

# 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: Concert at Walt Disney Concert Hall  
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 \$ 168

Date(s) 03 / 22 / 14

If no: Los Angeles Philharmonic  
Name of Source

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

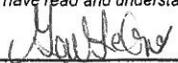
**3. Recipients**

• 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
Ticket Administrator
3/25/14

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

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

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

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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: 213-974-4444, E-mail: don@lacbos.org, Date Stamp, California Form 802 For Official Use Only, Amendment checkbox, 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 \$ 99, Event Description: Concert at Walt Disney Concert Hall, Date(s): 03, 08, 14, Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X], If no: Los Angeles Philharmonic, 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 individual recipients (Ceremonial Role, Other, Income) and outside organizations (Artesia-Cerritos Soroptimist).

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: 3/22/14

Comment:

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

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**1. Agency Name**

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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 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: Concert at Walt Disney Concert Hall  
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 \$ 99

Date(s) 03 / 29 / 14

If no: Los Angeles Philharmonic  
Name of Source

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

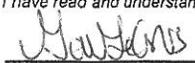
**3. Recipients**

• 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 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
Artesia-Cerritos Soroptimist, siartesia.cerrit	2	Per Ticket Policy 5.3 (i)
.soroptimist.net-improve lives of women		

**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
Ticket Administrator
3/22/14

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

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

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

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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: 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 [ ]
Event Description: Concert at Walt Disney Concert Hall
Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
Was ticket distribution made at the behest of agency official? No [X] Yes [ ]
Face Value of Each Ticket/Pass \$ 99
Date(s) 03 / 06 / 14
If no: Los Angeles Philharmonic
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.

Table with 3 columns: Name of Agency/Individual/Organization, Number of Ticket(s)/Pass(es), and Description of Public Purpose. Includes entries for Pediatric Therapy Network and Torrance, Help children and families.

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: 3/28/14

Comment:

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

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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: Concert at Walt Disney Concert Hall  
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 \$ 99

Date(s) 03 / 24 / 14

If no: Los Angeles Philharmonic  
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 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
ICT- 300 E. Ocean, Long Beach	2	Per Ticket Policy 5.3 (i)
Promote theater in the community		

**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      3/28/14  
Signature of Agency Head or Designee      Print Name      Title      (Month, Day, Year)

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

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

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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: 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: Concert at Walt Disney Concert Hall  
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 \$ 99  
 Date(s) 03 / 30 / 14

If no: Los Angeles Philharmonic  
Name of Source

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

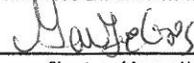
**3. Recipients**

• 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 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
ICT- 300 E. Ocean, Long Beach	4	Per Ticket Policy 5.3 (i)
Promote theater in the community		

**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 Ticket Administrator 3/28/14  
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment:

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Designated Agency Contact (Name, Title)			
Gail LeGros, Ticket Administrator			
Area Code/Phone Number	E-mail		
213-974-4444	don@lacbos.org		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No

Event Description: Concert at Walt Disney Concert Hall  
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 \$ 168

Date(s) 03 / 30 / 14

If no: Los Angeles Philharmonic  
Name of Source

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

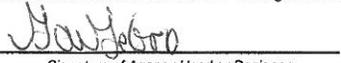
**3. Recipients**

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		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
Rancho Foundation, ranchofoundation.org	2	Per Ticket Policy 5.3 (i)
Raise funds for equipment for Rancho		

**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
Ticket Administrator
3/28/14

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

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