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

seremonial Ro	ie Events and Ho	ckeuPass	Spistributions		A Public Documen	
. Agency Name				Date Stamp	A	
County of Los Ang	eles				Form 802	
Division, Departme	ent, or Region (If Applicable	le)		1	For Official Use Only	
Board of Superviso	ors, 3rd District					
Designated Agenc	y Contact (Name, Title)			1		
Yolanda Valadez, 7	icket Administrator		and the Control of States of Market States and Associated Associated Associated to States and Associated State	1		
Area Code/Phone				Amendment (Must	provide explanation in Part 3.)	
213-974-3333	yvaladez@b	os.lacounty.	gov	Date of Original Filing	(Month, Day, Year)	
. Function or Ev			_		168.00	
Does the agency h		Yes⊠ No	Face Value of	of Each Ticket/Pass \$ L	100.00	
Event Description	_A Phil Provide Title/Exp	planation	Date(s) 2	3 ,2015		
Ticket(s)/Pass(es)	provided by agency?	Yes No	If no: LA Phi	I		
	\$ 8			Name of S	Cource	
of agency official?	on made at the behest	No⊠ Yes	If yes:	Official's Name	(Last First)	
. Recipients					(
	ify the agency's department or	runit. • Use Se	ection B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.	
A. Name of Agen	cy, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuan	nt 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)/		Identify one of the follow	ulag.	
	(1 mg/	Pass(es)	Ceremonial Role If checking "Ceremon	Other Intermedial Role" or "Other" describe below:	Income _	
			Ceremonial Role If checking "Ceremon	Other ial 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			
Verification	I EDDC Populations 40044 4	4 400 40 44				
have read and understand	i FPPC Regulations 18 <u>944.1 and</u> Yoland	d 18942. I have ve da Valadez		orth above, is in accordance wi t Administrator	ith the requirements. 2-27-2015	
Signature of Agency He	ad or Designee	Print Nam		Title	(Month, Day, Year)	
Comment:						
COMMITTEE IL	The second secon			the state of the s	The Assessment Control of the Contro	

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

Ceremoniai Role Eve	nts and no	KevPass	Spistributions		A Public Document
1. Agency Name				Date Stamp	California 802
County of Los Angeles					Form OUZ
Division, Department, or Re	egion (If Applicable	e)		1	For Official Use Only
Board of Supervisors, 3rd [District				
Designated Agency Contac	t (Name, Title)]	2
Yolanda Valadez, Ticket Ad	lministrator				
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 Info		_			168.00
Does the agency have a tic	ket policy?	Yes⊠ No	Face Value o	of Each Ticket/Pass \$	100.00
Event Description LA Phil	Provide Title/Exp	lanation	Date(s) 2	, 8 , 2015	
Ticket(s)/Pass(es) provided		Yes□ No	If no:	I	
	5 70 (5)			Name of So	ource
Was ticket distribution made of agency official?	at the behest	No⊠ Yes	If yes:	Officially Manage	(11 5i-6
				Official's Name	(Last, First)
3. Recipients • Use Section A to identify the age	ncy's department or	unit. • Use Se	ection B to identify an individu	ual. • Use Section C to iden	ntify an outside organization.
A. Name of Agency, Depart		Number of Ticket(s)/ Pass(es)	and the second s	lic purpose made pursuan	The Control of Space of the State of the Sta
Board of Supervisors		2	Per Ticket Policy 5.3((k)	
B. Name of Individ	ual	Number of Ticket(s)/		Identify one of the follow	doc
Landing		Pass(es)	Ceremonial Role If checking "Ceremoni	Other Other In all Role" or "Other" describe below:	Income 🔲
			Ceremonial Role If checking "Ceremoni	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 public purpose made pursuant to the agency's policy		
. Verification I have read and understand FPPC Reg	ulations 18944 1 and	18942 have w	erified that the distribution		
\		a Valadez		idh above, is in accordance wil t Administrator	
Signature of Figency Head or Designa		Print Nam		Title	2-27-2015 (Month, Day, Year)
0	ARTERIOR STATE OF THE STATE OF	on the second of			(monut, bay, real)
Comment:					

Agency Report of:

