

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

A Public Document

1. Agency Name

County of Los Angeles		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable)			
Board of Supervisors, 3rd District			
Designated Agency Contact (Name, Title)			
Yolanda Valadez, Ticket Administrator		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	Date of Original Filing: _____ (Month, Day, Year)
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 \$ 168.00

Event Description First on Grand Provide Title/Explanation Available Date(s) 6/5/15

Ticket(s)/Pass(es) provided by agency? Yes No If no: WDC H 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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.

	Yolanda Valadez	Ticket Administrator	<u>6/26/15</u>
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: _____

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213 974-3333	yvaladez@bos.lacounty.gov	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 \$ 120.00

Event Description Matilda The Musical Date(s) 6/18/15
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Ahmanon Theatre
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: _____
Official's Name (Last, First)

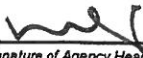
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Comment: _____