**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

### 2. Function or Event Information

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑</td>
<td></td>
</tr>
</tbody>
</table>

**Event Description** LA Phil

<table>
<thead>
<tr>
<th>Face Value of Each Ticket/Pass</th>
</tr>
</thead>
<tbody>
<tr>
<td>$168.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-3-2015</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑</td>
<td></td>
</tr>
</tbody>
</table>

**Was ticket distribution made at the behest of agency official?**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑</td>
<td></td>
</tr>
</tbody>
</table>

### 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>2</td>
<td>Per Ticket Policy 5.3(k)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☑</td>
</tr>
</tbody>
</table>

**If checking “Ceremonial Role” or “Other” describe below:**

<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 understood FPPC Regulations 16044.1 and 16049. I have verified that the distribution set forth above, is in accordance with the requirements.

Yolanda Valadez  
Ticket Administrator  
2-27-2015

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Event Description LA Phil
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
Date(s)
If no: LA Phil
Name of Source
If yes: Official’s Name (Last, First)
Face Value of Each Ticket/Pass $168.00

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>A. 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>2</td>
<td>Per Ticket Policy 5.3(k)</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:

<table>
<thead>
<tr>
<th>C. 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 18942. 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
Print Name
2-27-2015
(Month, Day, Year)

Comment:

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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 1)
   Date of Original Filing: (Month, Day, Year)

2. Function or Event Information
   Does the agency have a ticket policy? Yes [X] No [ ]
   Event Description: Ahmanson Theater
   Provide Title/Explanation
   Face Value of Each Ticket/Pass $115
   Date(s) 2/14/2015
   Ticket(s)/Pass(es) provided by agency? Yes [X] No [ ]
   If no: Ahmanson Theater
   Name of Source: 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.

   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
      Name, Prefix
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
     
     Ceremonial Role [X] Other [ ]
     Income [ ]
     If checking "Ceremonial Role" or "Other" describe below:
     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 16944.1 and 16949. 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
   Title
   2-27-2015 (Month, Day, Year)

   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: LA Phil
   Face Value of Each Ticket/Pass $168.00
   Date(s): 2/14/2015
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   If no: LA Phil
   Name of Source:
   Was ticket distribution made at the behest of agency official? No [ ] Yes [x]
   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
      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:
      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 19441 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: 2-27-2015
   (Month, Day, Year)
   Comment:
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   County of Los Angeles
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   Designated Agency Contact (Name, Title)
   Yolanda Valadez, Ticket Administrator
   Area Code/Phone Number E-mail
   213-974-3333 yvaladez@bos.lacounty.gov

2. Function or Event Information
   Does the agency have a ticket policy? Yes [✓] No [ ]
   Event Description Opera
   Face Value of Each Ticket/Pass $326
   Date(s) 2 21 2015
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [✓]
   If no: LA Opera
   Name of Source
   Was ticket distribution made at the behest of agency official? Yes [ ] No [✓]
   If yes: Official's Name (Last, First)

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

   A. Name of Agency, Department or Unit Number of Ticket(s)/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 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 18949. I have verified that the distribution set forth above is in accordance with the requirements.

   Signature: Yolanda Valadez
   Agency Head or Designee: Ticket Administrator
   Print Name: 2-27-2015
   Title: (Month, Day, Year)
   Comment:

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