

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
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	<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: 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) 05 31 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"/> <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] Gail LeGros Ticket Administrator 5/25/14
 Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: _____

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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		

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) 05, 03, 14

If no: Los Angeles Philharmonic
Name of Source

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

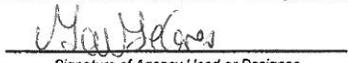
3. Recipients

• 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"/> <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
Bellflower Kiwanis, PO 601, Bellflower	2	Per Ticket Policy 5.3 (i)
Grants to community 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.


Gail LeGros
Ticket Administrator
5/25/14

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

Comment: _____

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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: 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) 05 / 29 / 14

If no: Los Angeles Philharmonic
Name of Source

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

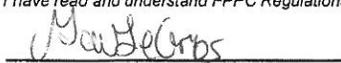
3. Recipients

• 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"/> <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
Bellflower Kiwanis, PO 601, Bellflower	2	Per Ticket Policy 5.3 (i)
Grants to community 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.

 Gail LeGros Ticket Administrator 5/25/14
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: 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
Provide Title/Explanation
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 \$ 168
Date(s) 05, 09, 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/Purpose. Includes entries for Century Club and support youth sport activities.

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: 5/25/14

Comment:

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

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Division, Department, or Region (If Applicable)
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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
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
Provide Title/Explanation
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) 05 15 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 Friends of Diamond Bar Library and Golden Springs, DB-Support library.

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: 5/25/14

Comment:

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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) 05 / 29 / 14

If no: Los Angeles Philharmonic
Name of Source

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

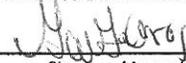
3. Recipients

• 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
Cerritos Chamber, 13259 South, Cerritos	2	Per Ticket Policy 5.3 (i)
Promote Business		

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
5/25/14

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) 05 / 30 / 14

If no: Los Angeles Philharmonic
Name of Source

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

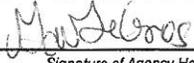
3. Recipients

• 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
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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
Community Family Guidance, 10929 South	2	Per Ticket Policy 5.3 (i)
Cerritos, supporting children & 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.


Gail LeGros
Ticket Administrator
5/25/14

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

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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: 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) 05 / 23 / 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
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		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
Friends of Artesia Library, PO Box 918	2	Per Ticket Policy 5.3 (i)
Artesia, support for library		

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 5/25/14
Signature of Agency Head or Designee *Print Name* *Title* *(Month, Day, Year)*

Comment: _____

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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: 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) 05 08 14

If no: Los Angeles Philharmonic
Name of Source

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

3. Recipients

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A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
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		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
Norwalk Chamber, 12040 Foster, Norwalk	2	Per Ticket Policy 5.3 (i)
Promote business		

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 5/23/14
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: _____