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 $100

Event Description _Rodgers, Hammerstein_ Date(s) 7/12/15

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

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

Name of Source

Official's Name (Last, First)

3. Recipients
* Use Section A to identify an Individual's name and address.
* Use Section B to identify an 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

<table>
<thead>
<tr>
<th>Name of Agency</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) Number of Ticket(s)/Pass(es) Identify one of the following:

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

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>
<thead>
<tr>
<th>Name of Outside Organization</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></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
I have read and understand FPPC Regulations 19644.1 and 19642. 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: 8/13/15

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☐ No☐
Face Value of Each Ticket/Pass $100
Event Description Broadway Seating:
Date(s) 8/2/15
Ticket(s)/Pass(es) provided by agency? Yes☐ No☒
If no: WDC
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**

<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>

**B. Name of Individual**

<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 ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

**C. Name of Outside Organization**

<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 19064 and 19047. 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

Title (Month, Day, Year) 8/2/15

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 ☑ No ☐
- **Face Value of Each Ticket/Pass** $100
- **Event Description** Los Angeles Times
- **Date(s)** 8/14/15
- **Ticket(s)/Pass(es) provided by agency?** Yes ☐ No ☑
- **Name of Source**
- **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)** 24
  - **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 ☐ 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 19344.1 and 19442. 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) 8/15/15

Comment: __________________________

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)