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

1. Agency Name
   County of Los Angeles
   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.laounty.gov

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description
   Joshua Bell
   [Provide Title/Explanation]
   Face Value of Each Ticket/Pass $ 99
   Date(s) 11/3/15
   Ticket(s)/Pass(es) provided by agency? Yes No ☑
   If no: [Name of Source]
   Was ticket distribution made at the behest of agency official? Yes No ☑
   If yes: [Official’s Name (Last, First)]

3. Recipients
   [A. Name of Agency, Department or Unit]
   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]
   Name of Individual (Last, First)
   Number of Ticket(s)/Pass(es)
   Identify one of the following:
   Ceremonial Role ☐ Other ☐ Income ☐
   [C. Name of Outside Organization]
   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 18945. I have verified that the distribution set forth above is in accordance with the requirements.
   Signature: Yolanda Valadez
   Print Name: Ticket Administrator
   (Month, Day, Year) 11/24/15

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: 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: Watch Grammy Live
   Face Value of Each Ticket/Pass $86
   Date(s): 11/6/15
   Ticket(s)/Pass(es) provided by agency? Yes □ No X
   If no: Mark Zager Forum
   Was ticket distribution made at the behest of agency official? Yes □ No X
   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 | Name of Individual(s) | Number of Ticket(s)/Pass(es) | Identify one of the following:
   | East, West | | | Ceremonial Role □ Other □ Income □

   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
   | | | | Ceremonial Role □ Other □ Income □

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:

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 [ □ ]
   Face Value of Each Ticket/Pass $ [ □ ]
   Event Description
   Kristina Chien
   Date(s)
   11/5/15
   Ticket(s)/Pass(es) provided by agency? Yes [ □ ] No [ □ ]
   Name of Source
   WDC
   Was ticket distribution made at the behest of agency official? Yes [ □ ] No [ □ ]
   Official's Name (Last, First)

3. Recipients
   A. Name of Agency, Department or Unit
   Board of Supervisors
   Number of Ticket(s)/Pass(es)
   2
   Per Ticket Policy 5.3(k)
   Describe the public purpose made pursuant to the agency's policy

4. Verification
   I have read and understand FPPC Regulations 19941 and 19942. 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:

FPPC Form 802 (4/12)
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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 $108
   Event Description: World Music
   Event Date(s): 11/16/15
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   Name of Source: WOC4
   Was ticket distribution made at the behest of agency official? No [x] Yes [ ]

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>
<tr>
<td></td>
<td></td>
<td></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 [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>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>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

4. Verification
   I have read and understand FPPC Regulations 19444.1 and 19442. 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: 11/24/15
   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

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
Event Description: HANSARD
Date(s) 11/9/15
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
If yes: Worch
Name of Source
Official's Name (Last, First)

3. Recipients
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
   Name of Individual
   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 18945. 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
Print Name
Title
(Month, Day, Year)

Comment:

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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

Date Stamp

2. Function or Event Information
Does the agency have a ticket policy? Yes X No □
Face Value of Each Ticket/Pass $ 220 $ 1253
Event Description No Event
Date(s) 11/19/15 11/28/15
Ticket(s)/Pass(es) provided by agency? Yes □ No X
If no: LA Opera Name of Source
Was ticket distribution made at the behest of agency official? No □ Yes X
If yes: Official's Name (Last, First)

3. Recipients
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 19944.1 and 19944. 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 11/24/15
Print Name
Title
(Month, Day, Year)

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

FPPC Form 802 (4/12)
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