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

   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: $168.00
   Event Description: First on Grand
   Date(s): 6/5/15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no:
   Source:
   Names 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 (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 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: (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 □
   Ticket(s)/Pass(es) provided by agency?  Yes □  No X
   Was ticket distribution made at the behest of agency official?  No □  Yes √
   Event Description  Wicked The Musical
   Face Value of Each Ticket/Pass $ 120.00
   Date(s)  6/18/15
   Name of Source  Ahmanson Theatre
   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
      Other  Other  Income
      Ceremonial Role  Other  Income
      Other  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 18241 and 18242. I have verified that the distribution set forth above is in accordance with the requirements.

   Signature of Agency Head/Designee  Yolanda Valadez  Ticket Administrator 6/26/15
   (Month, Day, Year)

   Comment: