Agency Name A County Division, Department, or Region (If Applicable BOS, Third District Designated Agency Contact (Name, Title)	9)		Date Stamp	California 802
Division, Department, or Region (If Applicable	9)			
BOS, Third District	9)	LA County		
				For Official Use Only
Designated Agency Contact (Name, Title)				Later Control
		A-144 Commission		200
Yolanda Valadez, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
13 974-3333 yvaladez@bos.lacounty.gov			Date of Original Filing:	(Month Cou York)
Function or Event Information				(Month, Day, Year)
Does the agency have a ticket policy?	Yes No	☐ Face Value o	of Each Ticket/Pass \$	22.00
145 45	Testa NO	1 400 Value 0	5 2023	5 29 2023
Event Description LA County Fair Provide Title/Exp	lanation	Date(s)	JP 12023	5 29 2023
and the second s	On	. 9	· Mariana	
Ticket(s)/Pass(es) provided by agency?	Yes No	If no:	Name of So	urca
Was ticket distribution made at the behest	No Yes	If yes:	They are made in	LEGIE II LEGIE Z
of agency official?	MOFEL LESI	Ir yes:	Official's Name (l	Last, First)
Recipients				
 Use Section A to identify the agency's department or 	unit. • Use Sec	tion B to identify an individu	ual. • Use Section C to idem	tify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	ilic purpose made pursuant	to the agency's policy
LA County Employees & Third District Sta	f 400	Pursuant to Ticket P	olicy Section 5.3(k)	
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
		Ceremonial Role	Other Collection of Other describe below:	income
	11,000 11	Ceremonial Role	Other Usial Role* or "Other" describe below	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		
A CONTRACTOR OF THE				
31-0 P3 PH	-			
Verification have read and understand FPPC Regulations 18944.1 am	d 18942. I have v	rified that the distribution set t	forth above, is in accordance wi	ith the requirements
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution Yolanda Valadez			in. Director	1/2024
Signature of Apancy Head or Designee	Print Nan		Title	(Month, Day, Year)

eremonial Role Events and Tic	ket/Pass	Distributions		A Public Documen
. Agency Name			Date Stamp	California 802
Division, Department, or Region (If Applicable)				For Official Use Only
Bos Dirt Dis Designated Agency Contact (Name, Title)	wich			
Molanda Valadez Area Code/Phone Number E-mail			4	provide exclanation in Part 3.)
(213)974-3333 Lugale	deset	005.19com	Date of Original Filing:	(Month, Day, Year)
. Function or Event Information				
Does the agency have a ticket policy?	Yes No	Face Value	of Each Ticket/Pass \$	
Event Description Provide Title/Exp	lanation	Date(s)		
Ticket(s)/Pass(es) provided by agency?	Yes No	If no:	Name of S	d Coul
Was ticket distribution made at the behest of agency official?	No 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 Individ	ual. • Use Section C to idea	ntify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuan	nt to the agency's policy
BOS, Third Disrict Community Org.'s		Pursuant Section	5.3(K)	et Polling
B. Name of Individual	Number of Ticket(s)/		identify one of the follow	winay
(Lest, First)	Pass(es)	Ceremonial Role	Other	Income C
		If checking "Ceremon	niel Role" or "Other" describe below	
		Ceremonial Role If checking "Ceremon	Other Other Oscribe below	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		
LA Poet Society SFV 8, Better Youth 23		Mujeres ALFA Internacional Org. 12, Radio OUN 10		
Fia Chucha's Centro Cultural 28 New Economics Fo			Women Family Source	ce 12
. Verification				
I have read and understand FPPC Regulations 18944.1 and Yoland	<u>d 18942. I have yı</u> da Valadez		<i>forth above, is in accordance w</i> et Administrator	12/31/2023
Signature of Agency Need or Designee	Print Nan	ne	Title	(Month, Day, Year)
	0	1		

