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 $ 99
Event Description
Beethoven Symphony
Provide Title/Description
Date(s) 10/3/15 10/4/15
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
If yes:
Name of Source
Officials 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 | 6 | 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:

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 18444.1 and 18442. 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)
11/20/15

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]
   Face Value of Each Ticket/Pass: $94
   Event Description: Appropriate
   Date(s): 10-3-15
   Ticket(s)/Pass(es) provided by agency? [Yes] [No] [X]
   If yes: Mark Taper Forum
   Was ticket distribution made at the behest of agency official? [No] [Yes] [X]
   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
      4 Per Ticket Policy 5.3(k)

   B. Name of Individual
      Name and Title
      Number of Ticket(s)/Pass(es)
      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: 11-20-15
   (Month, Day, Year)

Comment: 10-3-15 ($94)  10-17-15 ($94)
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
   Event Description: The Mariinsky Ballet(s)
   Ticket(s)/Pass(es) provided by agency? [ ] Yes [ ] No
   Event Date(s): 10/10/15
   Was ticket distribution made at the behest of agency official? [ ] No [ ] Yes
   Name of Source:
   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
   B. Name of Individual (First, Last) | Number of Ticket(s)/Pass(es) | Identify one of the following:
   Ceremonial Role [ ] Other [ ] Income [ ]
   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

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/Agent 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 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 [X] No [ ]
- **Face Value of Each Ticket/Pass:** $99 [strikethrough]

**Event Description:** Music

**Date:** 10/21/15

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

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

**Name of Source:**

---

### 3. Recipients

- **A. Name of Agency, Department or Unit:** Board of Supervisors
  - **Number of Ticket(s)/Pass(es):** 4
  - **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** [ ]
    - **Other** [ ]
    - **Income** [ ]

  - **If checking “Ceremonial Role” or “Other” describe below:**
    - **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:**

---

### 4. Verification

I have read and understand FPPC Regulations 1804 and 1804.3. 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:**

**Date:** 11/20/15

**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 [ ]
   Face Value of Each Ticket/Pass: $150
   Event Description: [Sound of Music]
   Provide Title/Explanation:
   Date(s) of Event: 10/24/15
   Ticket(s)/Pass(es) provided by agency: Yes [X] No [ ]
   Name of Source: Ahmanson Theater
   Was ticket distribution made at the behest of agency official? Yes [X] No [ ]

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 | Number of Ticket(s)/Pass(es) | Identify one of the following:
   Ceremonial Role [ ] Other [X] 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 18949. 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): 11/2015

Comment: [ ]