code/Phone Number   E-mail		Amendment (Must provide explanation in Part 3.)
	abos.lacounty.	Date of Original Filing: (Month, Day, Year)
Function or Event Information		Face Value of Each Ticket/Pass \$ 40.00
Does the agency have a ticket policy?	Yes⊠ No	Face Value of Each Ticket/Pass \$
Event Description Dodgev	Ticked Explanation	S Date(s) 4 /27 15
Ticket(s)/Pass(es) provided by agency?	Yes No	x If no: Los Angeles Dodgers
Was ticket distribution made at the behes of agency official?	t No⊠ Yes	If yes: Official's Name (Last, First)
Recipients	tor with a Una Ca	
	Number of	tion B to identify an individual. • Use Section C to Identify an outside organization.
A. Name of Agency, Department or Unit	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	Number of Ticket(s)/	identify one of the following:
	Pass(es)	Ceremonial Role Other Income Income It checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:
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
/erification		and the little of the little o
	and 10040 1 Laure	
have read and understage FPPC Regulations 18944.1:	<i>and 18942. I have y</i> nda Valadez	Ticket Administrator    S 29 15

Ceremonial Role Events and 110	ckevPass	s Distributions		A Public Document		
1. Agency Name			Date Stamp	California 802		
County of Los Angeles				Form OUZ		
Division, Department, or Region (if Applicable	le)	The Confession of the Confessi	1	For Official Use Only		
Board of Supervisors, 3rd District						
Designated Agency Contact (Name, Title)						
Yolanda Valadez, Ticket Administrator	and the Albander		form .			
Area Code/Phone Number E-mail			Amendment (Must pr	ovide explanation in Part 3.)		
213 974-3333 yvaladez@b	os.lacounty.	.gov	Date of Original Filing:	(Month, Day, Year)		
2. Function or Event Information						
Does the agency have a ticket policy?	Yes 🗵 No	Face Value o	of Each Ticket/Pass \$	40.00		
Event Description Dodger T	i cked	Date(s) 4	12815			
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: Lo	3 Anacle			
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (La	est, First)		
3. Recipients  • Use Section A to identify the agency's department or	unit. • Use Se	ection B to identify an individu	ual. • Use Section C to Identif	y an outside organization.		
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	particular particular and surface		NOS NOT INCOME.		
Board of Supervisors	2	Per Ticket Policy 5.3(k)				
B. Name of Individual	Number of Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the followin  Other	g:Income		
		Ceremonial Role	Other la Role" or "Other" describe below:	Income 🔼		
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant to	othe agency's policy		
. Verification		II.				
I have read and understand FPPC Regulations 18944.1 and		erified that the distribution set fo	orth above, is in accordance with	the requirements:		
Yoland	la Valadez	Ticke	t Administrator	5/29/15		
Signature of Agency Head or Designee	Print Nan	ne	Title	(Month, Day, Year)		
Comment:						

Agency Report of
Ceremonial Role
1. Agency Name

eremonial Role Even	ts and Ti	cket/Pass	s Distributions		A Public Documen
. Agency Name				Date Stamp	California 802
County of Los Angeles					TOTAL
Division, Department, or Reg	ion (If Applicab	le)			For Official Use Only
Board of Supervisors, 3rd Dis	strict				
Designated Agency Contact	Name, Title)				
Yolanda Valadez, Ticket Adm	ninistrator			and the same of th	
Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
213 974-3333	yvaladez@b	os.lacounty.	gov	Date of Original Filing:	(Month, Day, Year)
Function or Event Infor	mation			r	
Does the agency have a ticke	t policy?	Yes X No	Face Value of	f Each Ticket/Pass \$	40.00
Event Description	Provide Title/Exp	icket	Date(s)	29 15	
Ticket(s)/Pass(es) provided by	y agency?	Yes No	⊠ If no: L	3 Anaula	es Dodgers
Was ticket distribution made a of agency official?	t the behest	No⊠ Yes	If yes:	Official's Name (L	.ast, First)
Recipients					
Use Section A to Identify the agency	's department or	THE RESERVE AND PERSONS ASSESSMENT OF THE PE			
A. Name of Agency, Departme	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
Board of Supervisors		2	Per Ticket Policy 5.3(	k)	
P. Alama of Individual		Number of			
B. Name of Individua		Ticket(s)/ Pass(es)		Identify one of the followi	ng:
			Ceremonial Role if checking "Ceremoni	Other	Income
			Ceremonial Role	Other all Role" or "Other" describe below:	Income
C. Name of Outside Organi (Include address and desi	zation cription)	Number of Ticket(s)/ Pass(es)	Describe the publ	lc purpose made pursuant	to the agency's noticy
				,	
Verification	tions decided	4 490 49 15	- 15 - 11 - 10 - 7 - 11 - 11 - 11 - 11 - 11		
I have read and understand FPPC Regula		da Valadez			
Signature of Agency Head or Designee	Lioland	Print Nan		t Administrator	5/29/15
	THE PARTY NAMED AND ADDRESS OF THE	, run (VGII		TIME	(Month, Day, Year)
Comment:	Accessed to the second				

Agency	Rep	ort	0	f:
Canama	-1-1	D-I	_	

Ceremoniai Role Events ar	id lickevPass	Sustributions		A Public Document
1. Agency Name			Date Stamp	California 802
County of Los Angeles				Form OUZ
Division, Department, or Region (If	Applicable)			For Official Use Only
Board of Supervisors, 3rd District				
Designated Agency Contact (Name,	Title)			
Yolanda Valadez, Ticket Administra	ator			
Area Code/Phone Number E-ma	T		Amendment (Must pr	ovide explanation in Part 3.)
213 974-3333 yvala	dez@bos.lacounty.	gov	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Informatio	n			
Does the agency have a ticket policy	/? Yes⊠ No	Face Value o	of Each Ticket/Pass \$	40.00
Event Description Desgrate	Ticket Title/Explanation	Date(s)	11 15	
Ticket(s)/Pass(es) provided by agen	cy? Yes□ No	⊠ If no: Lo	3 Angele	
Was ticket distribution made at the b of agency official?	ehest No Yes	If yes:	Official's Name (L	ast, First)
Recipients	description with a file of	Allow Division and the second		
Use Section A to Identify the agency's depart  A. Name of Agency, Department or Ur	nit Number of Ticket(s)	y kifferent kingday, a Templete Say	ial. • Use Section C to identi	NSS Service Sec. 7 . The views
Board of Supervisors	Pass(és)			
Board of Supervisors	2	Per Ticket Policy 5.3(	K)	
	Number of		21.000 1 1 1 1 2 2 4 2 1 2 1 2 1 3 4 2 1 2 1 2 1 3 4 2 1 2 1 2 1 3 4 2 1 2 1 2 1 3 4 2 1 2 1 2 1 3 4 2 1 2 1 2	No. 1 (2012)
B. Name of Individual	Ticket(s)/ Pass(es)		Identify one of the following	lg:
			Other describe below:	Income
		Ceremonial Role	Other all Role" or "Other" describe below:	Income [
C. Name of Outside Organization (include address and description	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant t	o the agency's policy
Verification		<u> </u>		
I have read and understand FPPC Regulations 18	Lance to the second sec	arified that the distribution set fo	rth above, is in accordance with	the requirements:
~~	Yolanda Valadez	Ticket	t Administrator	5/29/15
Signature of Agency Head or Designee	Print Nam	De La Carte de la	Title	(Month, Day, Year)
Comment:				

Agency Report of: Ceremonial Role Events an	id Ticket/Pass	S Distributions		A Public Document
1. Agency Name County of Los Angeles			Date Stamp	California 802
Division, Department, or Region (If A	Applicable)			For Official Use Only
Board of Supervisors, 3rd District				
Designated Agency Contact (Name, 7				
Yolanda Valadez, Ticket Administra			Amendment (Must	provide explanation in Part 3.)
Area Code/Phone Number   E-mail	l dez@bos.lacounty.	aov	Date of Original Filling:	
2. Function or Event Information		9		(Month, Day, Year)
Does the agency have a ticket policy	? Yes No	Face Value of	of Each Ticket/Pass \$	40.00
Event Description Description	Ti cket	-S Date(s) S	12 15	
Ticket(s)/Pass(es) provided by agend	cy? Yes□ No	× If no: Lo	3 Angel	es Dodgers
Was ticket distribution made at the boof agency official?	ehest No Yes	If yes:	Official's Name (	Last, First)
<ol> <li>Recipients</li> <li>Use Section A to Identify the agency's depart</li> </ol>	tment or unit. • Use Se	ction B to identify an individu	ial. • Use Section C to Iden	tify an outside organization.
A. Name of Agency, Department or Un	No. of the second	promise was a few class of	lic purpose made pursuant	1 V.Shall Selfa de Senata a Company
Board of Supervisors	2	Per Ticket Policy 5.3(	k)	
B. Name of (ndividual	Number of Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the follow	ing:
		ti checking "Ceremoni	el Role" or "Other" describe below:	
		Ceremonial Role if checking "Ceremoni	Other Dal Role" or "Other" describe below:	Income
	Number of ·		graphamores catagos	
C. Name of Outside Organization (Include address and description)	Ticket(s)/ Pass(es)	Describe the nubl	lc purpose made pursuant	to the premare notice
Table 1 Miles				
. Verification				
I have read and understand FPPC Regulations 185				
Signature of Agency Head or Designee	Yolanda Valadez Print Nam		Administrator	5/29/15
	rnik Nam		Title	(Month, Day, Year)
Comment:				FPPC Form 802 (4/12)

_	oromonial flore Events and flex	Cui ass	Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	County of Los Angeles				Form OUZ
	Division, Department, or Region (If Applicable)				For Official Use Only
	Board of Supervisors, 3rd District				
	Designated Agency Contact (Name, Title)	Company of the last of the las			
	Yolanda Valadez, Ticket Administrator			f Amendment ()	
ñ	Area Code/Phone NumberE-mail			Amendment (Must pr	ovide explanation in Part 3.)
	213 974-3333 yvaladez@bos.	lacounty.	gov	Date of Original Filing:	(Month, Day, Year)
2,	Function or Event Information	the second second			(monal, bay, rear)
	Does the agency have a ticket policy?	es 🗵 No	Face Value o	of Each Ticket/Pass \$	40.00
	Event Description Provide Title/Explans	etion	Date(s)	2/13/13	
	•			8 0-0-14	2 0 1
	Ticket(s)/Pass(es) provided by agency?	es No	If no:   □  □  □  □  □  □  □  □  □  □  □  □  □	Name of Sou	m Constant
•	Was ticket distribution made at the behest	Vo⊠ Yes	If yes:		
	of agency official?	102	il yes: L	Official's Name (La	ast, First)
tunini }	Recipients				
	Use Section A to identify the agency's department or uni	t. • Use Se	ction B to identify an individu	ial. • Use Section C to Identif	fy an outside organization.
	A. Name of Agency, Department or Unit	Number of	STORES SENTER CONTRACTOR	Arrest of the Constant of the Constant	NAMES OF THE PARTY AND ADDRESS OF THE PARTY.
	A. Name of Agency, Department of Office	Ticket(s)/	Describe the pub	lic purpose made pursuant t	o the agency's policy
		TO THE OWNER OF THE OWNER OWNER OF THE OWNER OWNER OF THE OWNER OW			
į	Board of Supervisors	2	Per Ticket Policy 5.3(	(k)	1
			PARTY OF THE PARTY		
8			di di		3
8	B Name of Individual	Number of	PRINCIPLE GARREST (C.)	Service and the service	
	D. (Last Fre)	Ticket(s)/ Pass(es)		identify one of the followin	g:
			Ceremonial Role	Other 🔲	Income
				al Role" or "Other" describe below:	modific Exp
		-			
			Ceremonial Role	Other _	Income [
17			If checking "Ceremoni	al Role" or "Other" describe below:	
The state of the s					
		Number			
1	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the publ	ic purpose made pursuant t	o the agency's policy
		Pass(es)			
	J.				
F					
WATERON NO.					
-	Verification Te				
	have read and understand FPPC Regulations 18944.1 and 18	942. I have ve	rified that the distribution set fo	rth above, is in accordance with	the requirements:
	Yolanda			t Administrator	5/29/15
•	Signature of Agency Head or Designee	Print Nam		Title	(Month, Day, Year)
					(monut, pay, rear)
(	Comment: U			and the second	
					EPPC Form 802 (4/42)

	Temena Note Events and Tie	Neur as:	בווסוווטמווטווס		A Public Documen
1.	Agency Name			Date Stamp	California 802
	County of Los Angeles		44.00 Mar. 100 Mar. 1		Form OUZ
Ē	Division, Department, or Region (If Applicable	)		1	For Official Use Only
	Board of Supervisors, 3rd District			F 1700	
<u>ה</u>	Designated Agency Contact (Name, Title)			]	
	olanda Valadez, Ticket Administrator			E Amandanas (Mark	
Z	rea Code/Phone Number E-mail			Amendment (Must p	Ovide explanation in Part 3.)
2	13 974-3333 yvaladez@bo	s.lacounty.	gov	Date of Original Filing:	(Month, Day, Year)
2. F	Function or Event Information				
	Does the agency have a ticket policy?	Yes ⋉ No	Face Value of	of Each Ticket/Pass \$	40.00
Е	Event Description Description Provide Title/Expla	exed	Date(s)	14/15	A DESCRIPTION OF THE PROPERTY
Т	cket(s)/Pass(es) provided by agency?	Yes No	⊠ If no: L	S Anacle	es Dodgers
	Vas ticket distribution made at the behest of agency official?	No ¥ Yes	If yes:	Official's Name (L	ast. First)
(0)	Recipients				
	Use Section A to identify the agency's department or u	ınıt. • Use Se	ction B to identify an individu	III I lee Section C to Identi	fir an outride expenienties
_	Name of Agency, Department or Unit	Number of	a whole and a residence of the contract of the	And the second s	A the Charle of the factor of
-	*. Name of Agency, Department or Unit:	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
В	loard of Supervisors	2	Per Ticket Policy 5.3(	(k)	
					2
E	Name of individual (Lest First)	Number of Ticket(s)/ Pass(es)		identify one of the following	ng:
The state of the s			Ceremonial Role If checking "Ceremoni	Other Delated of the Control of the	Income
			Ceremonial Role	Other Carlos Other describe below:	Income
			a aroung Collinois	ar role of Juliar describe below.	
C	Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant t	o the agency's policy
L					
	erification		22 (24 (10) and 10)		
ını	ave read and understand FPPC Regulations 18944.1 and				
Name of Street		a Valadez	Ticket	t Administrator	5/29/15
	Signature of Piency Head or Designee	Print Nam	e	Title	(Month, Day, Year)
Co	omment:				EBBC Earn 200 (4/40)
					EDUC CAPPE DAY 1414A

Agency Report of: Ceremonial Role Events and Tic	:ket/Pass	s Distributi	ons		A Public Document
Agency Name     County of Los Angeles     Division, Department, or Region (If Applicable)				Date Stamp	California 802 Form For Official Use Only
Board of Supervisors, 3rd District  Designated Agency Contact (Name, Title)	<b>O</b>				
Yolanda Valadez, Ticket Administrator  Area Code/Phone Number   F-mail 213 974-3333 yvaladez@bo	os.lacounty.	.gov		Amendment (Must p)  Date of Original Filing:	
2. Function or Event Information  Does the agency have a ticket policy?  Event Description  Provide Title/Expl		Date		f Each Ticket/Pass \$	(Month, Day, Year)
Ticket(s)/Pass(es) provided by agency?  Was ticket distribution made at the behest of agency official?	Yes  No No  Yes			Name of Sou	
3. Recipients  • Use Section A to identify the agency's department or	unit. • Use Se	ection B to identify	n Individu	al a Hea Section C to Identi	for an estable openingle
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	1	/ Jane Sec.	c purpose made pursuant	CARL CARL CARLS
Board of Supervisors	2	Per Ticket Po	licy 5.3(l	k)	
B. Name of Individual	Number of Ticket(s)/ Pass(et)	N .	nial Role	Identify one of the following  Other  Role" or "Other" describe below:	income
		1	niai Role	Other In Incident of the Incid	Income []
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe	the publi	c purpose made pursuant (	o the agency's policy
Vortflootion					
	18942. I have ve a Valadez	erified that the distrib		th ebove, is in eccordence with Administrator	the requirements:
Signature of Alexay Head or Designee  Comment:	Print Nam	ne		Title	(Month, Dey, Year)