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



ency Name OS, Third Disrict		page 2 of			
Recipients		7480 200			
	unit. • Use Se	ction 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			
El Cetro De Amistad 10		AVIVA Children & Family Services 10, Rotary Club Calabasas 10			
Palma Beautiful 10, Project Angel Food 10		Golden Heart Ranch 12, Emergency Prep. Calabasas 10			
Temple Judea Tarzana 10		Valley Storefront JFS 8, LA Jewish Home 12, St Sebastian 20			
Canyon Sages Seniors 20, Valley Village 8		West Valley Boys & Girls Club 10, Boys & Girls Club of Malibu 10			
B. Name of Individual	Number of Ticket(s)/ Pass(es)	Identify one of the following:			
		Ceremonial Role Other Income			
		Ceremonial Role Other Income			
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below			
		Ceremonial Role Other fincome fincome fincome			
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			
Studio City Residents Assoc. 12		Mariachi Maestro Apprentice Program 18,			
Sylmas Womens Club 10		Pacific Palisades Taskforce on Homelessness 20			
/enice Community Housing 10		SFV Community Menal Health 10, Hope of the Valley 10			
Boys & Girls Club of Santa Monica 8		JFS Comprehensive Services Center 10,			

A County	-		Date Stamp	California 80
LA County				1 01111
Division, Department, or Region (If Applicab	le)		1	For Official Use Only
BOS, Third District			1	
Designated Agency Contact (Name, Title)			1	
Yolanda Valadez				
Area Code/Phone Number E-mail				provide explanation in Part 3.)
	oos.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
Function or Event Information				
Does the agency have a ticket policy?	Yes No	Face Value	of Each Ticket/Pass \$ L	
Event Description	tust of its	Date(s)		
Provide Title/Ex	planation			
Ficket(s)/Pass(es) provided by agency?	Yes No	if no:	Name of Sc	ourca
Was ticket distribution made at the behest	No Yes	If yes:		
of agency official?	140 🖽 1634	il yes.	Official's Name	Last, First)
Recipients				
 Use Section A to identify the agency's department or 	runit. • Use Sec	tion B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the put	lic purpose made pursuan	t to the agency's policy
	Pass(és)			
		-		
BOS, Third District Community Org.'s				
BOS, Third District Community Org.'s		•		
BOS, Third District Community Org.'s				
	Number of			dan
	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ring:
B. Name of Individual	Ticket(s)/	Ceremonial Role	Other	ring:
B. Name of Individual	Ticket(s)/			27.
B. Name of Individual	Ticket(s)/		Other	27.
B. Name of Individual	Ticket(s)/		Other I	27.
B. Name of Individual	Ticket(s)/	if checking "Ceremon Ceremonial Role	Other I	incom
B. Name of Individual	Ticket(s)/	if checking "Ceremon Ceremonial Role	Other Other describe below	incom
B. Name of Individual (Lest First)	Ticket(s)/ Pass(ez)	if checking "Ceremon Ceremonial Role	Other Other describe below	incom
B. Name of Individual (Lest First)	Number of Ticket(s)/	if checking "Ceremon Ceremonial Role If checking "Ceremon	Other Other describe below	incom
(Lest First) C. Name of Outside Organization	Ticket(s)/ Pass(es)	if checking "Ceremon Ceremonial Role If checking "Ceremon	Other Diel Role" or "Other" describe below Ciher Diel Role" or "Other" describe below	incom
B. Name of Individual (Lest First) C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/	if checking "Ceremon Ceremonial Role if checking "Ceremon Describe the put	Other Diel Role" or "Other" describe below Ciher Diel Role" or "Other" describe below	incom
B. Name of Individual (Lest First) C. Name of Outside Organization	Number of Ticket(s)/	if checking "Ceremon Ceremonial Role if checking "Ceremon Describe the put	Other Classifier or "Other" describe below Cother Classifier or "Other" describe below Cother Classifier or "Other" describe below Cother Classifier or "Other" describe below	incom

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



gency Name				
A County, BOS Third District		page 4 of 6		
Recipients • Use Section A to Identify the agency's department or u	ınit. • Use Se	ction B to identify an individual. • Use Section C to identify an outside organization.		
A. Name of Agency, Department or Unit	rtment or Unit Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the			
Westside Food Bank 10 Project Q 8		Champions in Services 21 North Valley Caring Services 10		
Ready to Succeed 8 Malibu CART 10		San Fernando Coalition on Gangs 10 Nuestras Calles Suenan 10		
West Hollywood Residence Council 10		West Knoll Residence SFV 10 Commission Femenil SFV 10		
Las Palmas Senior Center 21		Pacific Palisades Community Coordinating Council 8		
B. Name of Individual	Number of Ticket(a)/ Pass(as)	Identify one of the following:		
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below.		
		Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below		
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below		
		Ceremonial Role Other Income 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 egency's policy		
Padres Pioneros 17 Pueblo Y Salud 26		Benedict Canyon Homeowners 12 IKAR 4		
Boys & Girls Club of the SFV 21		Hillside Federation of Hillside Canyons Association 2		
JFS of LA SOVA Comm. Food Resource 21		JQ International 20 LA River Walkers & Watchers 8		
LA Jewish Symphony 12		Happy Trails for Kids 10 OUR Voice 20 SFV Tavitian 10		

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions **A Public Document** California 80 1. Agency Name Date Stamp Form A County For Official Usa Only Division, Department, or Region (if Applicable) **BOS. Third District** Designated Agency Contact (Name, Title) Yolanda Valadez, Ticket Administrator Must <u>ρτονίσε exclanation in Part 3.</u>) Area Code/Phone Number | E-mail Date of Original Filing: 213 974-3333 yvaladez@bos.lacounty.gov (Month, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes No **Event Description** Date(s) Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No Z If no: Was ticket distribution made at the behest No Yes X 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** A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) BOS, Third District Community Org.'s Number of В. Name of Individual Identify one of the following: (Lost, First) Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below Other Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below Name of Outside Organization C. Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy (include address and description) Boys & Girls Club of Venice 10 Rotary Club Granada Hills 10 The Village Family Services 10 Discovery Cube LA 10 Chatsworth Community Coordinating Council 12 Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have varified that the distribution set forth above, is in accordance with the requirements Yolanda Valadez Admin. Director 1/2024 Print Name Head or Designee (Month, Day, Year)

Comment:

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



gency Name		
A County BOS, Third District		Page 6 of 6
Recipients		***
Use Section A to identify the agency's department or undepartment.	nit. • Use Se	ection 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
West Hollywood Comm. Housing Corp. 1		Latin America Civic Association 25 New Directions for Youth 10
Yarrow YMCA 10 Youth Build 10		ONEgeneration Senior Enrichment Center 15 West Valley YMCA 20
Boys & Girls Club of Hollywood 20		
	Number of	
B. Name of Individual	Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role Other Income Income It checking "Ceremonial Role" or "Other" describe below.
		Ceremonial Role Other Income Income Income
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below
		Ceremonial Role Other Income Income It 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 egency's policy
C. Name of Outside Organization (Include address and description)	Ticket(s)/	Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:

ži.

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

A Public Document

. Agency Name County of Los Angeles			Date Stamp	California 802
Division, Department, or Region (If Applicable	e)			For Official Use Only
Board of Supervisors, 3rd District Designated Agency Contact (Name, Title)				
Yolanda Valadez, Ticket Administrator Area Code/Phone Number F-mail	Amendment (Must provide explanation in Part 3.)			
13 974-3333 yvaladez@bos.lacounty.gov			Date of Original Filing:	(Month, Day, Year)
Does the agency have a ticket policy? Event Description John Legend Provide Title/Expl Ticket(s)/Pass(es) provided by agency?	Yes No	Date(s) 2	of Each Ticket/Pass \$ 13 2023 Disney Concert Hall	319
Was ticket distribution made at the behest of agency official?	No ☐ Yes		Name of Sou Official's Name (L	
Recipients Use Section A to identify the agency's department or	unit allea So	ction R to identify an individ	ual a Hea Sastian C to identi	fu an outelde organization
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	The Company of the Company	blic purpose made pursuant	Table To the Second
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 If checking "Ceremon	Other	income L
		Ceremonial Role If checking "Ceremon	Other Inial Role" or "Other" describe below:	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		
				, , , , , , , , , , , , , , , , , , ,
Verification I have read and understand FPPC Regulations 18944.1 and Yoland Signature of Agency Head or Designee	I 18942. I have v la Valadez Print Nar	Ticke	forth above, is in accordance with et Administrator Tille	1 the requirements. 12/31/2023 (Month, Day, Year)

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