. Agency Name			Date Stamp	A Public Docume
County of Los Angeles		and the second s		Form 802
Division, Department, or Region (If A	pplicable)			For Official Use Only
Board of Supervisors, 3rd District				
Designated Agency Contact (Name, Ti	itie)]	
Yolanda Valadez, Ticket Administra				
Area Code/Phone Number E-mail			al .	provide explanation in Part 3.)
the second contract of	dez@bos.lacounty	.gov	Date of Original Filing	(Month, Day, Year)
Function or Event Information Does the agency have a ticket policy				40.00
Event Description Dodgev	? Yes ⊠ No Title/Explanation	Face Value Date(s)	of Each Ticket/Pass \$	6 5 15
Ticket(s)/Pass(es) provided by agenc	y? Yes No	If no:	S Angel	
Was ticket distribution made at the be of agency official?	hest No Yes	If yes:	Official's Name	(Last, First)
Recipients				
Use Section A to identify the agency's departs	Alexander and all	ction B to identify an individu	al. • Use Section C to Ide	ntify an outside organization.
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuar	nt to the agency's policy
Board of Supervisors	24	Per Ticket Policy 5.3	k)	
B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	ring:
	Pass(es)	Ceremonial Role	Other 🛄	Income L
		lf checking "Ceremoni	el Role" or "Other" describe below:	of the second particle variety in contrast.
		Ceremonial Role if checking "Ceremonial	Other Other describe below:	Income
TOTAL CONTROL				
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	c purpose made pursuan	to the agency's noticy
ACTION CHEMICAL CONTRACTOR CONTRA		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Verification	and the state of t			
Verification have read and understand FPPC Regulations 1894	4.1 and 18942. I have ve	orflied that the distribution set fo	th above, is in accordance wi	th the requirements:

Comment:

Agency Report of: Ceremonial Role Events and Tic	:ket/Pas	s Distributions		
Agency Name County of Los Angeles	The same and		Date Stamp	California Form 802
Division, Department, or Region (If Applicable Board of Supervisors, 3rd District Designated Agency Contact (Name, Title)	e)		- Anticontal -	For Official Use Only
Yolanda Valadez, Ticket Administrator Area Code/Phone Number E-mail 213 974-3333 yvaladez@bo	os.lacounty	gov	Amendment (Must pr	
2. Function or Event Information Does the agency have a ticket policy? Event Description Provide Title/Expl. Ticket(s)/Pass(es) provided by agency?	cket	Date(s)	s Anaele	
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (La	
3. Recipients • Use Section A to Identify the agency's department or to A. Name of Agency, Department or Unit:	nit. • Use Se Number of Ticket(s)/ Pass(es)	The state of the s	ial. • Use Section C to Identi IIc purpose made pursuant t	· A stage of the first same of
Board of Supervisors	-4	Per Ticket Policy 5.3(k)	
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the followin	
		Ceremonial Role if checking "Ceremonia	Other I al Role" or "Other" describe below:	Income C
		Ceremonial Role if checking "Ceremonia	Other Dil Role" or "Other" describe below:	Income [
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the bribit	c purpose made pursuant to	o the agency's noticy
Vontination				
Verification I have read and understand FPPC Regulations 18944.1 and 1 Yolanda Signature of Agency Need or Designee Comment:	8942 have ve Valadez Print Name	Ticket	th above, is in accordance with a Administrator	the requirements: 13

	Agency Report of: Peremonial Role Events and Tic	ket/Pas	s Distributio	ns		A Dubli	c Documen
Design	. Agency Name			The second second	Date Stamp	Califor	
	County of Los Angeles				sato otamp	Form	
	Division, Department, or Region (If Applicable	e)	The state of the s			For Off	ficial Use Only
	Board of Supervisors, 3rd District	T STATES SECTION	Section of the sectio				
	Designated Agency Contact (Name, Title)						
	Yolanda Valadez, Ticket Administrator						
	Area Code/Phone Number E-mail			Am	endment (Must pr	ovide explanati	on in Part 3.)
	213 974-3333 yvaladez@bo	os.lacounty	.gov	Date of	Original Filing:	(Month, Day	Year)
2,	Function or Event Information					in the state of	The Market State of the State o
	Does the agency have a ticket policy?	Yes No	Face Va	lue of Each T	icket/Pass \$	40.0	20
	Event Description Dadaex Ti	icked	Date(s)	6 9	15	61	0 15
	Provide Title/Expl	anation	Ť	1	TOTAL CONTRACTOR STREET		
	Ticket(s)/Pass(es) provided by agency?	Yes No	If no:	Les p	than of Sou		29 Jens
٠	Was ticket distribution made at the behest of agency official?	No Yes	lf yes:		Official's Name (La		The second of
3.	Recipients			AND DESCRIPTION OF STREET			
	Use Section A to identify the agency's department or a		ection B to identify an in	ndividual. • Use	Section C to Identif	fy an outside o	rganization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe th	e public purpose	made pursuant t	o the agency	s policy
	Control (Control (Con	- F 688(ES)		AND DESIGNATION OF THE PARTY OF		We contract to	
	Board of Supervisors	24	Per Ticket Policy	/ 5.3(k)			
						THE RESERVE OF THE PARTY OF THE	
						2	
	B. Name of Individual (set First)	Number of Ticket(s)/		Identify o	ne of the followin	g:	
	The second secon	Pass(es)	Ceremonial I	Role Oth	"П		<u> </u>
	C C C C C C C C C C C C C C C C C C C		•	remonial Role" or "Ot			income
			Ceremonial F		T	San	Minterioria in restaura de la maria della
			0	Role 🚅 Oth Hemonial Role" or "Oti	er		Income
	the Call (Charles) and						NAME OF THE OWNER, OWNER, OWNER, OWNER, OWNER, OWNER,
and the second					and the same of company and the same of th		
(Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the	public purpose	made pursuant to	o the agency's	policy
F		remonstrations of	ris as a Access of the Section of				
NATIONAL SERVICES							
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RACIONAL							
	/erification	<u> </u>	U ac				
1	have read and understand FPPC Regulations 18944.1 and 1		died that the distribution	set forth above, is	in accordance with	the requirements	5;
_		Valadez		icket Adminis	trator		131115
	Signature of Agend Head or Designee	Print Nam	9	***	Title	(Mo	onth, Dey, Year)
0	Comment						

Aganay Nama		s Distributions		A Public Documen
Agency Name County of Los Angeles	PS No was subject to the		Date Stamp	California 802
Division, Department, or Region (If Applicable)	and the second of the second		For Official Use Only
				•
Board of Supervisors, 3rd District Designated Agency Contact (Name, Title)				
Yolanda Valadez, Ticket Administrator Area Code/Phone Number IE-mail			Amendment (Must pn	ovide explanation in Part 3.)
213 974-3333 yvaladez@bo	s.lacounty.	GOV	Date of Original Filing:	
Function or Event Information				(Month, Day, Year)
	Yes⊠ No	Face Value o	of Each Ticket/Pass \$	10.00
THE RESIDENCE OF THE PARTY OF T	cket		Lacir ricket ass	1 18 1-
Event Description Description Provide Title/Expla	The second secon	Date(s)	SWLTW2	6 118 15
Ticket(s)/Pass(es) provided by agency?	Yes No	X If no: Lo	3 Anaele	es Obdaers
			Manne of Sour	
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (La	ort Confi
	Leading to the Contract		Official S Name (Le	at, Filati
Recipients Use Section A to Identify the agency's department or u	nit. • Use Se	ction B to identify an individu	ial. • Use Section C to Identif	v an auteide arrenizetion
A. Name of Agency, Department or Unit	Number of	- Village X 1 - 8 (85) 1 2 - 1 2 3 4 4 5 5 6 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6	ilc purpose made pursuant t	
	Ticket(s)/ Pass(es)		iic purpose made pursuant i	o the agency's policy
Board of Supervisors	24	Per Ticket Policy 5.3(k)	The second secon
	1	r er riekeer oney 5.5		
				>
	Number of			
R Name of Individual				
B. Name of Individual	Ticket(s)/ Pass(es)		Identify one of the followin	9
B. Name of Individual (Lest First)		Ceremonial Role	Identify one of the followin	Income L
B. Name of Individual				part of the second of the seco
B. Name of Individual (Lest First)			Other 🚨	part of the second of the seco
3. Name of Individual describe)			Other 🚨	Income
3. Name of Individual dest First)		if checking "Ceremoni Ceremonial Role	Other In It is a control of the cont	part of the second of the seco
3. Name of Individual (Last First)		if checking "Ceremoni Ceremonial Role	Other Del Role" or "Other" describe below:	Income
(Leat, First)	Pass(es)	If checking "Ceremoni Ceremonial Role if checking "Ceremoni	Other Delay of "Other" describe below: Other Delay of "Other" describe below:	Income
(Leat First)	Number of Ticket(s)	If checking "Ceremonial Role If checking "Ceremonial Describe the public	Other Other describe below: Other Other describe below: Role" or "Other" describe below:	Income Income
(Lea Fire) Name of Outside Organization	Pass(es)	If checking "Ceremonial Role If checking "Ceremonial Describe the public	Other Other describe below: Other Other describe below: Role" or "Other" describe below:	Income Income
(Lea Fire) Name of Outside Organization	Number of Ticket(s)	If checking "Ceremonial Role If checking "Ceremonial Describe the public	Other Other describe below: Other Other describe below: Role" or "Other" describe below:	Income Income
(Lea Fire) Name of Outside Organization	Number of Ticket(s)	If checking "Ceremonial Role If checking "Ceremonial Describe the public	Other Other describe below: Other Other describe below: Role" or "Other" describe below:	Income Income

Yolanda Valadez Ticket Administrator lead or Designee Print Name (Month, Day, Year) Comment: L FPPC Form 802 (4/12) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)

Agency Report of:

Acanay Name		The same	o biotributions		A Public Documer
Agency Name	THE SOURCE STREET	STATE OF THE PARTY		Date Stamp	California 802
County of Los Angeles	9-1 "- " :				For Official Use Only
Division, Department, or I		le)			For Omciai Use Only
Board of Supervisors, 3rd					
Designated Agency Conta	act (Name, Title)]	
Yolanda Valadez, Ticket A	Administrator		200000000000000000000000000000000000000		
Area Code/Phone Numbe	r E-mail			Amendment (Must	provide explanation in Part 3.)
213 974-3333	yvaladez@b	os.lacounty	.gov	Date of Original Filing	(Month, Day, Year)
. Function or Event Inf	formation	THE PERSON NAMED IN		-	(montal boy, real)
Does the agency have a ti	cket policy?	Yes No	Face Value o	of Each Ticket/Pass \$	40.00
Event Description Do.	Sex T	i cket	Date(s) 6	19 15	6 20 15
Ticket(s)/Pass(es) provide			If no:	S Angel	es Dodger
Was ticket distribution mad of agency official?	le at the behest	No⊠ Yes	If yes:	Official's Name	(Last, First)
Recipients	AND THE PARTY OF T	CHARLES BY SERVICE			
Use Section A to identify the agr	ency's department or	unit. • Use Se	sction B to identify an individu	ial. • Use Section C to Ider	ntify an outside organization
A. Name of Agency, Depar		Number of Ticket(s)/ Pass(es)	Section of the sectio	lic purpose made pursuan	
Board of Supervisors		24	Per Ticket Policy 5.3(k)	
B. Name of Indivi	duel	Number of Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the follow	lng:
and the second s			if checking "Ceremonia	el Role" or "Other" describe below:	
			Ceremonial Role If checking "Ceremonia	Other Other describe below:	Income
			The state of the s		
C. Name of Outside Org (Include address and d	anization lescription)	Number of Ticket(s)/ Pass(es)	Describe the publi	ic purpose made pursuant	to the agency's policy
Miseria and many con as reconstruction as	C (COM 1241) (Cont on) - Sect Albert				
		IR š			
Verification		لاستنسارا			THE RESIDENCE OF THE PARTY OF T
Verification I have read and understand FPPC Re	gulations 18 <u>944.1 and</u>	18942. I have ve	died that the distribution set for	th above. Is in accordance with	th the requirements
Verification I have read and understand FPPC Re		18942 I have ve a Valadez	3 1		th the requirements:
	Yoland		Ticket	rth ebove, is in accordence will Administrator	th the requirements. (Month, Day, Year)

