# 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: 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: **Dodgers Tickets**
- Face Value of Each Ticket/Pass: $40.00
- Date(s): 6/4/15, 6/5/15
- Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
- Was ticket distribution made at the behest of agency official? No [x] Yes [ ]
- Name of Source: Los Angeles Dodgers

### 3. Recipients
- **A. Name of Agency, Department or Unit**
  - Number of Ticket(s)/Pass(es): 4
  - Describe the public purpose made pursuant to the agency's policy: Per Ticket Policy 5.3(k)
  - Name of Individual: [ ]
  - Number of Ticket(s)/Pass(es): [ ]
  - Describe public purpose made pursuant to the agency's policy: [ ]

- **B. Name of Individual**
  - Number of Ticket(s)/Pass(es): [ ]
  - Describe public purpose made pursuant to the agency's policy: [ ]

- **C. Name of Outside Organization**
  - Number of Ticket(s)/Pass(es): [ ]
  - Describe public purpose made pursuant to the agency's policy: [ ]

### 4. Verification
- Signature of Agency Head or Designee: Yolanda Valadez
- Print Name: Ticket Administrator
- Title: [ ]
- Date of Original Filing: 7/3/15

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FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/276-7772)
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

2. Function or Event Information
   Does the agency have a ticket policy? Yes [ ] No [x]
   Face Value of Each Ticket/Pass $40.00
   Event Description
   Dodger Tickets
   Provide Title/Explanation
   Date(s)
   6/6/15
   6/8/15
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   If no:
   Los Angeles Dodgers
   Name of Source
   Was ticket distribution made at the behest of agency official? Yes [x] No [ ]
   If yes:
   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
   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

   Number of Ticket(s)/Pass(es)

   Identification of the following:
   Ceremonial Role [ ] Other [ ]

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

   Ceremonial Role [ ] Other [ ]

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

   Ceremonial Role [ ] Other [ ]

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

   Income [x]

   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 understood 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

(6/30/15)

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
   Board of Supervisors, 3rd District
   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 $40.00
   Event Description: Dodger Tickets
   Date(s): 6/9/15 6/10/15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Was ticket distribution made at the behest of agency official? Yes ☑ 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.

   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 24 Per Ticket Policy 5.3(k)

   B. Name of Individual
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      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 18014.1 and 18042. 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
   - Board of Supervisors, 3rd District
   - Yolanda Valadez, Ticket Administrator

Date Stamp: California Form 802
For Official Use Only

2. Function or Event Information
   - Does the agency have a ticket policy? Yes [X] No [ ]
   - Event Description: Dodger Tickets
   - Face Value of Each Ticket/Pass: $40.00
   - Date(s): 6/17/15 6/18/15
   - Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
   - If no: Los Angeles Dodgers
   - Was ticket distribution made on 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: Board of Supervisors
      - Number of Ticket(s)/Pass(es): 4
      - Per Ticket Policy 5.3(k)

   B. Name of Individual
      - Number of Ticket(s)/Pass(es): Income
      - Ceremonial Role [X] Other [ ]
      - If checking “Ceremonial Role” or “Other” describe below:
      - Ceremonial Role [X] Other [ ]
      - If checking “Ceremonial Role” or “Other” describe below:

   C. Name of Outside Organization
      - 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 this 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

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes [x] No [ ]
   - **Event Description:** Dodger Tickets
   - **Face Value of Each Ticket/Pass:** $40.00
   - **Date(s):** 6/19/15, 6/20/15
   - **Was ticket distribution made at the behest of agency official?** Yes [ ] No [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:** 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)

4. **Verification**
   - **Signature:** Yolanda Valadez
   - **Title:** Ticket Administrator
   - **Date:** 7/31/15

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**Comment:**

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**FFPC Form 802 (4/12)**

**FFPC Toll-Free Helpline:** 866/ASK-FFPC (866/275-7772)
# Agency Report of:
## Ceremonial Role Events and Ticket/Pass Distributions

### 1. Agency Name
- **County of Los Angeles**
- **Board of Supervisors, 3rd District**
- **Yolanda Valadez, Ticket Administrator**

<table>
<thead>
<tr>
<th>Area Code/Phone Number</th>
<th>E-mail</th>
</tr>
</thead>
<tbody>
<tr>
<td>213 974-3333</td>
<td><a href="mailto:yvaladez@bos.lacounty.gov">yvaladez@bos.lacounty.gov</a></td>
</tr>
</tbody>
</table>

### 2. Function or Event Information

**Does the agency have a ticket policy?** Yes [ ] No [x]  

**Event Description** Dodger Tickets  

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

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

**Face Value of Each Ticket/Pass $** 40.00  

**Date(s)** 6/21/15 7/3/15  

**Los Angeles Dodgers** 

### 3. Recipients

- **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)  

<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>
</table>
|                        |                             | Ceremonial Role [ ] Other [ ] Income [ ]  
|                        |                             | Ceremonial Role [ ] Other [ ] Income [ ]  
|                        |                             | Ceremonial Role [ ] Other [ ] Income [ ]  

<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>
<tbody>
<tr>
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</tr>
</tbody>
</table>

### 4. Verification

I have read and understand FPPC Regulations 18544.1 and 18547. I hereby verify that the distribution set forth above is in accordance with the requirements.  

**Signature of Agency Head or Designee** Yolanda Valadez  

**Ticket Administrator** Yolanda Valadez  

**Print Name** Yolanda Valadez  

**Title** Yolanda Valadez  

**Date**  

**Comment:**
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: 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: 
   Face Value of Each Ticket/Pass $40.00
   Date(s): 7/4/15 7/5/15
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   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>2-4</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</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 [x] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [x] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [x] Other [ ] Income [ ]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization</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>
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</tbody>
</table>

4. Verification
   I have read and understand FPPC Regulations 18044.1 and 18042. 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: 7/4/15
   Date (Month, Day, Year)

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

1. Agency Name
   County of Los Angeles
   Board of Supervisors, 3rd District
   Yolanda Valadez, Ticket Administrator

2. Function or Event Information
   Does the agency have a ticket policy? Yes [x] No [ ]
   Face Value of Each Ticket/Pass $40.00
   Event Description: Dodgers Tickets
   Date(s): 7/6/15 7/7/15
   Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
   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.

   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 | 2-4 | Per Ticket Policy 5.3(k)

   B. Name of Individual | 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 18944.2. 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: 7/11/15

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 / 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:

2. Function or Event Information
   Does the agency have a ticket policy? Yes [X] No [ ]
   Face Value of Each Ticket/Pass $ 40.00
   Event Description [Provide Title/Explanation]
   [Dodger Tickets]
   Date(s) 7/6/15 7/9/15
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
   If no: [Los Angeles Dodgers]
   Name of Source
   Was ticket distribution made at the behest of agency official? Yes [X] No [ ]
   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>2-4</td>
<td>Per Ticket Policy 5.3(K)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Name of Individual</td>
<td>Number of Ticket(s)/Pass(es)</td>
<td>Identify one of the following:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td>C. Name of Outside Organization</td>
<td>Number of Ticket(s)/Pass(es)</td>
<td>Describe the public purpose made pursuant to the agency’s policy</td>
</tr>
<tr>
<td>(include address and description)</td>
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</tr>
</tbody>
</table>

4. Verification
   I have read and understand FPPC Regulations 19344.1 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: Ticket Administrator
   Title: [ ]
   Date (Month, Day, Year): 7/13/15

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

1. Agency Name
   County of Los Angeles
   Board of Supervisors, 3rd District
   Yolanda Valadez, Ticket Administrator
   213 974-3333
   yvaladez@bos.lacounty.gov

2. Function or Event Information
   Does the agency have a ticket policy? Yes [] No [x]
   Event Description: Dodger Tickets
   Face Value of Each Ticket/Pass: $40.00
   Date(s): 7/10/15
   Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
   If no: Los Angeles Dodgers
   Was ticket distribution made at the behest of agency official? Yes [ ] No [x]
   If yes: Officer'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 | Number of Ticket(s)/Pass(es) | Identify one of the following:
   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 19344.1 and 19349. 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
   Title: 7/31/15
   Print Name: Yolanda Valadez
   (Month, Day, Year)

Comment: [Signature]

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 E-mail
213 974-3333 yvaladez@bos.laounty.gov

Date Stamp
California Form 802
For Official Use Only

Amendment (Must provide explanation in Part 1)
Date of Original Filing: (Month, Day, Year)

2. Function or Event Information
Does the agency have a ticket policy? Yes [x] No [ ]
Face Value of Each Ticket/Pass $40.00
Event Description [ ] Dogger Tickets
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
Date(s) 7/12/15 7/25/15

Was ticket distribution made at the behest of agency official? No [x] Yes [ ]
If yes: Los Angeles Dodgers
Name of Source
If 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.

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 | 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 19440.1 and 19442. 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:

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 E-mail
   213 974-3333 yvaladez@bos.lacounty.gov

   Date Stamp California Form
   A Public Document 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 $40.00
   Event Description: Dodgers Tickets
   Provide Title/Explanation
   Date(s): 7/29/15 7/31/15
   If no:
   Los Angeles Dodgers
   Source/Origin
   Was ticket distribution made at the behest of agency official? Yes ☑ No ☐
   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): 4
      Describe the public purpose made pursuant to the agency's policy

   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 18144.1 and 18144.2. 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
   Date (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 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: Bond
   Provide Title/Explanation

   Face Value of Each Ticket/Pass $120.00
   Date(s): 7/15/15 7/25/15

   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑️
   If no: Mark Taper Forum
   Name 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: Board of Supervisors
      Number of Ticket(s)/Pass(es): 6
      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 ☐
      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 19942. 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
   Print Name: Yolanda Valadez
   (Month, Day, Year): 7/31/15

   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 E-mail
   213 974-3333 yvaladez@bos.lacounty.gov

   Amendment (Must provide explanation in Part 4)
   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: $121.00
   Event Description: Ballet New
   Provide Title/Explanation
   Date(s): 7/11/15 ☐ 7/12/15 ☐ 7/13/15 ☐
   if no: [Name of Source] (Dorothy Chandler Pavilion)
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Was ticket distribution made at the behest of agency official? No ☐ 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.

   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 19544.1 and 19542. 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: