Agency Name			Date Stamp	California OO
County of Los Angeles				California 80
Division, Department, or Region (If Applicable	∍)			For Official Use Only
Board of Supervisors, 3rd District	A STATE OF THE STA			
Designated Agency Contact (Name, Title)				
Yolanda Valadez, Ticket Administrator			C Amandmant (16.1	
Area Code/Phone Number   IE-mail   213 974-3333   yvaladez@bo	e lacounty	aov	Date of Original Filing:	provide explanation in Part 3.)
Function or Event Information	os.iacourity.	901		(Month, Day, Year)
Does the agency have a ticket policy?	Yes No	Face Value of I	Each Ticket/Pass \$	168.00
Event Description Dudamed & Provide Title/Expli	Mah	Date(s) 3	5 15	
Ticket(s)/Pass(es) provided by agency?		× If no: LA	Phil	
Was ticket distribution made at the behest of agency official?	No.  ✓ Yes	If yes:	Name of So	
Recipients				
Use Section A to identify the agency's department or it				tify 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 (Lest First)	Number of Ticket(s)/ Pass(es)	Ceremonial Role	dentify one of the follow	
			Coller or "Other" describe below:	Income
		Ceremonial Role	Other Other describe below:	Income
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
/erification				
have read and understand FPPC Regulations 18944.1 and				h the requirements.
		I IIIcket A	dministrator	1 191
Yolanda Signature of Agency Head or Designee	Print Nam		Title	(Month, Day, Year)

#### Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California 802 Date Stamp County of Los Angeles Form For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors, 3rd District Designated Agency Contact (Name, Title) Yolanda Valadez, Ticket Administrator Amendment (Must provide explanation in Part 3.) Area Code/Phone Number | E-mail 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? 00.00 Face Value of Each Ticket/Pass \$ Yes No Event Description 43 Masekele Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No 🗵 Was ticket distribution made at the behest No X Yes□ If yes: of agency official? 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. Number of Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) **Board of Supervisors** Per Ticket Policy 5.3(k) Number of B. Name of Individual Ticket(s)/ Pass(es) Identify one of the following: Ceremonial Role Other ... Income if checking "Ceremonial Role" or "Other" describe below: Other Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below: Number of Ticket(s)/ Pass(es) Name of Outside Organization Describe the public purpose made pursuant to the agency's policy (include address and description)

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 Signature of Agency Head or Designee Print Name (Month, Day, Year) Comment:

Verification

### Agency Report of:

The second secon		oncor ao	s Distributions		A Public Documen
Agency Name		Washington and the same		Date Stamp	California 802
County of Los Angeles					TOIM
Division, Department, or Reg	ion (If Applicab	le)			For Official Use Only
Board of Supervisors, 3rd Dis					
Designated Agency Contact (	(Name, Title)	tion to the same of the			
Yolanda Valadez, Ticket Adm	ninistrator			<b>-</b>	
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)
Function or Event Information	mation			_	
Does the agency have a ticker	t policy?	Yes No	Face Value	of Each Ticket/Pass \$	325.00
Event Description Bark	Provide Title/Exp	Scvill	Date(s)	14 15	
Ticket(s)/Pass(es) provided by	agency?	Yes No	⊠ If no:	A Opera	Ource
Was ticket distribution made a	t the behest	No⊠ Yes	If yes:		
of agency official?		1102	ii yes.	Official's Name	(Last, First)
Recipients					
Use Section A to identify the agency	's department or		ction B to identify an individ	ual. • Use Section C to Ider	ntify an outside organization.
A. Name of Agency, Departmen	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	ilc purpose made pursuan	it to the agency's policy
Board of Supervisors		2	Per Ticket Policy 5.3	(k)	AND THE RESIDENCE OF THE PARTY
B. Name of Individual	Harry St.	Number of Ticket(s)/ Pass(es)	Ceremonial Role if checking "Ceremon	Identify one of the follow  Other  Other describe below:	ring:
			Ceremonial Role If checking "Ceremonial	Other all Role" or "Other" describe below:	Income _
C. Name of Outside Organiz (include address and desc	zation ription)	Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	to the agency's policy
-					
Verification					
Verification have read and understand FPPC Regula			1 1		th the requirements.
		18942. I have ve a Valadez Print Nam	Ticke	orth above, is in accordence wil t Administrator	th the requirements.

