

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

A Public Document

**1. Agency Name**

County of Los Angeles		Date Stamp	California Form <b>802</b> For Official Use Only
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	<input type="checkbox"/> Amendment (Must provide explanation in Part 3) 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: Play at Ahmanson  
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 \$ 165.00

Date(s) 03 / 15 / 14

If no: Performing Arts Center of Los Angeles County  
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
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input checked="" 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
Friend of Youth Foundation, 11245 183rd	4	Per Ticket Policy 5.3 (i)
Cerritos-provide activities for underprivileg		

**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      3/25/14  
Signature of Agency Head or Designee      Print Name      Title      (Month, Day, Year)

Comment: \_\_\_\_\_

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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, Date of Original Filing, California Form 802 For Official Use Only, Amendment (Must provide explanation in Part 3.)

2. Function or Event Information: Does the agency have a ticket policy? Yes [X] No [ ], Face Value of Each Ticket/Pass \$ 165.00, Event Description: Play at Ahmanson, Date(s) 03, 27, 14, Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X], If no: Performing Arts Center of Los Angeles County, 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; Name of Individual; Name of Outside Organization. Rows include Friend of Youth Foundation and Cerritos - provide activities for underprivileged.

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: 3/25/14

Comment: