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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes [x] No [ ]
   Face Value of Each Ticket/Pass $ 40.00
   Event Description: Dodgers tickets
   Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
   Event Date(s): 8/10/15 & 8/11/15
   Location: Los Angeles Dodgers

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
      Description of Public Purpose Pursuant to the Agency's Policy
      Board of Supervisors
      Per Ticket Policy 5.3(k)

   B. Name of Individual
      Description of Public Purpose Pursuant to the Agency's Policy
      Income

   C. Name of Outside Organization
      Description of Public Purpose Pursuant to the Agency's Policy
      Income

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
   Title
   Print Name
   Ticket Administrator
   Date
   9/13/15

   Comment:

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
County of Los Angeles

Division, Department, or Region (If Applicable)
Board of Supervisors, 3rd District

Designated Agency Contact (Name, Title)
Yolanda Valadez, Ticket Administrator

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

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 X No □

Face Value of Each Ticket/Pass $40.00

Event Description: Dodgers Tickets
Provide Title/Explanation

Date(s) 8/13/15 8/14/15

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

Was ticket distribution made at the behest of agency official? No X Yes □

If no: Los Angeles Dodgers
Name of Event

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 E-mail Number of Ticket(s)/Pass(es)

Name of Individual E-mail Number of Ticket(s)/Pass(es)

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)

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 19344.1 and 19342. I have verified that the distribution set forth above is in accordance with the requirements:

Yolanda Valadez Ticket Administrator 9/13/15

Signature of Agency Head or Designee Print Name Title

(Month, Day, Year)

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
**Agency Report of:**
Ceremonial Role Events and Ticket/Pass Distributions

**1. Agency Name**
County of Los Angeles

**Division, Department, or Region (If Applicable)**
Board of Supervisors, 3rd District

**Designated Agency Contact (Name, Title)**
Yolanda Valadez, Ticket Administrator

**Area Code/Phone Number**
213 974-3333

**E-mail**
yvaladez@bos.lacounty.gov

**Date Stamp**
California Form 802
For Official Use Only

**Amendment** (Must provide explanation in Part 3)

**Date of Original Filing**
(Month, Day, Year)

**2. Function or Event Information**

**Does the agency have a ticket policy?**
Yes [x] No [ ]

**Event Description**
Dodgers Tickets

**Face Value of Each Ticket/Pass**
$40.00

**Date(s)**
8 15
8 16

**Ticket(s)/Pass(es) provided by agency?**
Yes [x] No [ ]

**Was ticket distribution made at the behest of agency official?**
Yes [x] No [ ]

**Official's Name (Last, First)**
Los Angeles Dodgers

**3. Recipients**

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

**A. Name of Agency, Department or Unit**
Board of Supervisors

**Number of Ticket(s)/Pass(es)**
4

**Describe the public purpose made pursuant to the agency's policy**
Per Ticket Policy 5.3(k)

**B. Name of Individual (Last, First)**

**Number of Ticket(s)/Pass(es)**

**Identify one of the following:**
Ceremonial Role [x] 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 19544.1 and 19842. 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**

**Print Form**

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. **Agency Name**
   - County of Los Angeles

   **Division, Department, or Region (If Applicable)**
   - Board of Supervisors, 3rd District

   **Designated Agency Contact (Name, Title)**
   - Yolanda Valadez, Ticket Administrator

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

   **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
   - **Date(s)** 8/28/15, 8/29/15
   - **Ticket(s)/Pass(es) provided by agency?**
     - Yes ☐, No ☑️
   - **Was ticket distribution made at the behest of agency official?**
     - Yes ☑️, No ☐

   **Official’s Name (Last, First)**
   - Los Angeles Dodgers

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

   **A. Name of Agency, Department or Unit**
   - Board of Supervisors

   **Number of Ticket(s)/ Pass(es)**
   - 4

   **Describe the public purpose made pursuant to the agency’s policy**
   - Per Ticket Policy 5.3(k)

   **B. Name of Individual**
   - [Enter Name]

   **Number of Ticket(s)/ Pass(es)**
   - [Enter Number]

   **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)**
   - [Enter Number]

   **Describe the public purpose made pursuant to the agency’s policy**

4. **Verification**
   - I have read and understand FPPC Regulations 18644.1 and 18642. 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**
   - [Title]

   **Date**
   - [Month, Day, Year]

   **Comment:**

   [Signature and Date]

   **FPPC Form 802 (4/12)**

   **FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)**
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

Date Stamp: California Form 802
For Official Use Only

Amendment (Must provide explanation in Part 1)
Date of Original Filing: (Month, Day, Year)

2. Function or Event Information
Does the agency have a ticket policy? Yes [X] No [ ]
Face Value of Each Ticket/Pass $ 40.00
Event Description [DODGERS TICKETS] Provide Title/Explanation
Date(s) 8/21/15 8/23/15
Ticket(s)/Pass(es) provided by agency? Yes [X] No [ ]
If no: [Los Angeles Dodgers]
Nature of Source:
Was ticket distribution made at the behest of agency official? Yes [X] No [ ]
If yes: [Official’s Name (Last, First)]

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

A. Name of Agency, Department or Unit | Number of Ticket(s)/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 | 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 18544.1 and 18642. 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
Title
(Month, Day, Year)

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes [x] No [ ]
   Face Value of Each Ticket/Pass: $40.00
   Event Description: Dodgers Tickets
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   Date(s): 8/1/15 8/12/15
   If no: Los Angeles Dodgers
   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 | 2-4 | 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 understood FPPC Regulations 18544.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements:

   Signature of Agency Head or Designee: Yolanda Valadez
   Print Name: Ticket Administrator
   Title: (Month, Day, Year)

   Comment:

   FPPC Toll-Free Helpline: 888/ASK-FPPC (888/275-7772)
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes X No □
   Face Value of Each Ticket/Pass $40.00
   Event Description: Dodgers Tickets
   Date(s) 9/1/15 9/2/15
   Ticket(s)/Pass(es) provided by agency? Yes □ No X
   If no: Los Angeles Dodgers
   Was ticket distribution made at the behest of agency official? No X Yes □
   If yes: Officials 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 4 Per Ticket Policy 5.3(k)

   B. Name of Individual (E.g., Pres) | Number of Ticket(s)/Pass(es) | Identify one of the following:
   Ceremonial Role □ Other □ 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

4. Verification
   I have read and understood FPPC Regulations 18944.4 and 18946. I have verified that the distribution set forth above is in accordance with the requirements.
   Signature of Agency Head or Designee: Yolanda Valadez  Title: Ticket Administrator
   Date (Month, Day, Year): 9/13/15
   Comment:

FPPC Form 802 (4/12) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

<table>
<thead>
<tr>
<th>Date Stamp</th>
<th>California Form 802</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>For Official Use Only</td>
</tr>
</tbody>
</table>

2. Function or Event Information
Does the agency have a ticket policy? Yes [ ] No [x]
Event Description: Dodgers Tickets
Provide Title/Explanation
Face Value of Each Ticket/Pass $40.00
Date(s) 9/14/15 9/15/15
Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
Was ticket distribution made at the behest of agency official? No [x] Yes [ ]
If yes: Los Angeles Dodgers

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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board of Supervisors</td>
<td>4</td>
<td>Per Ticket Policy 5.3(k)</td>
</tr>
</tbody>
</table>

B. Name of Individual (last, first)

<table>
<thead>
<tr>
<th>Name of Individual (last, first)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role [ ] Other [ ] Income [ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
</tbody>
</table>

C. Name of Outside Organization (include address and description)

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>

4. Verification
I have read and understand FPPC Regulations 18944.1 and 19942. I hereby certify that the distribution set forth above is in accordance with all requirements.

Yolanda Valadez
Ticket Administrator
9/13/15

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy?  Yes ☑ No ☐
   Event Description: Dodgers Tickets
   Face Value of Each Ticket/Pass $40.00
   Date(s) 9/16/15 9/18/15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Los Angeles Dodgers
   Was ticket distribution made at the behest of agency official? No ☑ Yes ☐
   If yes: ____________________________

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

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

4. Verification
   I have read and understand FPPC Regulations 19544.1 and 19842. I have verified that the distribution set forth above, is in accordance with the requirements.

   Signature of Agency Head or Designee: Yolanda Valadez
   Print Name: Ticket Administrator
   Title: ____________________________
   Date: 9/13/15

Comment: ____________________________

FPPC Form 802 (4/12) 866/ASK-FPPC (866/275-7772)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes [X] No [ ]
   Event Description: Dodgers Tickets
   Face Value of Each Ticket/Pass $40.00
   Date(s) [9/19/15 9/20/15]
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
   If no: Los Angeles Dodgers
   Was ticket distribution made at the behest of agency official? No [X] 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) | Indicate one of the following:
      [Ceremonial Role] [Other] [Income]
      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 19544.1 and 19549. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee: Yolanda Valadez
   Print Name: Ticket Administrator Title: (Month, Day, Year)
   Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
### Agency Name
- County of Los Angeles
- Board of Supervisors, 3rd District
- Yolanda Valadez, Ticket Administrator

### Function or Event Information
- Does the agency have a ticket policy? Yes [x] No [ ]
- Event Description: Dodger Tickets
  - Event Date(s): 9/22/15, 9/23/15
- Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
- Was ticket distribution made at the behest of agency official? No [x] Yes [ ]

### Recipients
- **A. Name of Agency, Department or Unit**
  - Board of Supervisors
  - Per Ticket Policy 5.3(k)

- **B. Name of Individual**
  - [Name]
  - [Number of Ticket(s)/Pass(es)]
  - [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**
  - [Name]
  - [Number of Ticket(s)/Pass(es)]
  - Describe the public purpose made pursuant to the agency's policy

### Verification
- I have read and understand FPPC Regulations 19864.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

- Signature of Agency Head or Designee: [Signature]
- Print Name: Yolanda Valadez
- Title: Ticket Administrator
- Date: 9/23/15

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes [X] No [ ]
Event Description [Dodgers Tickets]
Face Value of Each Ticket/Pass $40.00
Date(s) 9/21/15
Ticket(s)/Pass(es) provided by agency? Yes [X] No [ ]
Was ticket distribution made at the behest of agency official? Yes [X] No [ ]

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

A. Name of Agency, Department or Unit 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 (First, Last) Number of Ticket(s)/Pass(es) Identify one of the following:

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 18444.1 and 18442. I have verified that the distribution set forth above is in accordance with the requirements.

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

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

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

### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes [x] No [ ]
- **Face Value of Each Ticket/Pass**: $300 - $364
- **Event Description**: Gianni Schicchi
- **Date(s)**: 9/12/15, 9/20/15
- **Ticket(s)/Pass(es) provided by agency?** Yes [x] No [ ]
- **Was ticket distribution made at the behest of agency official?** No [x] Yes [ ]
- **Official's Name (Last, First)**: Darrel Chandler Villanueva

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

- **B. Name of Individual (Last, First)**
  - **Number of Ticket(s)/Pass(es)**
  - **Identify one of the following**: Ceremonial Role [x] 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
- **Signature of Agency Head or Designee**: Yolanda Valadez
- **Title**: Ticket Administrator
- **Date (Month, Day, Year)**: 9/12/15

**Comment**: 9/12 $364, 9/20 $300
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes [x] No [ ]
   Face Value of Each Ticket/Pass $ [ ]
   Event Description: The Sound of [ ]
   Event Date(s): 9/26/15 9/27/15
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   Name of Source: Ahmanson Theatre
   Was ticket distribution made at the behest of agency official? Yes [x] No [ ]
   Name of Source: [ ]
   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 [x] Other [ ]
   If checking "Ceremonial Role" or "Other" describe below:
   Ceremonial Role [ ] Other [ ]
   Income [ ]
   Ceremonial Role [ ] Other [ ]
   Income [ ]
   [ ] Ceremonial Role [ ] Other [ ]
   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
   [ ]
   [ ]
   [ ]
   [ ]

4. Verification
   I have read and understand FPPC Regulations 19344.4 and 193-25. I have verified that the distribution set forth above is in accordance with the requirements.
   Signature of Agency Head or Designee: [ ]
   Print Name: Yolanda Valadez
   Title: Ticket Administrator
   Date: 12/13/15

Comment: [ ]

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
### Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. **Agency Name**
   - County of Los Angeles

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes ☒ No □
   - **Face Value of Each Ticket/Pass** $660
   - **Event Description** Appropriate
   - **Event Date(s)** 9/26/15
   - **Ticket(s)/Pass(es) provided by agency?** Yes □ No ☒
   - **Was ticket distribution made at the behest of agency official?** No □ Yes ☒

3. **Recipients**
   - **A. Name of Agency, Department or Unit**
     - Board of Supervisors
     - Number of Ticket(s)/Pass(es): 2
     - Describe the public purpose made pursuant to the agency's policy: Per Ticket Policy 5.3(k)
   - **B. Name of Individual**
     - Name of individual
     - 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**
     - Name of Outside Organization
     - 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 18945. I have verified that the distribution set forth above is in accordance with the requirements.
   - **Signature of Agency Head/Designee** Yolanda Valadez
   - **Print Name** Ticket Administrator
   - **Title**
   - **Date** 9/26/15

**Comment:**

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FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

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 Tickets
   Date(s): 9/4/15 - 9/27/15
   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 2-381
      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 19444 and 19445. I have verified that the distribution set forth above is in accordance with the requirements.
   Signature of Agency Head or Designee
   Yolanda Valadez
   Print Name
   Ticket Administrator
   Title
   Date (Month, Day, Year)
   FPPC Form 802 (4/12)
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
<table>
<thead>
<tr>
<th>2. Function or Event Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the agency have a ticket policy?</td>
</tr>
<tr>
<td>Event Description</td>
</tr>
<tr>
<td>Provide Title/Explanation</td>
</tr>
<tr>
<td>Date(s)</td>
</tr>
<tr>
<td>Face Value of Each Ticket/Pass</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Recipients</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. Name of Agency, Department or Unit</strong></td>
</tr>
<tr>
<td>Board of Supervisors</td>
</tr>
<tr>
<td>Number of Ticket(s)/ Pass(es)</td>
</tr>
<tr>
<td>Describe the public purpose made pursuant to the agency's policy</td>
</tr>
</tbody>
</table>

| **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 | |

<table>
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<tr>
<th>4. Verification</th>
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</thead>
<tbody>
<tr>
<td>I have read and understand FPPC Regulations 18944 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.</td>
</tr>
<tr>
<td>Signature of Agency Head or Designee</td>
</tr>
<tr>
<td>Print Name</td>
</tr>
<tr>
<td>Title</td>
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<tr>
<td>Date (Month, Day, Year)</td>
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</tbody>
</table>

Comment: $71 for 4 tickets $51 for 2 tickets
### Agency Report of:
**Ceremonial Role Events and Ticket/Pass Distributions**

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

#### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes [X] No [ ]
- **Face Value of Each Ticket/Pass $23**
- **Event Description:** Remembrance of Dorothy Chandler Pavillo
- **Date(s):** 9/25/15
- **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [X]
- **Was ticket distribution made at the behest of agency official?** No [ ] Yes [X]

#### 3. Recipients

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
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<tr>
<td>Board of Supervisors</td>
<td>20</td>
<td>Per Ticket Policy 5.3(k)</td>
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<tr>
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<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>

#### 4. Verification

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

Yolanda Valadez  
Ticket Administrator

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

Comment: