

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

213 974-3333

E-mail

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 \$

168.00

Event Description

Dudamel & Mahler

Provide Title/Explanation

Date(s)

3, 5, 15

Ticket(s)/Pass(es) provided by agency?

Yes ☐ No ☒

If no:

LA Phil

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 UnitNumber 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 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

Yolanda Valadez

Print Name

Ticket Administrator

Title

3/22/15

(Month, Day, Year)

Comment:

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☐ 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 \$ 140.00Event Description Hugh Masekela
Provide Title/ExplanationDate(s) 3/14/15Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒If no: LA Phil
Name of SourceWas 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	<u>24</u>	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"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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

Yolanda Valadez

Print Name

Ticket Administrator

Title

3/27/15

(Month, Day, Year)

Comment:

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☐ 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 \$ **325.00**Event Description **Barber of Seville**
Provide Title/ExplanationDate(s) **3/14/15**Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒If no: **LA Opera**
Name of SourceWas 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"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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

Yolanda Valadez

Print Name

Ticket Administrator

Title

3/27/15

(Month, Day, Year)

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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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	Face Value of Each Ticket/Pass \$	168.00
Event Description	Murray Perchia <small>Provide Title/Explanation</small>	Date(s)	3/15/15
Ticket(s)/Pass(es) provided by agency?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If no:	LA Phil <small>Name of Source</small>
Was ticket distribution made at the behest of agency official?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	If yes:	 <small>Official's Name (Last, First)</small>

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 <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(Include address and description)</small>	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	3/27/15
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment:

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(Month, Day, Year)**2. Function or Event Information**Does the agency have a ticket policy? Yes ☒ No ☐Face Value of Each Ticket/Pass \$ 246.00Event Description Barber of Seville
Provide Title/ExplanationDate(s) 3/19/15Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒If no: LA Opera
Name of SourceWas 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"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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

Yolanda Valadez

Print Name

Ticket Administrator

Title

3/27/15

(Month, Day, Year)

Comment:

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 (Month, Day, Year)**2. Function or Event Information**Does the agency have a ticket policy? Yes ☒ No ☐Face Value of Each Ticket/Pass \$ **130.00**Event Description **Cinderella**
Provide Title/ExplanationDate(s) **3/21/15** **3/22/15** **3/28/15**Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒If no: **Ahman Son Theatre**
Name of SourceWas 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	17	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"/> If checking "Ceremonial Role" or "Other" describe below:
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Signature of Agency Head or Designee

Yolanda Valadez

Print Name

Ticket Administrator

Title

3/27/15

(Month, Day, Year)

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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 ☐

Event Description The Marriage of Figaro
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 \$ 304.00

Date(s) 3/29/15

If no: LA Opera
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	2	Per Ticket Policy 5.3(k)
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Yolanda Valadez

Ticket Administrator

3/27/15

Comment: