

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	☐ 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) 8/10/15 8/11/15Ticket(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: _____
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	<u>24</u>	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 ☐ Other ☐ Income ☐ If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role ☐ Other ☐ Income ☐ If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/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

9/30/15

(Month, Day, Year)

Comment: _____

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1. Agency Name County of Los Angeles Division, Department, or Region (If Applicable) Board of Supervisors, 3rd District Designated Agency Contact (Name, Title) Yolanda Valadez, Ticket Administrator 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 Information

Does the agency have a ticket policy? Yes ☒ No ☐Face Value of Each Ticket/Pass \$ **40.00**Event Description **Dodger Tickets**
Provide Title/ExplanationDate(s) **8/13/15** **8/14/15**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.

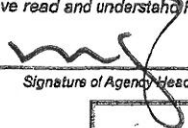
A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Board of Supervisors	4	Per Ticket Policy 5.3(k)

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

C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/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.

	Yolanda Valadez	Ticket Administrator	9/30/15
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: _____

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Area Code/Phone Number	E-mail	☐ 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) 8/15/15 8/16/15Ticket(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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• 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	<u>4</u>	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 ☐ Other ☐ Income ☐ If checking "Ceremonial Role" or "Other" describe below:
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	Yolanda Valadez	Ticket Administrator	<u>9/30/15</u>
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

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Area Code/Phone Number	E-mail	☐ Amendment (Must provide explanation in Part 3.)	
213 974-3333	yvaladez@bos.lacounty.gov	Date of Original Filing:	(Month, Day, Year)

2. Function or 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) 8/28/15 8/29/15Ticket(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**

• 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	<u>4</u>	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 ☐ Other ☐ Income ☐ If checking "Ceremonial Role" or "Other" describe below:
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	Yolanda Valadez	Ticket Administrator	<u>9/30/15</u>
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

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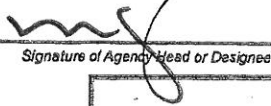
2. Function or Event InformationDoes the agency have a ticket policy? Yes ☒ No ☐Face Value of Each Ticket/Pass \$ 40.00Event Description Dodger Tickets
Provide Title/ExplanationDate(s) 8/30/15 8/31/15Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒If no: Los Angeles Dodgers
Name of SourceWas ticket 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	<u>4</u>	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 ☐ Other ☐ Income ☐ If checking "Ceremonial Role" or "Other" describe below:
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	Yolanda Valadez	Ticket Administrator	<u>9/30/15</u>
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

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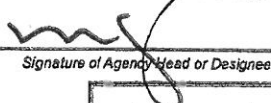
2. Function or Event InformationDoes the agency have a ticket policy? Yes ☒ No ☐Face Value of Each Ticket/Pass \$ 40.00Event Description Dodger Tickets
Provide Title/ExplanationDate(s) 8/1/15 8/12/15Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒If no: Los Angeles Dodgers
Name of SourceWas ticket distribution 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	<u>24</u>	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 ☐ Other ☐ Income ☐ If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role ☐ Other ☐ Income ☐ If checking "Ceremonial Role" or "Other" describe below:
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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	<u>9/2/15</u>
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: _____

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Area Code/Phone Number	E-mail	☐ Amendment (Must provide explanation in Part 3.)	
213 974-3333	yvaladez@bos.lacounty.gov	Date of Original Filing:	(Month, Day, Year)

2. Function or 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) **9/1/15 9/2/15**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	24	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

9/2/15
(Month, Day, Year)

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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) **9/14/15 9/15/15**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:
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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	24	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	Print Name	Title	(Month, Day, Year)

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Area Code/Phone Number	E-mail	☐ Amendment (Must provide explanation in Part 3)	
213 974-3333	yvaladez@bos.lacounty.gov	Date of Original Filing: (Month, Day, Year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐

Event Description Dodger Tickets
Provide Title/Explanation

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

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

Face Value of Each Ticket/Pass \$ 40.00

Date(s) 9/16/15 9/18/15

If no: Los Angeles Dodgers
Name of Source

If yes:
Official's Name (Last, First)

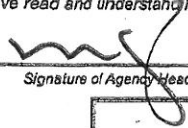
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A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Board of Supervisors	<u>24</u>	Per Ticket Policy 5.3(k)
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
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Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
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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) 9/19/15 9/20/15Ticket(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	<u>24</u>	Per Ticket Policy 5.3(k)
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Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

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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

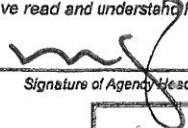
Event Description Dodger Tickets
Provide Title/ExplanationDate(s) 9/22/15 9/23/15Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒If no: Los Angeles Dodgers
Name of SourceWas ticket distribution made at the behest of agency official? No ☒ Yes ☐If yes: _____
Official's Name (Last, First)**3. Recipients**

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Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

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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 ☐

Event Description Dodger Tickets Face Value of Each Ticket/Pass \$ 40.00
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ Date(s) 9/21/15

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐ If no: Los Angeles Dodgers
Name of Source

If yes: _____
Official's Name (Last, First)

3. Recipients

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

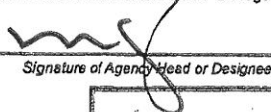
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Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: _____

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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 \$ 300 : \$364Event Description Gianni Schicchi
Provide Title/Explanation PagliacciDate(s) 9/12/15 9/20/15Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒If no: Dorothy Chandler Pavilion
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	<u>4</u>	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 ☐ Other ☐ Income ☐ 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

9/30/15

(Month, Day, Year)

Comment:

9/12 \$3649/20 \$300

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 \$

130

Event Description

The Sound of Music

Provide Title/Explanation

Date(s)

9/26/15

9/27/15

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

Yes ☐ No ☒

If no:

Ahmanson Theatre

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	4	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 ☐ Other ☐ Income ☐ 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

9/30/15

(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

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 \$

66

Event Description

Appropriate
Provide Title/Explanation

Date(s)

9/26/15

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 ☐ Other ☐ Income ☐ If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role ☐ Other ☐ Income ☐ If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/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

9/30/15

(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
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	☐ 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 Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 20.00

Event Description 2015 Country Fair Date(s) 9/4/15 - 9/27/15
Provide Title/Explanation Tickets

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: _____
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	<u>381</u>	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 ☐ Other ☐ Income ☐ If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role ☐ Other ☐ Income ☐ If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/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	<u>9/30/15</u>
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		☐ 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 \$ 71 : \$51Event Description Chris Cornell
Provide Title/ExplanationDate(s) 9/20/15 Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒If no: WDC H
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	26	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 ☐ Other ☐ Income ☐ If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role ☐ Other ☐ Income ☐ If checking "Ceremonial Role" or "Other" describe below:

C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/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

9/30/15
(Month, Day, Year)

Comment:

\$71 for 4 tickets | \$51 for 2 tickets

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		☐ 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 \$ 23Event Description Remembering
Provide Title/Explanation PavarottiDate(s) 9/25/15Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒If no: Dorothy Chandler Pavilion
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	<u>26</u>	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

9/30/15
(Month, Day, Year)

Comment: