Print Form

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 | **E-mail**

213 974-3333 | 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 ☐

Event Description: Joshua Bell *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 $ 99

Date(s): 11/3/15

If no: WDCH *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)

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*	11/24/15 *(Month, Day, Year)*

Comment:

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2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass $ 86

Event Description: Kathy Griffin Like A Boss *(Provide Title/Explanation)*

Date(s): 11/6/15

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

If no: Mark Taper Forum *(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	3	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:*

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Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
	Yolanda Valadez	Ticket Administrator	11/24/15

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2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass $ 168

Event Description: Kristin Chenoweth *Provide Title/Explanation*

Date(s): 11 / 5 / 15

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

If no: WDCH *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 ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

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	Yolanda Valadez	Ticket Administrator	11/24/15

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2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐

Event Description: World Music *Provide Title/Explanation*

Face Value of Each Ticket/Pass $ 168

Date(s): 11 / 6 / 15

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

If no: WDCH *Name of Source*

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐

If yes: *Official's Name (Last, First)*

3. Recipients

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2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass $ 168

Event Description: Glen Hansard *Provide Title/Explanation*

Date(s): 11 / 9 / 15

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

If no: WDCH *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.**

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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:
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	Yolanda Valadez	Ticket Administrator	11/24/15

Comment:

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Does the agency have a ticket policy? Yes ☒ No ☐

Event Description: Molaff-Dick *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 $: 220 & 253

Date(s): 11/19/15 11/28/15

If no: LA Opera *Name of Source*

If yes: *Official's Name (Last, First)*

3. Recipients

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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:
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Signature of Agency Head or Designee	Yolanda Valadez *Print Name*	Ticket Administrator *Title*	11/24/15 *(Month, Day, Year)*

Comment: 11/19/15 $220 | 11/28/15 $253