Print Form

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	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 $ 100

Event Description: Rodgers, Hammerstein *Provide Title/Explanation* ; more

Date(s): 7/12/15

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

If no: WDCH *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	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 ☐ 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	*Print Name*	*Title*	*(Month, Day, Year)*
	Yolanda Valadez	Ticket Administrator	8/31/15

Comment:

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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 $ 100

Event Description: Broadway Sensations *Provide Title/Explanation*

Date(s): 8/2/15

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

If no: WDCH *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	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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Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
	Yolanda Valadez	Ticket Administrator	8/31/15

Comment:

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

2. Function or Event Information

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

Event Description: Korea Times *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 $ 100

Date(s): 8/14/15

If no: LADCH *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	24	Per Ticket Policy 5.3(k)

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Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
	Yolanda Valadez	Ticket Administrator	8/31/15

Comment: