

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

Face Value of Each Ticket/Pass \$ 36.00

Date(s) 07 / 01 / 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 7-30-14
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: _____

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Date(s) 07 02 14

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Signature of Agency Head or Designee: Gail LeGros Print Name: Gail LeGros Title: Ticket Administrator Date: 7-30-14

Comment: _____

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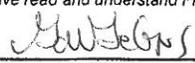
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