### Agency Report of:

Ceremonial Role Events and Ti	cket/Pass	s Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
County of Los Angeles				Form OUZ
Division, Department, or Region (If Applicab	ile)			For Official Use Only
Board of Supervisors, 3rd District				
Designated Agency Contact (Name, Title)	**************************************		1	
Yolanda Valadez, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must )	provide explanation in Part 3.)
213 974-3333 yvaladez@b	os.lacounty	.gov	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 \$	40.00
Event Description Dodgev Title/Exp	icket	Date(s)	וח וג	
Ticket(s)/Pass(es) provided by agency?	Yes No	If no:	3 Angel	es Dodgers
Was ticket distribution made at the behest of agency official?	No Yes	s If yes:	Official's Name (	Last, First)
B. Recipients  • Use Section A to identify the agency's department or	runit. • Use Se	ection B to identify an individ	ual. • Use Section C to Iden	tify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	particular personal desired by	olic purpose made pursuant	A NOW THE PROPERTY OF THE PARTY
Board of Supervisors	2	Per Ticket Policy 5.3	(k)	
B. Name of Individual (Leat First)	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon	Identify one of the follow  Other  Other describe below:	ing:
		Ceremonial Role If checking "Ceremon	Other I lal Role" or "Other" describe below:	Income [
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
. Verification	T.	411		
I have read and understand FPPC Regulations 18944.1 and	d 18942. I have v	erified that the distribution set f	orth above, is in accordance wit	h the requirements:
· ·	da Valadez		t Administrator	5/29/15
Signature of Agricoy Head or Designee	Print Nan	ne	Title	(Month, Day, Year)
Ö				
Comment:				

Agency Report of: Ceremonial Role Events an	d Ticket/Pass	Distributions		A Public Documen
Agency Name     County of Los Angeles			Date Stamp	California 802 Form Solution S
Division, Department, or Region (If A)  Board of Supervisors, 3rd District  Designated Agency Contact (Name, Ti				i di dinda deconiy
Yolanda Valadez, Ticket Administration Area Code/Phone Number	tor		Amendment (Must	provide explanation in Part 3.)
213 974-3333 yvalad 2. Function or Event Information	lez@bos.lacounty.	gov	Date of Original Filing	(Month, Day, Year)
Does the agency have a ticket policy's  Event Description	Yes No Ti cket  Title/Explanation	Face Value Date(s)	of Each Ticket/Pass \$	40.00
Ticket(s)/Pass(es) provided by agence Was ticket distribution made at the be	y? Yes□ No		os Angel	
of agency official?  3. Recipients	NOE 100	Ti yes.	Official's Name	(Last, First)
Use Section A to Identify the agency's depart  A. Name of Agency, Department or Unit	Number of	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	dual. • Use Section C to ide blic purpose made pursuar	CONSTRUCTION OF THE PROPERTY O
Board of Supervisors	2	Per Ticket Policy 5.	3(k)	
B. Name of Individual	Number of Ticket(s)/ Pass(es)	Ceremonial Role  If checking "Ceremonial Role	Identify one of the follow  Other  Other following the fol	Income L
		Ceremonial Role		Income
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
Verification I have read and understand FPPC Regulations 189		arified that the distribution set	forth above, is in accordance w	ith the requirements:
Signature of Agents, Head or Designee	olanda Valadez Print Nam	THE RESERVE OF THE PARTY OF THE	et Administrator	5 29 15 (Month, Day, Year)
Comment:				EPPC Form 802 (4/42

Agency Report of: Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
1. Agency Name  County of Los Angeles  Division, Department, or Region (If Applicable)	)		Date Stamp	California 802 Form Official Use Only
Board of Supervisors, 3rd District  Designated Agency Contact (Name, Title)				
Yolanda Valadez, Ticket Administrator  Area Code/Phone Number   E-mail 213 974-3333 yvaladez@bo	os.lacounty.	gov	Date of Original Filing	provide explanation in Part 3.) (Month, Day, Year)
2. Function or Event Information  Does the agency have a ticket policy?  Event Description  Ticket(s)/Pass(es) provided by agency?  Was ticket distribution made at the behest of agency official?	Yes No	Date(s)	e of Each Ticket/Pass \$  5 23 15  Amena of S  Official's Name	
Recipients     Use Section A to Identify the agency's department or a	THE RESERVE OF THE PARTY OF THE	the state of the same of the s	ridual. • Use Section C to ide	
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the p	public purpose made pursuar	nt to the agency's policy
Board of Supervisors	2	Per Ticket Policy 5	.3(k)	
B. Name of Individual	Number of Ticket(s)/ Pass(es)	Ceremonial Rol If checking "Ceren	identify one of the follow  Other  montal Role" or "Other" describe below.	Income
		Ceremonial Rol	e Other I	Income
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the p	ublic purpose made pursuan	it to the agency's policy
. Verification				
I have read and understand FPPC Regulations 18944.1 and	18942. I have ve a Valadez Print Nam	Tic	et forth ebove, is in eccordence we ket Administrator	5/29/15
Comment:	, ma Mail		ime	(Month, Dey, Year)

## Agency Report of:

Ceremonial Role Events and Ti	cket/Pass	s Distributions		A Public Documen
1. Agency Name			Date Stamp	California 802
County of Los Angeles				Form OUZ
Division, Department, or Region (If Application)	ole)			For Official Use Only
Board of Supervisors, 3rd District				
Designated Agency Contact (Name, Title)				
Yolanda Valadez, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must	provide explanation in Part 3.)
	oos.lacounty.	gov	Date of Original Filing	(Month, Day, Year)
2. Function or Event Information				40.00
Does the agency have a ticket policy?	Yes⊠ No	Face Value	of Each Ticket/Pass \$	40.00
Event Description Description	i cket planation	Date(s)	5/24/15	
Ticket(s)/Pass(es) provided by agency?	Yes No	If no:	03 Angel	
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 o	r unit. • Use Se	action B to identify an indiv	idual e lise Section C to ide	prify an outside overalisation
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	CARLES COMMENTS OF STREET	ublic purpose made pursuar	The state of the s
Board of Supervisors	2	Per Ticket Policy 5.	3(k)	
B. Name of Individual	Number of Ticket(s)/ Päss(es)	Ceremonial Role If checking "Cerem	Identify one of the follows  Other onle! Role" or "Other" describe below.	Income
		Ceremonial Role If checking "Cerem	Other Other on "Other" describe below.	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pu	phic purpose made pursuan	it to the agency's policy
Verification  I have read and understand FPPC Regulations 18944.1 an  Volume	d 18942. I have ve da Valadez			
Signature of Agency Fluad or Designee	Print Nam		ket Administrator	5/29/15
Comment:	<i>н</i> пік Nam		Title	(Month, Day, Year)

0	eremonial Role Events and Hc	Keurass	Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	County of Los Angeles				Form OUZ
	Division, Department, or Region (If Applicable				For Official Use Only
	Board of Supervisors, 3rd District				
	Designated Agency Contact (Name, Title)				
	Yolanda Valadez, Ticket Administrator				
	Area Code/Phone Number   E-mail			Amendment (Must pr	ovide explanation in Part 3.)
	213 974-3333 yvaladez@bo	s.lacounty.	aov	Date of Original Filing:	
	Function or Event Information				(Month, Day, Year)
	Does the agency have a ticket policy?	Yes No	Face Value o	of Each Ticket/Pass \$	40.00
		Test INC	Tace value of	TEACH TICKEUP ass 5	
	Event Description Provide Title/Expla	netion	Date(s)	2/23/15	
			- K- La	5 Anaele	es Obdaers
	nicket(s)/Fass(es) provided by agency?	Yes No	ズ If no:	Meme of Soul	779
	Was ticket distribution made at the behest	No ¥ Yes	If yes:		
	of agency official?			Official's Name (La	ast, First)
3.	Recipients				
,	Use Section A to Identify the agency's department or u				y an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
	Board of Supervisors	2	Per Ticket Policy 5.3(	k)	
	B. Name of Individual (Cest First)	Number of Ticket(s)/ Pass(es)		Identify one of the followin	g:
			Ceremonial Role If checking "Ceremoni	Other Called Role" or "Other" describe below:	Income [
			Ceremonial Role	Other L	Income T
Г			If checking "Ceremoni	al Role" or "Other" describe below:	
(	Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the publ	lic purpose made pursuant to	othe agency's policy
***	(morade address and dead (pitol))	Pass(es)			
	<b>Verification</b>	,			
1	have read and understand FPPC Regulations 18944.1 and				the requirements:
	- V	Valadez	Ticke	t Administrator	5/29/15
	Signature of Agency Nead or Designee	Print Nam	10	Title	(Month, Day, Year)
(	Comment:				

Agency	Rep	ort	of:
Ceremo			

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	Date Stamp  California 802  For Official Use Only  Amendment (Must provide explanation in Part 3.)
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	For Official Use Only
Board of Supervisors, 3rd District  Designated Agency Contact (Name, Title)  Yolanda Valadez, Ticket Administrator  Area Code/Phone Number   E-mail	
Polanda Valadez, Ticket Administrator  Area Code/Phone Number   E-mail   213 974-3333   yvaladez@bos.lacounty.gov	Amendment (Must provide evelopping in Part 2)
Yolanda Valadez, Ticket Administrator  Area Code/Phone Number   E-mail	Amandment (Must amaide evaluation in Part 2.)
Area Code/Phone Number	Amendment (Must provide explanation in Part 2.)
Area Code/Phone Number	Amendment (Must provide explanation in Best 2.)
	Attendament (wost provide explanation in Part 3.)
Function or Event Information	Date of Original Filing: (Month, Day, Year)
, i diivavii vi Evelit lillvilliauvii	
Does the agency have a ticket policy? Yes ■ No ■	Face Value of Each Ticket/Pass \$ 40.00
Event Description Desgrey Tickets  Provide Title/Explanation	Date(s) 5/26 15
Ticket(s)/Pass(es) provided by agency? Yes No ☒	If no: Los Angeles Dodgers
Was ticket distribution made at the behest No  ✓ Yes  of agency official?	If yes: Official's Name (Last, First)
Recipients	
Use Section A to Identify the agency's department or unit.     Use Section B to identify the agency's department or unit.	dentify 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 Tick	ket Policy 5.3(k)
B. Name of (individual Number of Ticket(s)/ Pass(et)	Identify one of the following:
	Ceremonial Role Other Income Income It checking "Ceremonial Role" or "Other" describe below:
	Ceremonial Role Other Income income
C. Name of Outside Organization Number of Ticket(s)/ (Include address and description) Pass(es).	escribe the public purpose made pursuant to the agency's policy
Verification	
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the	e 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)
	, , , , , , , , , , , , , , , , , , , ,

scremonial Role Events and The	neur as	S DISTIDUTIONS		A Public Document
. Agency Name			Date Stamp	California 802
County of Los Angeles				Form OUZ
Division, Department, or Region (If Applicable	e)			For Official Use Only
Board of Supervisors, 3rd District	eller and the selection of the State of the			
Designated Agency Contact (Name, Title)			1	
Yolanda Valadez, Ticket Administrator			Company (tout	
Area Code/Phone Number   E-mail			Amendment (Must pr	ovide explanation in Part 3.)
213 974-3333 yvaladez@bo	os.lacounty.	.gov	Date of Original Filing:	(Month, Day, Year)
. Function or Event Information				
Does the agency have a ticket policy?	Yes X No	Face Value of	of Each Ticket/Pass \$	40.00
Event Description Description	icket	Date(s)	27 15	
Ticket(s)/Pass(es) provided by agency?		If no: L	s Angelo	es Dodgers
Was ticket distribution made at the behest	, ভা		Marine of Sou	<i>m</i>
of agency official?	No Yes	If yes:	Official's Name (L	ast First)
	XXXXXXXXXXXXX			
Recipients	umit allan Ca	adlas Dan Islandik, an bestelde		
Use Section A to identify the agency's department or	Number of	A STORY OF STREET AND ASSOCIATION OF STREET	Arra de la Calabarda de la composición de	NAMES OF THE PARTY
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
Board of Supervisors	2	Per Ticket Policy 5.3	(k)	
\$				2
B. Name of (ndividua)	Number of Ticket(s)/ Pass(es)		identify one of the following	)g:
		Ceremonial Role If checking "Ceremon	Other Dial Role" or "Other" describe below:	Income
		Ceremonial Role	Other	Income
		If checking "Ceremon.	lal Role" or "Other" describe below:	
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant t	o the agency's policy
	Pass(es)			
				ALCOHOLOGIC CONTROL CO
Verification				
I have read and understand FPPC Regulations 18944.1 and	18942   have v	arified that the distribution set &	adh shave is in secondance with	the manufacture of
	a Valadez		t Administrator	
	-			5/29/15
Signature of Agency Head or Designee	Print Nan	n <del>e</del>	Title	(Month, Day, Year)
Comment				
Comment:				EDDC Form 802 (4/42

Agency Name			Date Stamp	California OA3
County of Los Angeles	Control of the second second second second second			Form 802
Division, Department, or Region (If Applica	ble)		1	For Official Use Only
Board of Supervisors, 3rd District  Designated Agency Contact (Name, Title)				
	Allian line suspension			
Yolanda Valadez, Ticket Administrator  Area Code/Phone Number   E-mail			Amendment (Must p	provide explanation in Part 3.)
	bos.lacounty.	gov	Date of Original Filing:	
2. Function or Event Information		CONTRACTOR OF THE PROPERTY OF	<u> </u>	(Month, Day, Year)
Does the agency have a ticket policy?	Yes No	Face Value	of Each Ticket/Pass \$	99.00
Event Description Syahas L	with g	ro-Costa(s) 5	7 15	
Ticket(s)/Pass(es) provided by agency?	Yes□ No	⊯ If no: W	alt Disa	
Was ticket distribution made at the behest	No⊠ Yes	If yes:	Name of So	
of agency official?	110-1100	ii yes.	Official's Name (	Last, First)
. Recipients				**
Use Section A to identify the agency's department	Number of	property of the second second	Arriver of the second conference of	TABLE SECULIARISM CO. CO.
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	to the agency's policy
Board of Supervisors	2	Per Ticket Policy 5.3	(k)	
B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	
(Lost, First)	Pass(es)			
		Ceremonial Role If checking "Ceremon	ial Role" or "Other" describe below:	Income
		Ceremonial Role	Other	Income 🔲
	T Committee (control of control o	If checking "Ceremon	lal Role" or "Other" describe below:	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
Griffith Perk Abut Community	2	Rattle 1	Silent F	tuction
Cute				
Verification				
I have read and understand FPPC Regulations 18944.1 a	nd 18942. I have ve	arified that the distribution set fo	orth above, is in accordance wit	h the requirements.
	da Valadez	1 1		
Verification I have read and understand FPPC Regulations 18944.1 a		adfied that the distribution set fo	orth above, is in accordance wit	h the requirements.

Comment:

A	1001 000	Dictributions		A Public Document
Agency Name			Date Stamp	California 802
County of Los Angeles				Form For Official Use Only
Division, Department, or Region (If Applicable)	only on the second			To of official case of my
Board of Supervisors, 3rd District				
Designated Agency Contact (Name, Title)				
Yolanda Valadez, Ticket Administrator			Amendment (Must	provide explanation in Part 3.)
Area Code/Phone Number   F-mail				
213 974-3333 yvaladez@bo:	s.lacounty.	gov	Date of Original Filing	(Month, Day, Year)
Function or Event Information	-			168.00
Does the agency have a ticket policy?	Yes⊠ No	Face Value of	f Each Ticket/Pass \$	
LVCIII Describilori E	حلان	Date(s)	1/9/12	
Provide Title/Explai	046	sufurant.	11 0:5	
Ticket(s)/Pass(es) provided by agency?	Yes 🔲 No	⊠ If no:	Name of S	Source Ho
Was ticket distribution made at the behest	No⊠ Yes	If yes:		
of agency official?			Official's Name	(Last, First)
Recipients				
Use Section A to identify the agency's department or us		ction B to identify an individu	al. • Use Section C to ide	ntify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuar	nt to the agency's policy
	rass(es)	As a Ad Jugaya, or heps, or	Maria di Marana	
Board of Supervisors	2	Per Ticket Policy 5.3(	k)	
B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	eliner:
(Lost, First)	Pass(es)		No.	
		Ceremonial Role	Other	Income
			TAGE OF CUICF GEAGING DEICH	
			and the state of t	
		Ceremonial Role	Other _	Income
		If checking "Ceremoni	al Role" or "Other" describe below	
C. Name of Outside Organization	Number of	Markin kan Kara	g eg segment gart i gestjir	
(include address and description)	Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuar	nt to the agency's policy
	1			
Verification				
have read and understand FPPC Regulations 18944.1 and 1		adfied that the distribution set fo	rth above, is in accordance w	vith the requirements.
have read and understand FPPC Regulations 18944.1 and 1 Yolanda	8942. I hava ye Valadez		rth ebove, is in eccordence w t Administrator	
have read and understand FPPC Regulations 18944.1 and 1		Ticke	1 May	vith the requirements.  S129115 (Month, Day, Year)

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Date Stamp	California 802
	Form OUZ
<del></del>	For Official Use Only
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1.	Agency Name			Date Stamp	California QA2
	County of Los Angeles				Form OUZ
	Division, Department, or Region (If Applicable	)			For Official Use Only
	Board of Supervisors, 3rd District				
	Designated Agency Contact (Name, Title)	The state of the s		1	
	Yolanda Valadez, Ticket Administrator				
	Area Code/Phone Number   E-mail			Amendment (Mus	provide explanation in Part 3.)
	213 974-3333 yvaladez@bo	s.lacounty.	gov	Date of Original Filing	(Month, Day, Year)
2.	Function or Event Information				
	Does the agency have a ticket policy?	Yes No	Face Value o	of Each Ticket/Pass \$	NOB.00
	Event Description Falla & Flan Provide Title/Expli	~~~	Date(s) S	121.15	5 23 15
	Ticket(s)/Pass(es) provided by agency?	Yes No	× If no: W	Name of	Source + H
	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 a	ınit. • Use Se	ection B to identify an individu	al. • Use Section C to Ide	untify an outside organization
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	patients with a first or by	lic purpose made pursua	<ul> <li>1.3.39s Technic two discountries</li> </ul>
	Board of Supervisors	24	Per Ticket Policy 5.3(	k)	
					-
;	B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the follo	wing:
			Ceremonial Role If checking "Ceremonial	Other Delay or "Other" describe below	Income
			Ceremonial Role If checking "Ceremonial	Other Dal Role" or "Other" describe below	Income
	C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/	Describe the publ	ic purpose made pursual	nt to the agency's policy
-		Pass (es)	Part Table Control of the Control of		

me	Yolanda Valadez	Ticket Administrator	5/29/12
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
Comment:			

Agency Name			Date Stamp	California O.C
County of Los Angeles				California 80
Division, Department, or Region (If Applicable	le)		1	For Official Use Only
Board of Supervisors, 3rd District				
Designated Agency Contact (Name, Title)		and the state of t	3	
Yolanda Valadez, Ticket Administrator				
Area Code/Phone Number   E-mail				provide explanation in Part 3.)
213 974-3333 yvaladez@b	os.lacounty.	gov	Date of Original Filing	(Month, Day, Year)
Function or Event Information  Does the agency have a ticket policy?		<b>— — — — — — — — — —</b>		85.00
	Yes No	Face Value	of Each Ticket/Pass \$	00.00
Event Description Provide Title/Exp	lanation	ate(s)	> 1/23/15	
Ticket(s)/Pass(es) provided by agency?	Yes No	If no:	AVK Ta	on Foru
Was ticket distribution made at the behest	No⊠ Yes	☐ If yes:		
of agency official?	110 = 100	11 yes.	Official's Name	(Last, First)
Recipients				
Use Section A to identify the agency's department or	unit. • Use Se		ual. • Use Section C to Ide	ntify an outside organization.
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)		lic purpose made pursuan	t to the agency's policy
Board of Supervisors	2	Per Ticket Policy 5.3	(k)	
B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	ring:
	Pass(es)	Ceremonial Role		
			Other islander of the other othe	Income
		A 115.1	П П	
		Ceremonial Role	Other L	Income
			al Role" or "Other" describe below:	
	Nimbo	If checking "Ceremon	ial Role" or "Other" describe below:	
Name of Outside Organization (Include address and description)	Number of Ticket(s)	if checking "Ceremon  Describe the pub	al Role" or "Other" describe below:	t to the agency's policy
Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	if checking "Ceremon  Describe the pub	ial Role" or "Other" describe below:	t to the agency's policy
Name of Outside Organization (include address and description)	Ticket(s)/	if checking "Ceremon  Describe the pub	al Role" or "Other" describe below:	to the agency's policy
Name of Outside Organization (Include address and description)	Ticket(s)/	if checking "Ceremon  Describe the pub	al Role" or "Other" describe below:	to the agency's policy
Name of Outside Organization (Include address and description)	Ticket(s)/	if checking "Ceremon  Describe the pub	al Role" or "Other" describe below:	to the agency's policy
(Include address and description)	Ticket(s)/ Pass(es)	If checking "Ceremon Describe the pub	al Role" or "Other" describe below:	
(Include address and description)  Verification  have read and understand FPPC Regulations 18944.1 and	Ticket(s)/ Pass(es)	If checking "Ceremon  Describe the pub	al Role" or "Other" describe below:  Ilic purpose made pursuan	
(Include address and description)  Verification  have read and understand FPPC Regulations 18944.1 and	Ticket(s)/ Pass(es)	Describe the pub	al Role" or "Other" describe below:	

Agency	Report	of:
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		A		A Public Documer
. Agency Name			Date Stamp	California 802
County of Los Angeles				
Division, Department, or Region (If Applicable,	)		1	For Official Use Only
Board of Supervisors, 3rd District				
Designated Agency Contact (Name, Title)			]	
Yolanda Valadez, Ticket Administrator			C Amendment (Must a	moids supporting in Bod 9.
Area Code/Phone Number   E-mail				rovide explanation in Part 3.)
213 974-3333 yvaladez@bo	s.lacounty.	gov	Date of Original Filing:	(Month, Day, Year)
. Function or Event Information				00 02/
Does the agency have a ticket policy?	Yes 🗵 No	Face Value of	of Each Ticket/Pass \$	150.00
Event Description Provide Title/Expla	nation	Date(s) S	31 15	
Ticket(s)/Pass(es) provided by agency?	Yes No	x If no:	hmansa	- Theat
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Name of Sou	
Recipients  • Use Section A to identify the agency's department or u	nit. • Use Se	ction B to identify an individu	ial. • Use Section C to Ident	ify an outside exceptivation
A. Name of Agency, Department or Unit	Number of	A STATE OF THE PARTY OF THE PAR	Notice and Control of the second	1 S. Alle, "Suite to them it is a
	Ticket(s)/ Pass(es)	Describe trie pub	lic purpose made pursuant	to the agency's policy
Board of Supervisors	2	Por Ticket Policy 5-2/		
January Control of the Control of th	2	Per Ticket Policy 5.3(	K)	
B. Name of Individual	Number of Ticket(s)/		Identify one of the followi	ng:
(Last First)			the second second second second second second	
- Committee Comm	Pass(es)	Ceremonial Polo	On a .	
	Pass(es)	Ceremonial Role If checking "Ceremoni	Other Other describe below:	Income
	Pass(es)			
	Pass(es)	If checking "Ceremonial Ceremonial Role		
	Pass(es)	If checking "Ceremonial Ceremonial Role	al Role" or "Other" describe below:	Income L
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	If checking "Ceremoni  Ceremonial Role If checking "Ceremoni  Describe the publ	Other Other describe below:	Income In
C. Name of Outside Organization	Number of Ticket(s)	If checking "Ceremoni  Ceremonial Role If checking "Ceremoni  Describe the publ	al Role" or "Other" describe below:  Other al Role" or "Other" describe below:	Income I
C Name of Outside Organization	Number of Ticket(s)	If checking "Ceremoni  Ceremonial Role If checking "Ceremoni  Describe the publ	Other Other describe below:	Income [
C. Name of Outside Organization (include address and description)	Number of Ticket(s)	If checking "Ceremoni  Ceremonial Role If checking "Ceremoni  Describe the publ	Other Other describe below:	Income I
C. Name of Outside Organization (Include address and description)  Verification  I have read and understand FPPC Regulations 18944.1 and 1	Number of Ticket(s) Pass(es)	Ceremonial Role If checking "Ceremonial Describe the public	of Role" or "Other" describe below:  Other  Other describe below:	Income In
C. Name of Outside Organization (Include address and description)  Verification  I have read and understand FPPC Regulations 18944.1 and 1  Yolanda	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremoni Describe the publication that the distribution set for	of Role" or "Other" describe below:  Other  Other describe below:	Income In
C. Name of Outside Organization (Include address and description)  Verification  I have read and understand FPPC Regulations 18944.1 and 1	Number of Ticket(s) Pass(es)	Ceremonial Role If checking "Ceremonial Describe the publication set for	of Role" or "Other" describe below:  Other  All Role" or "Other" describe below:  Ic. purpose made pursuant;  oth above, is in accordance with	Income In