## 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

### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes [x] No [ ]
- **Event Description**
  - Dukasne & Mannes
  - Provide Title/Explaination

**Face Value of Each Ticket/Pass:** $148.00

**Date(s):** 3-5-15

**Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [x]

If no:
- **Name of Source:** LA Phil

**Was ticket distribution made at the behest of agency official?** No [ ] Yes [x]

### 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):** 2
- **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):**

  **Ceremonial Role [x] Other [ ] Income [ ]**

  If checking "Ceremonial Role" or "Other" describe below:

  **Ceremonial Role [x] 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:** [Signature]

**Print Name:** Yolanda Valadez

**Title:** Ticket Administrator

**Date:** 3-27-15

**Comment:**

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
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 $ 100.00
Event Description Hugh Masekela
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Date(s) 3/14/15
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.

<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>24</td>
<td>Per Ticket Policy 5.3(k)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role ☐ Other ☐ Income ☐</th>
</tr>
</thead>
</table>

<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 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 Ticket Administrator 3/12/15
Title

Comment:

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

   **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 [x] No [ ]

**Event Description**
Barbara of Seville

**Face Value of Each Ticket/Pass** $375.00

**Date(s)**
3/14/15

**Ticket(s)/Pass(es) provided by agency?**
Yes [x] No [ ]

**If no:**
LA Opera

**Name of Source**

**Was ticket distribution made at the behest of agency official?**
No [x] 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 (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role</th>
<th>Other</th>
<th>Income</th>
<th>District/Department</th>
<th>Ceremonial Role</th>
<th>Other</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></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>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## 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**

**Print Name**

**Date (Month, Day, Year)**
3/27/15

**Comment:**

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

2. Function or Event Information
   - Does the agency have a ticket policy? Yes [ ] No [X] Face Value of Each Ticket/Pass $160.00
   - Event Description: Murray Perahia
   - Event Date(s): 3/15/15
   - Ticket(s)/Pass(es) provided by agency? Yes [X] No [ ]
   - If no: LA Phil Name of Source
   - Was ticket distribution made at the behest of agency official? Yes [X] No [ ]

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.

<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>

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</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>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
</tbody>
</table>

<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 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: 3/127/15
   - Comment:

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

**2. Function or Event Information**
Does the agency have a ticket policy? Yes ☑ No ☐
Event Description Balboa or Seville
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If no: LA Opera
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.

<table>
<thead>
<tr>
<th>A. 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>

<table>
<thead>
<tr>
<th>B. 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>Ceremonial Role ☐ Other ☑ Income ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. 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 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: (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 [ ] No [ ]
   Event Description [Cinderella]
   Face Value of Each Ticket/Pass $130.00
   Date(s) 3/21/15 3/22/15
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [ ]
   If no: Amnason Theatre
   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 7 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 [ ] Ceremonial Role [ ] 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 18544.1 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
   Title: Ticket Administrator
   Date: 3/27/15
   Print Name: Title
   Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 888/ASK-FPPC (888/275-7772)
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

2. Function or Event Information
Does the agency have a ticket policy? Yes [ ] No [x]
Face Value of Each Ticket/Pass $304.00
Event Description: The Marriage of Figaro
Date(s): 3/29/15
Ticket(s)/Pass(es) provided by agency? Yes [ ] No [ ]
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: Board of Supervisors
Number of Ticket(s)/Pass(es): 2
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 [x]
- 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: ____________________________
Print Name: Yolanda Valadez
Title: Ticket Administrator
(Month, Day, Year): 3/27/15

Comment: ____________________________

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