Agency	Report	of
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. Agency Name	cket/Pas	S Distributions A Public Docum
County of Los Angeles	To the constitution of the	Date Stamp California 80
Division, Department, or Region (If Applicable)	<i>l</i> a)	Form For Official Use Only
	<i>ic)</i>	Section of the sectio
Board of Supervisors, 3rd District		
Designated Agency Contact (Name, Title)	- and calls the transce	MARKATO CONTRACTOR CON
Yolanda Valadez, Ticket Administrator		F Amondanus (Africa)
Area Code/Phone Number F-mail	wild Creek strings aware	Amendment (Must provide explanation in Pert 3.)
213 974-3333 yvaladez@b	os.lacounty	.gov Date of Original Filing: (Month, Day, Year)
Function or Event Information	Name .	The second secon
Does the agency have a ticket policy?	Yes N	Face Value of Each Ticket/Pass \$
Event Description Description Tribe/Exp	i eked danation	Date(s) 6 21 15 7 3 15
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: Les Angeles Dodger
Was ticket distribution made at the behest	No Yes	The state of the s
of agency official?	Info to the last of the last o	Official's Name (Last, First)
Recipients		
	Number of	ection B to identify an individual. • Use Section C to Identify an outside organization.
A. Name of Agency, Department or Unit	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)
Section of the second section 2 the Co. Section 2 Decided by the		
B. Name of Individual	Number of Ticket(s)/ Pass(es)	Identify one of the following:
State of the state		Ceremonial Role Other income income if checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other Income
ANCORRO (HATECOMAR) ROSSI (DANAMACHI EVILLA EMPRONI EMP		if checking "Ceremonial Role" or "Other" describe below:
	Number of : Ticket(s)/	Describe the public purpose made pursuant to the agency's policy
Name of Outside Organization (Include address and description)	Pass(es)	
Name of Outside Organization (Include address and description)	Pass(es)	
Name of Outside Organization (Include address and description)	Pass(es)	
Name of Outside Organization (Include address and description)	Pass(es)	
/erification	Pass(ea)	
/erification	Pass(ea)	
Verification have read and understand FPPC Regulations 18944.1 and	Pass(ea)	rified that the distribution set forth above, is in accordance with the requirements. Ticket Administrator
Verification have read and understand FPPC Regulations 18944.1 and	Pass(es)	infied that the distribution set forth above, is in accordance with the requirements. Ticket Administrator

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 A Public Document California 80 1. Agency Name Date Stamp County of Los Angeles Form For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors, 3rd District Designated Agency Contact (Name, Title) Yolanda Valadez, Ticket Administrator Amendment (Must provide explanation in Part 3.) Area Code/Phone Number | E-mail 213 974-3333 yvaladez@bos.lacounty.gov **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 Event Description Dada Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No X If no: Was ticket distribution made at the behest No Yes If yes: of agency official? Official's Name (Last, First) 3. Recipients . Use Section A to Identify the agency's department or unit. e Use Section B to identify an individual. • Use Section C to Identify an outside organization. Number of Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Board of Supervisors Per Ticket Policy 5.3(k) Number of B. Name of Individual Ticket(s)/ identify one of the following: 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: Name of Outside Organization Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) (include address and description) 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 Yolanda Valadez Ticket Administrator 1131112

Print Name

Head or Designee

Signature of Agend

Comment:

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

Agency Name		The state of the state of the state of	Date Stamp	A Public Documen
County of Los Angeles			Date Glamp	Form 802
Division, Department, or Region (If Applicable)			For Official Use Only
Board of Supervisors, 3rd District Designated Agency Contact (Name, Title)				
Yolanda Valadez, Ticket Administrator	A STATE OF THE STA			
Area Code/Phone Number E-mail			Amendment (Must	provide explanation in Part 3.)
213 974-3333 yvaladez@bc	s.lacounty.	gov	Date of Original Filing	(Month, Day, Year)
Function or Event Information	and the second			
Does the agency have a ticket policy?	Yes No	Face Value of	of Each Ticket/Pass \$	40.00
Event Description Desgrey Ti	cket	Date(s)	6 15	7715
Ticket(s)/Pass(es) provided by agency?	Yes No	⊠ If no:	3 Anael	es Dagers
Was ticket distribution made at the behest of agency official?	No Yes	If yes:	Official's Name	(Last, First)
Recipients			The second secon	
Use Section A to identify the agency's department or u A. Name of Agency, Department or Unit	Number of	A CONTRACTOR OF THE CASE AND	Artist of the organization of the	Application of the second
A. Name of Agency, peparaners of Office	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
Board of Supervisors	2-4	Per Ticket Policy 5.3(k)	
				2
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	lng:
		Ceremonial Role	Other Role" or "Other" describe below:	Income []
		COLUMN TO THE PROPERTY OF THE PARTY OF THE P	AND CONTRACTOR OF THE PROPERTY	A STATE OF THE PROPERTY OF THE
		Ceremonial Role	Other L	Income [
		" Greening Commons	al Role" or "Other" describe below:	
Name of Outside Organization	Number of : Ticket(s)/	Deposite the man	an satisfactor and an expension control to the	
(Include address and description)	Pass(es)	Describe me publ	ic purpose made pursuant	to the agency's policy
the same state of the same sta		**************************************		THE PERSON LANGUEST OF THE PERSON NAMED IN
1	1	R		9

Print Name

Signature of Agency Head or Designes

Comment:

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

1	Ceremonial Role Events and Tic	ket/Pass	s Distributions		A Public Documen
	. Agency Name			Date Stamp	California O O O
	County of Los Angeles	Committee one			Form 802
	Division, Department, or Region (If Applicable	e)	The second secon		For Official Use Only
	Board of Supervisors, 3rd District				
	Designated Agency Contact (Name, Title)				
	Yolanda Valadez, Ticket Administrator				
	Area Code/Phone Number E-mail			Amendment (Must	provide explanation in Part 3.)
	213 974-3333 yvaladez@bo	os.lacounty.	gov	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 Description Provide Title/Expl	anation	Date(s)	8 12	7 9 15
	Ticket(s)/Pass(es) provided by agency?	Yes No	⊠ If no: Lo	S Angel	
17	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 Se	ction B to identify an individua	The state of the s	tify an outside organization.
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)		c purpose made pursuan	t to the agency's policy
	Board of Supervisors	4	Per Ticket Policy 5.3(k)	
		Contract of the Contract of the Paris	The second secon	Service and the service of the servi	And tarburn a little to the part of the pa
	R Name of Individual	Number of			
	B. Name of Individual	Number of Ticket(s)/ Pass(es)		identify one of the follow	lng:
		Ticket(s)/	Ceremonial Role	Identify one of the follow Other Role" or "Other" describe below:	Ing:
		Ticket(s)/	Ceremonial Role Lif checking "Ceremonial Ceremonial Role	Other Rale" or "Other" describe below:	print
The state of the s		Ticket(s)/	Ceremonial Role Lif checking "Ceremonial Ceremonial Role	Other Rale" or "Other" describe below:	Income
		Ticket(s)/	Ceremonial Role It checking "Ceremonial Ceremonial Role It checking "Ceremonial Describe the public	Other Role" or "Other" describe below: Other Role" or "Other" describe below:	Income Income

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. Yolanda Valadez Ticket Administrator Signature of Agend Head or Designee Print Name (Month, Day, Year) Comment:

Agency Report of: Ceremonial Role Events and Tic	ket/Pas:	s Distribut	ons		A Public Documer
County of Los Angeles Division, Department, or Region (If Applicable)	focus a company			Date Stamp	California 802 Form 802
Board of Supervisors, 3rd District Designated Agency Contact (Name, Title)					,
Yolanda Valadez, Ticket Administrator Area Code/Phone Number E-mail 213 974-3333 yvaladez@bo	s.lacounty.	gov		Amendment (Must pro	
Does the agency have a ticket policy? Event Description Description Provide Title/Expla		Date	1	f Each Ticket/Pass \$	(Month, Day, Year)
Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official?	Yes□ No No⊠ Yes	lf no:		Official's Name (Las	
. Recipients • Use Section A to identify the agency's department or u	mit ettes Se	orlan C to Identific.	- 2m dlasida		
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	A PROBLEM STORY		lc purpose made pursuant to	May here as they do not be
Board of Supervisors	24	Per Ticket Po	licy 5.3(l	<)	
B. Name of individual	Number of Ticket(s)/ Pass(es)	Ceremon If checkin		Identify one of the following Other Rate" or "Other" describe below:	Income L
			ial Role	Other C	Income
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe	the publi	c purpose made pursuant to	the agency's policy
Verification I have read and understand FPPC Regulations 18944.1 and 1 Yolanda	15942. I have ve Valadez	rified that the distrib	E.	th above, is in accordance with th Administrator	ne requirements:
Signature of Agend Head or Designee	Print Nam	e	Commence Science	Title	(Month, Day, Year)
Comment:		Jr. many our Cauco Str.			FPPC Form 802 (4/12

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California 802 1. Agency Name Date Stamp County of Los Angeles Form For Official Use Only Division, Department, or Region (If Applicable) Board of Supervisors, 3rd District Designated Agency Contact (Name, Title) Yolanda Valadez, Ticket Administrator Amendment (Must provide explanation in Part 3.) Area Code/Phone Number | E-mail 213 974-3333 yvaladez@bos.lacounty.gov Date of Original Filing (Month, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass Event Description Desgrey Ticy Ticket(s)/Pass(es) provided by agency? If no: Yes No Was ticket distribution made at the behest No X Yes If yes: of agency official? 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. Number of Name of Agency, Department or Unit Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Board of Supervisors Per Ticket Policy 5.3(k) Number of Ticket(s)/: В. Name of Individual identify one of the following: (Lust, First) Pass(es) Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other _ Income if checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization Ticket(s)/ Pass(es). Describe the public purpose made pursuant to the agency's policy (include address and description)

ms	Yolanda Valadez	na distribution set forth above, is in accordance with Ticket Administrator	DISTUR
Signature of Agendy Head or Designee	Print Name	Title	(Month, Dey, Year)
0.1			
Comment: L			EDBO Form Of

	ncy Report of: emonial Role Events and Tic	ket/Pas	s Distributi	ons		A Public Document
1. Ag	ency Name			-	Date Stamp	
-	inty of Los Angeles	Cardina landario dan			Date Stamp	Form 802
B	ision, Department, or Region (If Applicable	<i>⇒)</i>				For Official Use Only
Boa	rd of Supervisors, 3rd District	* ************************************				
	ignated Agency Contact (Name, Title)					
-	anda Valadez, Ticket Administrator			No. of Concession, Name of Street, or other Designation, Name of Street, or other Designation, Name of Street,		
	a Code/Phone Number E-mail				Amendment (Must pr	ovide explanation in Part 3.)
	974-3333 yvaladez@bo	s.lacounty.	.gov		Date of Original Filing:	
2. Fu	nction or Event Information					(Month, Day, Year)
Doe	s the agency have a ticket policy?	Yes No	Face	Value of	Each Ticket/Pass \$	40.00
Eve	nt Description Dadger Ti	exed	Date(29 15	7 31 15
Tick	et(s)/Pass(es) provided by agency?		lf no:	Lo	S Angele	
	ticket distribution made at the behest agency official?	No Yes	If yes:		Official's Name (La	
	cipients Section A to identify the agency's department or a	unit elles Se	ortion B to Identific a	- Indialah		
A.	Name of Agency, Department or Unit	Number of Ticket(s)/	The state of the s		c purpose made pursuant to	
Boar	d of Supervisors	Pass(es)	Per Ticket Pol	lev F 2/k		
			T CT TICKET OF	icy 3.3(K		
		A PARTY NAME OF TAXABLE PARTY NAME OF TAXABL				2
B.	Name of individual dest fles)	Number of Ticket(s)/ Pass(es)			Identify one of the following	
	CONTROL OF THE PARTY OF THE PAR		Ceremoni If checking		Other Rale" or "Other" describe below:	Income []
			1	al Role		Income [
HOLEFAN			ir checking	*Ceremonial	Role" or "Other" describe below:	
C.	Name of Outside Organization (Include address and description)	Number of Ticket(s)	Describe	the public	purpose made pursuant to	the same of a retire
	Autoria and page title describited.	Ticket(s)/ Pass(es)				are agency a policy
						SHI HERE
			Particular Commence	with the second second	Michaelt, Mr. Man D. Markette et al. M.	
				***		Bishton
	ication	50.40.44	15 111 111			
77764676	ead and understand FPPC Regulations 18944.1 and 1	Valadez	ntied that the distribut	E		he requirements:
SI	Ignature of Agency Head or Designee	Print Name	9	licket /	Administrator	1131 112
Comn	nent:	70.00			i ive	(Month, Dey, Year)
				FP	PC Toll-Free Helpline: 866	FPPC Form 802 (4/12) 6/ASK-FPPC (866/275-7772)

Agency Report of:

Peremonial Role Events and Tie				A Public Documer	nt
. Agency Name	and a street of the street of		Date Stamp	California 802	
County of Los Angeles Division, Department, or Region (If Applicab)				10111	
	le)	4.5		For Official Use Only	
Board of Supervisors, 3rd District					
Designated Agency Contact (Name, Title)]		
Yolanda Valadez, Ticket Administrator					4
Area Code/Phone Number E-mail	Amendment (Must	provide explanation in Part 3.)			
213 974-3333 yvaladez@b	os.lacounty	gov	Date of Original Filing	(Month, Day, Year)	
Function or Event Information				(monta, bay, rear)	_
Does the agency have a ticket policy?	Yes⊠ No	Face Value o	of Each Ticket/Pass \$	120.00	
Event Description Bend		Date(s)	1 18 15	2 3812	7/3/1
Provide Title/Exp	lanation	Date(s)			11311
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: ✓	SVK Tape		
Was ticket distribution made at the behest	. 5		Name of S	ource	
of agency official?	No⊠ Yes	lf yes:	Official's Name	(I set Et-6	
Recipients			Omdar's Hame	Lest, Histj	
Use Section A to identify the agency's department or	unit. • Use Se	ction B to identify an individu	al a lise Section C to Idea	stife an autold	
A. Name of Agency, Department or Unit	Number of Ticket/s\/	 A first all a figures in a fine of page (Apr). 	ic purpose made pursuan		-
	Pass(es)	N. Will Filter in Australia (A)			: T
Board of Supervisors	26	Per Ticket Policy 5.3(I	k)		*,
	O. C.				
B. Name of Individual (Last, First)	Number of Ticket(s)/		Man Ber estimate a si		
	Pass(es)		Identify one of the follow		
	TO SECURE	Ceremonial Role	Other	Income 🔲	
		a checking Ceremonia	l Role" or "Other" describe below:		ſ
		Ceremonial Role	Other	Income	
		If checking "Ceremonial	I Role" or "Other" describe below:	illoute [
A Name of August 2012	Number of				
Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the public	c purpose made pursuant	to the agency's policy	
	1 000(00)			······································	
V-visi-cell					
Verification have read and understand EPPC Regulations 18944 1 and	18042				
have read and understand FPPC Regulations 18944.1 and	16942. <i>J have ye.</i> a Valadez		th above, is in accordance with Administrator	the requirements.	
	a valauez	I Hicket	Administrator	1 1	
Signature of Agency Head or Designee	Print Name		Administrator	131115	

Agency Report of:

Agency Name			Date Stamp	A Public Documen
County of Los Angeles			Jaio otamp	Form 802
Division, Department, or Region (If Applicable	(e)			For Official Use Only
Board of Supervisors, 3rd District	and the same of th			
Designated Agency Contact (Name, Title)				at!
Yolanda Valadez, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must)	provide explanation in Part 3.)
213 974-3333 yvaladez@b	os.lacounty	.gov	Date of Original Filing:	
Function or Event Information				(Month, Day, Year)
Does the agency have a ticket policy?	Yes⊠ No	Face Value of	Each Ticket/Pass \$	121.00
Event Description Ballet No.	ب	Date(s)	IN IS	
Ticket(s)/Pass(es) provided by agency?	Yes No	If no:	rothy ch	andler Pa
Nas ticket distribution made at the behest	No⊠ Yes		Name of So	urca
of agency official?	NOW Yes	If yes:	Official's Name (Last, First)
Recipients			,	
• Use Section A to identify the agency's department or	unit. • Use Se	ction B to identify an individua	il. • Use Section C to Iden	tify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	The strain and the strain to t	c purpose made pursuant	
Board of Supervisors		Dow Ticket Delian 5 2(1)		
	2	Per Ticket Policy 5.3(k)		
			The second secon	
	Number of			
Name of Individual (Lest, First)	Ticket(s)/	Identify one of the following:		
	1 200(00)	Ceremonial Bala Out - D		
		0.00 Mark Class Contraction (1.00 April 20 April	Role" or "Other" describe below:	Income
	Constant of the Constant of th			
		Ceremonial Role Other Income Income Income		
			riole of Other describe below.	
Name of Outside Organization	Number of Ticket(s)/	Describe the public pure		
(include address and description)	Pass(es)	Describe the public purpose made pursuant to the agency's policy		
erification				
ave read and understand FPPC Regulations 18944.1 and 1	18942. I have ve	1 1		the requirements.
	Valadez	Ticket A	Administrator	7/29/15
Signature of Agency Yead or Designee	Print Name		Title	