

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

A Public Document

1. Agency Name: Los Angeles County, Division, Department, or Region (If Applicable): Board of Supervisors, Fourth District, Designated Agency Contact (Name, Title): Gail LeGros, Ticket Administrator, Area Code/Phone Number: 213-974-4444, E-mail: don@lacbos.org, Date Stamp, California Form 802 For Official Use Only, Amendment checkbox, 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 \$ 36.00, Event Description: Dodger Game, Date(s): 04, 18, 14, 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? 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.

Table with 3 columns: Name of Agency, Department or Unit; Number of Ticket(s)/Pass(es); Describe the public purpose made pursuant to the agency's policy. Includes rows for Board of Supervisors Employee and sections for identifying individuals and outside organizations.

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: Gail LeGros, Print Name: Gail LeGros, Title: Ticket Administrator, (Month, Day, Year): 4-30-14

Comment:

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

A Public Document

1. Agency Name
Los Angeles County
Division, Department, or Region (If Applicable)
Board of Supervisors, Fourth District
Designated Agency Contact (Name, Title)
Gail LeGros, Ticket Administrator
Area Code/Phone Number E-mail
213-974-4444 don@lacbos.org
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 [X] No []
Event Description: Dodger Game
Face Value of Each Ticket/Pass \$: 36.00
Date(s): 04 / 09 / 14
Ticket(s)/Pass(es) provided by agency? Yes [] No [X]
If no: Los Angeles Dodgers
Was ticket distribution made at the behest of agency official? No [X] Yes []
If yes: (Official's Name)

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 with 3 columns: Name of Agency/Individual/Organization, Number of Ticket(s)/Pass(es), and Description of Public Purpose. Includes entries for Board of Supervisors Employee and Name of Individual.

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: Gail LeGros
Print Name: Gail LeGros
Title: Ticket Administrator
Date: 4-30-14

Comment:

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

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1. Agency Name		Date Stamp	California Form 802 For Official Use Only
Los Angeles County			
Division, Department, or Region (If Applicable)			
Board of Supervisors, Fourth District			
Designated Agency Contact (Name, Title)			
Gail LeGros, Ticket Administrator			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
213-974-4444	don@lacbos.org	Date of Original Filing: _____ (Month, Day, Year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description: Dodger Game
Provide Title/Explanation

Face Value of Each Ticket/Pass \$ 36.00

Date(s) 04 / 08 / 14

Ticket(s)/Pass(es) provided by agency? Yes No

Was ticket distribution made at the behest of agency official? No Yes

If no: Los Angeles Dodgers
Name of Source

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 Employee	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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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: Gail LeGros Print Name: Gail LeGros Title: Ticket Administrator Date: 4-30-14

Comment: _____

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

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1. Agency Name
Los Angeles County
Division, Department, or Region (If Applicable)
Board of Supervisors, Fourth District
Designated Agency Contact (Name, Title)
Gail LeGros, Ticket Administrator
Area Code/Phone Number E-mail
213-974-4444 don@lacbos.org
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 [X] No []
Event Description: Dodger Game
Face Value of Each Ticket/Pass \$: 36.00
Date(s): 04 / 06 / 14
Ticket(s)/Pass(es) provided by agency? Yes [] No [X]
Was ticket distribution made at the behest of agency official? No [X] Yes []
If no: Los Angeles Dodgers
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 with 3 columns: Name of Agency/Individual/Organization, Number of Ticket(s)/Pass(es), and Description/Purpose. Includes rows for Board of Supervisors Employee and individual recipients.

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: Gail LeGros
Print Name: Gail LeGros
Title: Ticket Administrator
Date: 4-30-14

Comment:

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

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1. Agency Name: Los Angeles County, Division, Department, or Region (If Applicable): Board of Supervisors, Fourth District, Designated Agency Contact (Name, Title): Gail LeGros, Ticket Administrator, Area Code/Phone Number: 213-974-4444, E-mail: don@lacbos.org, 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 [X] No [], Face Value of Each Ticket/Pass \$: 36.00, Event Description: Dodger Game, Date(s): 04/04/14, 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? 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.

Table with 3 columns: Name of Agency, Department or Unit; Number of Ticket(s)/Pass(es); Describe the public purpose made pursuant to the agency's policy. Section B: Name of Individual (Last, First); Number of Ticket(s)/Pass(es); Identify one of the following: 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: Gail LeGros, Ticket Administrator, 4-30-14

Comment:

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

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1. Agency Name		Date Stamp	California Form 802 For Official Use Only
Los Angeles County			
Division, Department, or Region (If Applicable)			
Board of Supervisors, Fourth District			
Designated Agency Contact (Name, Title)			
Gail LeGros, Ticket Administrator			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
213-974-4444	don@lacbos.org	Date of Original Filing: <input type="text"/> (Month, Day, Year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description: Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No

Was ticket distribution made at the behest of agency official? No Yes

Face Value of Each Ticket/Pass \$

Date(s) / /

If no: Name of Source

If yes: Official's Name (Last, First)

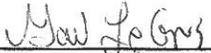
3. Recipients

• 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 Employee	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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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.

	<input type="text" value="Gail LeGros"/>	<input type="text" value="Ticket Administrator"/>	<input type="text" value="4-30-14"/>
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment:

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

A Public Document

1. Agency Name: Los Angeles County, Division, Department, or Region (If Applicable): Board of Supervisors, Fourth District, Designated Agency Contact (Name, Title): Gail LeGros, Ticket Administrator, Area Code/Phone Number: 213-974-4444, E-mail: don@lacbos.org, 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 [X] No [], Face Value of Each Ticket/Pass \$: 36.00, Event Description: Dodger Game, Date(s): 04/21/14, 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? 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.

Table with 3 columns: Name of Agency, Department or Unit; Number of Ticket(s)/Pass(es); Describe the public purpose made pursuant to the agency's policy. Section B: Name of Individual (Last, First); Number of Ticket(s)/Pass(es); Identify one of the following: 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: Gail LeGros, Print Name: Gail LeGros, Title: Ticket Administrator, (Month, Day, Year): 4-30-14

Comment:

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
Los Angeles County			
Division, Department, or Region (If Applicable)			
Board of Supervisors, Fourth District			
Designated Agency Contact (Name, Title)			
Gail LeGros, Ticket Administrator			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
213-974-4444	don@lacbos.org	Date of Original Filing: _____ (Month, Day, Year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description: Dodger Game
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No

Was ticket distribution made at the behest of agency official? No Yes

Face Value of Each Ticket/Pass \$ 36.00

Date(s) 04, 22, 14

If no: Los Angeles Dodgers
Name of Source

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 Employee	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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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.

Gail LeGros Gail LeGros Ticket Administrator 4-30-14
Signature of Agency Head or Designee *Print Name* *Title* *(Month, Day, Year)*

Comment: _____

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
Los Angeles County			
Division, Department, or Region (If Applicable)			
Board of Supervisors, Fourth District			
Designated Agency Contact (Name, Title)			
Gail LeGros, Ticket Administrator			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
213-974-4444	don@lacbos.org	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 \$ 36.00

Event Description: Dodger Game Provide Title/Explanation Date(s): 04, 23, 14

Ticket(s)/Pass(es) provided by agency? Yes No If no: Los Angeles Dodgers Name of 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	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Board of Supervisors Employee	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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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.

Gail LeGros
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment:

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 <small>For Official Use Only</small>
Los Angeles County			
Division, Department, or Region (If Applicable)			
Board of Supervisors, Fourth District			
Designated Agency Contact (Name, Title)			
Gail LeGros, Ticket Administrator			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
213-974-4444	don@lacbos.org	Date of Original Filing: _____ <small>(Month, Day, Year)</small>	

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description: Dodger Game
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No

Was ticket distribution made at the behest of agency official? No Yes

Face Value of Each Ticket/Pass \$ 36.00

Date(s) 04 / 24 / 14

If no: Los Angeles Dodgers
Name of Source

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 Employee	2	Per ticket policy 5.3(k)
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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.

<u>Gail LeGros</u>	Gail LeGros	Ticket Administrator	4-30-14
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment: _____

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

A Public Document

1. Agency Name: Los Angeles County. Date Stamp: California Form 802. Designated Agency Contact: Gail LeGros, Ticket Administrator. E-mail: don@lacbos.org.

2. Function or Event Information: Event Description: Dodger Game. Face Value of Each Ticket/Pass: \$36.00. Date(s): 04/25/14. Ticket(s)/Pass(es) provided by agency? No. Was ticket distribution made at the behest of agency official? 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.

Table with 3 columns: Name of Agency/Individual/Organization, Number of Ticket(s)/Pass(es), and 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: Gail LeGros. Title: Ticket Administrator. Date: 4-30-14.

Comment:

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

A Public Document

1. Agency Name

Los Angeles County
 Division, Department, or Region (If Applicable)
 Board of Supervisors, Fourth District
 Designated Agency Contact (Name, Title)
 Gail LeGros, Ticket Administrator
 Area Code/Phone Number: 213-974-4444 E-mail: don@lacbos.org

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
 Event Description: Dodger Game
 Provide Title/Explanation

Face Value of Each Ticket/Pass \$ 36.00
 Date(s) 04, 26, 14
 Ticket(s)/Pass(es) provided by agency? Yes No
 Was ticket distribution made at the behest of agency official? No Yes

If no: Los Angeles Dodgers
 Name of Source

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 Employee	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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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: Gail Le Gros
 Print Name: Gail LeGros Title: Ticket Administrator
 (Month, Day, Year): 4-30-14

Comment: _____

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

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1. Agency Name		Date Stamp	California Form 802 For Official Use Only
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Division, Department, or Region (If Applicable)			
Board of Supervisors, Fourth District			
Designated Agency Contact (Name, Title)			
Gail LeGros, Ticket Administrator			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
213-974-4444	don@lacbos.org	Date of Original Filing: _____ (Month, Day, Year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description: Dodger Game Provide Title/Explanation

Face Value of Each Ticket/Pass \$ 36.00

Date(s) 04 27 14

Ticket(s)/Pass(es) provided by agency? Yes No

Was ticket distribution made at the behest of agency official? No Yes

If no: Los Angeles Dodgers Name of Source

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 Employee	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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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.

Gail LeGros Gail LeGros Ticket Administrator 4-30-14
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: _____