Print Form

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

A Public Document

1. Agency Name

County of Los Angeles

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 ☒ No ☐

Face Value of Each Ticket/Pass $ 165.00

Event Description: Play at Ahmanson
Provide Title/Explanation

Date(s): 08 / 09 / 14 ___ / ___ / ___

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

If no: Performing Arts Center of Los Angeles County
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

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
SoCACigar Alliance-support LB Police	4	Per Ticket Policy 5.3 (i)
Foundation-info@bigdaddyscigars.com		

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	Print Name	Title	(Month, Day, Year)
Gail LeGros	Gail LeGros	Ticket Administrator	8/28/14

Comment: _____

Print Form

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

A Public Document

1. Agency Name

County of Los Angeles

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 ☒ No ☐

Face Value of Each Ticket/Pass $ 165.00

Event Description: Play at Ahmanson
Provide Title/Explanation

Date(s): 08 / 01 / 14 ___ / ___ / ___

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

If no: Performing Arts Center of Los Angeles County
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

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
Optimist Youth Home,6957S. Figueroa,LA	4	Per Ticket Policy 5.3 (i)
residental housing for at risk youth		

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	Print Name	Title	(Month, Day, Year)
Gail LeGros	Gail LeGros	Ticket Administrator	8/28/14

Comment: _____