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

4 A	noor as	5 Distributions		A Public Docume
1. Agency Name			Date Stamp	California 80
County of Los Angeles				
Division, Department, or Region (If Applicable	e)			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 pr	ovide explanation in Part 3.)
213 974-3333 yvaladez@bo	os.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 \$	168.00
Event Description Museum P	crahi	Date(s)	15 15	
Provide Title/Expl	anation		A	
Ticket(s)/Pass(es) provided by agency?	Yes No	If no:	Name of Sou	
Was ticket distribution made at the behest	No⊠ Yes		Name of Son	
of agency official?	NO TES	If yes:	Official's Name (La	ast, First)
Recipients				
Use Section A to identify the agency's department or	unit. • Use Se	ection B to identify an individu	al. • Use Section C to Identif	fy an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/	the street of th	ic purpose made pursuant t	No. of the second second
	Pass (és)			
Board of Supervisors	2	Per Ticket Policy 5.3(	k)	
			· · ·	ADDRESS AND ADDRES
B. Name of Individual	Number of	ri (104 P.C.)	Tanka da a a a a a a a a a a a a a a a a a	
(lost first)	Ticket(s)/ Pass(es)		Identify one of the followin	g:
		Ceremonial Role	Other	Income
		If checking "Ceremonia	al Role" or "Other" describe below:	
		Ceremonial Role	Other 🔲	Income
			I Role" or "Other" describe below:	mome
and the control of th	L			
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publi	c purpose made pursuant to	the agency's policy
	rass(va).	5	AND THE PROPERTY OF THE PROPER	en e
Verification				
I have read and understand FPPC Regulations 18944.1 and	18942, I have ve	arified that the distribution set for	th above. Is in accordance with	the requirements
	a Valadez	3 6	Administrator	
Signature of Agendy Head or Designee	Print Nam	The second secon	The same of the sa	3/27/15
			rius	(MORTH, USY, Year)
Signature of Agend Head or Designee  Comment:	Print Nam	NO TOTAL PROPERTY OF THE PROPE	Title	(Month, Day, Y
		FI	PPC Toll-Free Helpline: 860	FPPC Form 802 (4 6/ASK-FPPC (866/275-7

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distribution

Agency Name   County of Los Angeles	A service Events and 110	Reuras	- Dictributions		A Public Docume
Division, Department, or Region (#Applicable)  Board of Supervisors, 3rd District  Designated Agency Contact (#Amm. Title)  Yolanda Valadez, Ticket Administrator  Ares Code/Phone Number	Agency Name			Date Stamp	
Board of Supervisors, 3rd District  Designated Agency Contact (Name, Tale)  Yolanda Valadez, Ticket Administrator  Ares Goddphone Number	Company of the Compan	**			1 OIIII
Designated Agency Contact (Name, Title)	Division, Department, or Region (If Applicable	e)			For Official Use Only
Yolanda Valadez, Ticket Administrator   Area Code/Phone Number   E-mail   213 974-3333   yvaladez@bos.lacounty.gov   Date of Original Filing:   (Month, Day, Year)   Date (S)   Date (S	Board of Supervisors, 3rd District				
Area Code/Phone Number   E-mail   Date of Original Filing:	Designated Agency Contact (Name, Title)				
Area Code/Phone Number   E-mail   Date of Original Filing:	Yolanda Valadez, Ticket Administrator	The Mark Mark No.			
Date of Original Filling:   Month, Day, Year	The second section of the second section is a second second section of the second seco			Amendment (Must p	ovide explanation in Part 3.)
Function or Event Information  Does the agency have a ticket policy?  Yes No Date(s)  Face Value of Each Ticket/Pass \$ Date(s)  D		os.lacounty.	gov	Date of Original Filing:	
Does the agency have a ticket policy?  Event Description    Survive   Surviv	the state of the s				(Month, Day, Year)
Date(s)  Dat		Vec X N	Π Face Value o	f Fach Ticket/Page \$	246.00
Ticket(s)/Pass(es) provided by agency? Yes No Infino: Name of Source  Was ticket distribution made at the behest of agency official?  Recipients  A. Name of Agency. 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 Pass(es) Per Ticket(s)/* Pass(es)  Board of Supervisors  2 Per Ticket Policy 5.3(k)  B. Name of Individual (see Freq Pass(es) Pass(es)  Ceremonial Role Other Income Income Income Inchesting Tenencial Role Other Income Income Inchesting Tenencial Role Other Income Income Inchesting Tenencial Role Other Other Securibe below:  Verification  Verification  Income Income Inchesting Tenencial Role Other Income Income Inchesting Tenencial Role Other Other Securibe Delow:  Verification  Income Income Inchesting Tenencial Role Other Other Securibe Delow:  Verification  Income Income Inchesting Tenencial Role Other Other Securibe Delow:  Verification  Income Income Inchesting Tenencial Role Other Other Securibe Delow:  Verification  Income Income Inchesting Tenencial Role Other Other Securibe Delow:  Verification  Income Income Inchesting Tenencial Role Other Other Securibe Delow:  Verification  Income Income Inchesting Tenencial Role Other Other Other Securibe Delow:  Verification  Income Inchesting Tenencial Role Other Oth				The live of the li	
Ticket(s)/Pass(es) provided by agency?  Yes No Fino:  Was 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.  **A. Name of Agency, Department or Unit.  **Ticket(s)/*  Pass(es)  Board of Supervisors  2 Per Ticket Policy 5.3(k)  **B. Name of individual finate or Ticket(s)/*  Pass(es)  **Pass(es)  **Ceremonial Role Other Income in the execute below.  **Ceremonial Role Other Income in the exec	Provide Title/Expl	anation	Date(s)		
Was ticket distribution made at the behest of agency official?  Recipients  **Use Section B to Identify an Individual.**  A. Name of Agency, Department or Unit. **Use Section B to Identify an Individual.**  Board of Supervisors  Z  Per Ticket Policy 5.3(k)  B. Name of Individual (dantify one of the followings: Income if the desire)  Ceremonial Role Other Income  If the desire Ceremonial Role Other Income  Ceremonial Role Other Income  The desire Ceremonial Role Other Income  The desi		300 Maria 300 Page	15 15 no. [L]	+ Opera	
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.  Thoughy!  Describe the public purpose made pursuant to the agency's policy  Pass(es)  B. Name of Individual  (Last Fat)  Number of Ticket(ey)  Pass(es)  Ceremonial Role  If checking "Ownmonial Role" or "Other" describe below:  C. Name of Outside Organization (Include address and description)  Pass(es)  Number of Ticket(ey)  Pass(es)  Describe the public purpose made pursuant to the agency's policy  Pass(es)  Verification  Number of Ticket(ey) Pass(es)  Describe the public purpose made pursuant to the agency's policy  Pass(es)  Verification  Income  Verification  Inaver read and understand FPPC Regulations 18944,1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.  Ticket Administrator  Ticket Administrator		res No	ii no:		Irce
Name of Agency, Department or unit.     Name of Agency, Department or Unit.     Thumber of Number of Describe the public purpose made pursuant to the agency's policy Pass(es)  Board of Supervisors  2 Per Ticket Policy 5.3(k)  B. Name of Individual Number of Ticket(es) Pass(es)  Ceremonial Role Other Income if checking Ceremonial Role or Other describe below:  C. Name of Outside Organization (Include address and description)  Number of Ticket(es)  Pass(es)  Ceremonial Role Other Income if checking Ceremonial Role or Other describe below:  C. Name of Outside Organization (Include address and description)  Number of Ticket(es)  Pass(es)  Pass(es)  Ticket(es)  Describe the public purpose made pursuant to the agency's policy Pass(es)  Ticket(es)  Pass(es)  Ticket(es)  Ticket(es)  Describe the public purpose made pursuant to the agency's policy  Ticket(es)  Pass(es)  Ticket(es)  Ticket(es)  Pass(es)  Ticket(es)  Ticke		No⊠ Yes	If yes:	Official's Name (L	ast, First)
A. Name of Agency, Department or Unit    Thicketies   Describe the public purpose made pursuant to the agency's policy		(h 1)0-			
Board of Supervisors  2 Per Ticket Policy 5.3(k)  B. Name of Individual Ticket(s) Pass(es)  Ceremonial Role Other Income Income Income Inches (sq. Fing) Commonial Role Other Income Income Inches (sq. Fing) Commonial Role Other Income Income Inches (sq. Fing) Commonial Role Other Other describe below:  C. Name of Outside Organization (Include address and description)  Number of Ticket(s) Pass(es)  Number of Ticket(s) Describe the public purpose made pursuant to the agency's policy Pass(es)  Pass(es) Ticket (sq. Ticket	三宣		The State of the S	en er er til enkelt tideren. He	N. Alley Complete on Superior Com-
B. Name of Individual (Last Final) Tacket(s) Identify one of the followings:    Ceremonial Role	A. Name of Agency, Department or Unit	Ticket(s)/	Describe the publ	c purpose made pursuant	o the agency's policy
B. Name of Individual (Lase ren) Tacketis)    Ceremonial Role   Other   Income	Board of Supervisors	2	Per Ticket Policy 5.3(	()	
Ceremonial Role Other Income    Ceremonial Role Other Income   It checking "Ceremonial Role" or "Other" describe below:    Ceremonial Role Other Income   It checking "Ceremonial Role" or "Other" describe below:    Ceremonial Role Other Income   It checking "Ceremonial Role" or "Other" describe below:    Ceremonial Role Other Income   It checking "Ceremonial Role" or "Other" describe below:    Ceremonial Role Other Income   It checking "Ceremonial Role" or "Other" describe below:    Ceremonial Role Other Income   It checking "Ceremonial Role" or "Other" describe below:    Ceremonial Role Other Income   It checking "Ceremonial Role" or "Other" describe below:    Ceremonial Role Other Income   It checking "Ceremonial Role" or "Other describe below:    Ceremonial Role Income   It checking "Ceremonial Role" or "Other describe below:    Ceremonial Role Income   It checking "Ceremonial Role" or "Other describe below:    Ceremonial Role Income   It checking "Ceremonial Role" or "Other describe below:    Ceremonial Role Income   It checking "Ceremonial Role" or "Other describe below:    Ceremonial Role Income   It checking "Ceremonial Role" or "Other describe below:    Ceremonial Role Income   It checking "Ceremonial Role" or "Other describe below:    Ceremonial Role Income   It checking "Ceremonial Role" or "Other describe below:    Ceremonial Role Income   It checking "Ceremonial Role" or "Other Income   It checking "Ceremonial Role" or "Oth					
Ceremonial Role Other Income    Ceremonial Role Other Income	B. Name of Individual			Identify one of the following	
C. Name of Outside Organization (Include address and description)  Number of Ticket(s) Pass(es)  Verification  There 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  31215	Cross Land		1. 16 中国 16 16 16 16 16 16 16 16 16 16 16 16 16	Site ( ) Site ( )	9
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  Pass(es)  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  312715					Income
C. Name of Outside Organization (Include address and description)  Number of Ticket(s) Pass(es)  Pass(es)  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  Stanshure of Approx Read or Designee.					
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  Pass(es)  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  312715					Income
Verification  The vertication of the vertical 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  312715			If checking "Ceremonia	l Role" or "Other" describe below:	
Verification  The verification the verified that the distribution set forth above, is in eccordance with the requirements.  Yolanda Valadez  Ticket Administrator  3127 In	C. Name of Outside Organization		Describe the public	C DUITOGG made and a	
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  3127 In	(Include addrage and description)	Dunning!	The state of the s		o'rue phelich a holich
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  312715	(include address and description)	rass(es).			
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  3127 In	(include address and description)	Pass(es)		and the state of t	
Yolanda Valadez  Ticket Administrator  3127 In	(include address and description)	rass(es).			
Signature of Agency Peed or Designee	(include address and description)  Verification				
Print Name Title (Month, Day, Year)	(Include address and description)  Verification  have read and understand FPPC Regulations 18944.1 and	18942. I have ve	dified that the distribution set for	th above, Is in accordance with	the requirements.
	Verification  have read and understand FPPC Regulations 18944.1 and Yoland	18942. I have ve a Valadez	rified that the distribution set for	th above, is in accordance with Administrator	the requirements.

Agency Report of:

Ceremonial Role Events and Ticket	rass Distributions		A Public Document
. Agency Name		Date Stamp	California 802
County of Los Angeles			TOIM O
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@bos.lac	ounty.gov	Date of Original Filing:	(Month, Day, Year)
. Function or Event Information		T,	20
Does the agency have a ticket policy? Yes	No	f Each Ticket/Pass \$	30.00
Event Description Cipel Provide Title/Explanation	Date(s) 3	21,15	3 22 15 3/2
Ticket(s)/Pass(es) provided by agency? Yes	□ No⊠ If no: △\	Name of Sour	Theatre
Was ticket distribution made at the behest No of agency official?	Yes If yes:	Official's Name (Le	ist, First)
Recipients     Use Section A to Identify the agency's department or unit.	e Use Section R to identify an include.	•	
A Name of Assess Davids Nu	mber of	Arra a control to the control of the	Addition to the annual and a second
	cket(s)/ Describe the publ ass(es)	ic purpose made pursuant t	o the agency's policy
Board of Supervisors	Dor Ticket Policy 5 2/	i.	
2	Per Ticket Policy 5.3(	K)	AND A CONTRACT OF THE PARTY OF
D Numerical Nume	mber of	1.346	
D. Heatt Engl	cket(s)/ iss(es)	Identify one of the followin	9
	Ceremonial Role	Other	Income
	If checking "Ceremonia	al Role" or "Other" describe below:	mosino and
	Ceremonial Role	1 Other []	
		Other	Income 🔝
			the state of the s
(include address and description) Tic	ket(s)/ Describe the publi	c purpose made pursuant to	the agency's policy
Pa	ss(es)	A STATE OF THE STA	
		Mary 172	
Verification			
I have read and understand FPPC Regulations 18944.1 and 18942.	I have verified that the distribution set for	th shove is in socialisms with	the marries manta
Yolanda Vala		Administrator	
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
			(monus, pay, rear)
			N N
Comment:			FPPC Form 802 (4/12)

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distribution

Seremonial Role Events and 110	Reuras	SUISTRIBUTIONS		A Public Docume
. Agency Name			Date Stamp	California 80
County of Los Angeles				Tomi
Division, Department, or Region (If Applicable	e)	A STATE OF THE STA	1	For Official Use Only
Board of Supervisors, 3rd District				
Designated Agency Contact (Name, Title)		* ************************************		
Yolanda Valadez, Ticket Administrator	- The state of the			
Area Code/Phone Number   E-mail			Amendment (Must )	rovide explanation in Part 3.)
213 974-3333 yvaladez@bo	os.lacounty	gov	Date of Original Filing:	
. Function or Event Information				(Month, Day, Year)
Does the agency have a ticket policy?	Yes⊠ No	□ Foce Value	of Each Ticket/Pass \$	304.00
		Face Value of	DI Each TickerPass & L	
Event Description Provide Title/Expl	anallon =	Date(s)	3/29/15	
	ν,	If no: LA	000.00	
Ticket(s)/Pass(es) provided by agency?	Yes No	If no:	+ Opera Name of So	Urce
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (	Last, First)
Recipients				•
Use Section A to identify the agency's department or		ection B to identify an individu	ual. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
Board of Supervisors	2 1	Per Ticket Policy 5.3(	(k)	
B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	ng:
	Pass(es)		The property of the second	
		Ceremonial Role If checking "Ceremoni	Other is Other or "Other" describe below:	Income
		Ceremonial Role	Other	Income
	and the second	If checking "Ceremoni	al Role" or "Other" describe below:	monie
	Number of			A SERVICE CONTROL OF THE CONTROL OF
C. Name of Outside Organization (Include address and description)	Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	to the agency's policy
-				
Verification				
Verification I have read and understand FPPC Regulations 18944.1 and	18942.   have ve	adfied that the distribution set fo	orth above, is in accordance wit	the requirements.
	a Valadez		t Administrator	3127115
Yolanda				1 10101112
Signature of Agency Head or Designee	Print Nam	Ne ·	Title	
	Print Nam	ne T	Title	(Month, Day, Year)