			Date Stamp	California 802
	County of Los Angeles			
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 provide explanation in Part 3.)	
213-974-3333 yvaladez@bo	s.lacounty.	gov	Date of Original Filing:	(Month, Day, Year)
Function or Event Information				
Does the agency have a ticket policy?	Yes⊠ No	Face Value o	f Each Ticket/Pass \$	15
Event Description Ahmanson Theater Provide Title/Explain	nation	Date(s) 2	14 2015	
Ticket(s)/Pass(es) provided by agency?	Yes□ No	If no: Ahmar	nson Theater Name of Sour	rce
Nas ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (La	est, First)
Recipients Use Section A to identify the agency's department or a	mit allsa Sa	ction B to identify an Individu	ral - Una Santian C to identify	
A. Name of Agency, Department or Unit	Number of Ticket(s)/		Language of the Company of the Company of the	Adding the first of the same
Board of Supervisors	Pass(es)	Per Ticket Policy 5 3/	N.	
3. Name of Individual	Number of Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the followin Other	g: Income
		Ceremonial Role If checking "Ceremoni	Other Dal Role" or "Other" describe below:	Income
Name of Outside Organization (Include address and description)	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
/erification				
■ Property of the state of the				
			The second secon	2-27-2015
Signature of Agency Head of Designee	Print Nam	е	Title	(Month, Day, Year)
	Function or Event Information Does the agency have a ticket policy? Event Description Ahmanson Theater Provide Title/Explain Ticket(s)/Pass(es) provided by agency? Vas ticket distribution made at the behest of agency official? Recipients Use Section A to identify the agency's department or unit Board of Supervisors Name of Agency, Department or Unit Name of Individual (Last First) Name of Outside Organization (Include address and description)	Function or Event Information Does the agency have a ticket policy? Event Description Ahmanson Theater Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Vas ticket distribution made at the behest of agency official? Recipients Use Section A to identify the agency's department or unit. Use Section A to identify the agency's department or unit. Search of Supervisors Board of Supervisors 2 Number of Ticket(s)/Pass(es) Number of Ticket(s)/Pass(es) Number of Ticket(s)/Pass(es) Number of Ticket(s)/Pass(es) Pass(es) Pass(es) Vas ticket distribution made at the behest of agency official? Recipients Use Section A to identify the agency's department or unit. Use Se A. Name of Agency, Department or Unit Number of Ticket(s)/Pass(es) Number of Ticket(s)/Pass(es) Pass(es) Vas ticket distribution made at the behest of agency of	Target Ticket T	Pate of Original Filling: Pate of Original Filling:

Agency Report of: Ceremonial Role Events and Tic	ket/Pass	s Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
County of Los Angeles				Form 8UZ
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				ovide explanation in Part 3.)
213-974-3333 yvaladez@bo	s.lacounty.	gov	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information		AND THE RESERVE OF THE PARTY OF		
Does the agency have a ticket policy?	Yes⊠ No	Face Value o	of Each Ticket/Pass \$	58.00
Event Description LA Phil		Date(s) 2	,14 ,2015	
Provide Title/Expla	anation			VI N
Ticket(s)/Pass(es) provided by agency?	Yes No	ĭ If no: LA Phil	Department of the same services of the same service	and the state of t
Was ticket distribution made at the behest	No⊠ Yes	n [Name of Sou	Ice
of agency official?	No Yes	If yes:	Official's Name (L	ast, First)
3. Recipients • Use Section A to identify the agency's department or u	mit allse Se	ection B to identify an individu	ral a lien Spation C to identi	for an autoid and a large
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	performance and a few five Ma	lic purpose made pursuant	New Years of the Art Control
Board of Supervisors	2	Per Ticket Policy 5.3(k)		
B. Name of Individual (Lest, First)	Number of Ticket(s)/ Pass(es)	Ceremonial Role		ng:
		If checking "Ceremoni.	al Role" or "Other" describe below:	
		Ceremonial Role If checking "Ceremonial	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 public purpose made pursuant to the agency's policy		
. Verification				
I have read and understand FPPC Regulations 18944.1 and	18942. I have ve a Valadez		rth above, is in accordance with Administrator	the requirements.
Signature of Agency Head or Designee	Print Nam		Title	(Month, Day, Year)
Comment:				

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

ass	Distributions		A Public Documen
		Date Stamp	California On 2
			Form OUZ
			For Official Use Only
		1	
Autorities Area area			
Yolanda Valadez, Ticket Administrator Area Code/Phone Number E-mail			provide explanation in Part 3.)
unty.c	gov	Date of Original Filing:	(Month, Day, Year)
No	Face Value o	of Each Ticket/Pass \$	326
	Date(s) 2	,21 ,2015	
No	If no: LA Ope		nurce
Yes	If yes:	Official's Name (Last, First)
The second second	ction B to identify an individu	ual. • Use Section C to iden	tify an outside organization.
ber of (et(s)/ (s(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	Per Ticket Policy 5.3((k)	
ber of		Identify one of the follow	lng:
s(ès)	Company of Abertain		
to a second second			Income
	Ceremonial Role	Other	Income
	in ordering Colombia	arrole of Other describe below.	
ber of set(s)/	Describe the public purpose made pursuant to the agency's policy		
	iii		
	41000 1 011	VAC	
have ve	orified that the distribution	arth above in int	th the same is
have ve		orth above, is in accordance will	th the requirements.
	No No No Yes Use Ser ber of et(s)/ s(es)	Date(s) No If no: LA Op If yes: Use Section B to identify an individual ber of et(s)/ S(es) Per Ticket Policy 5.3 Per Ticket Policy 5.3 Ceremonial Role If checking "Ceremon of the checking" of the checking "Ceremon of the checking "Ceremon of the checking" of the checking	Unity.gov Amendment (Must of Date of Original Filing: Per Icket/Pass \$ Date of Original Filing: Date of Original Filing: No