

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)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small>	
Board of Supervisors, Fourth District			
Designated Agency Contact (Name, Title)			
Gail LeGros, Ticket Administrator			
Area Code/Phone Number	E-mail		
213-974-4444	glegros@bos.lacounty.gov		

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description: LA Philharmonic 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) 2, 14, 16

If no: LA Philharmonic Name of Source

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

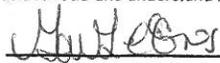
3. Recipients

• 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
Children's Hosp LA-4650 W. Sunset, LA	2	Per ticket policy 5.3(i)
research ctr for cancer & blood diseases		

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
2-29-16

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

Comment: _____

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1. Agency Name		Date Stamp	California Form 802 <small>For Official Use Only</small>
County of Los Angeles			
Division, Department, or Region (If Applicable)			
Board of Supervisors, 4th District			
Designated Agency Contact (Name, Title)			
Gail LeGros			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
213-974-4444	glegros@bos.lacounty.gov	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: LA Philharmonic performance
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) 2, 6, 16

If no: LA 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
Hacienda Heights Women's Club, 1917 La...	2	Per ticket policy 5.3 (i)
community support for residents & comm...		

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	2-29-16
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment: _____

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Board of Supervisors, 4th District			
Designated Agency Contact (Name, Title)			
Gail LeGros			
Area Code/Phone Number	E-mail		
213-974-4444	glegros@bos.lacounty.gov		

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description: LA Philharmonic performance
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) 1 30 16

If no: LA Philharmonic
Name of Source

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

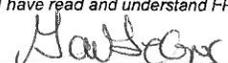
3. Recipients

• 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
El Segundo's Broadway in Park-531 Main St	2	Per ticket policy 5.3 (i)
Theater festival benefitting youth in comm		

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
2-8-16
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: _____

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1. Agency Name

County of Los Angeles		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable)			
Board of Supervisors, Fourth District			
Designated Agency Contact (Name, Title)			
Gail LeGros, Ticket Administrator		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	Date of Original Filing: _____ (Month, Day, Year)
Area Code/Phone Number	E-mail		
213-974-4444	glegros@bos.lacounty.gov		

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description: LA Philharmonic
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) 1 9 16

If no: LA Philharmonic
Name of Source

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

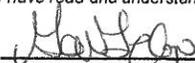
3. Recipients

• 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
Long Beach State, 1250 Bellflower, Long Beach, CA 90801	2	Per ticket policy 5.3(i)
benefitting student-athlete scholarships		

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	2-4-16
<i>Signature of Agency Head or Designee</i>	<i>Print Name</i>	<i>Title</i>	<i>(Month, Day, Year)</i>
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	glegros@bos.lacounty.gov		

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description: LA Philharmonic
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) 1 / 14 / 16

If no: LA Philharmonic
Name of Source

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

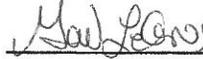
3. Recipients

• 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"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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
Long Beach State, 1250 Bellflower, Long Beach, CA	2	Per ticket policy 5.3(i)
benefitting student-athlete scholarships		

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	2-29-16
<i>Signature of Agency Head or Designee</i>	<i>Print Name</i>	<i>Title</i>	<i>(Month, Day, Year)</i>

Comment: _____

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

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<p>1. Agency Name</p> <p>County of Los Angeles</p> <p>Division, Department, or Region (If Applicable)</p> <p>Board of Supervisors, Fourth District</p> <p>Designated Agency Contact (Name, Title)</p> <p>Gail LeGros, Ticket Administrator</p> <p>Area Code/Phone Number E-mail</p> <p>213-974-4444 glegros@bos.lacounty.gov</p>	<p>Date Stamp</p>	<p>California Form 802</p> <p>For Official Use Only</p>
<p><input type="checkbox"/> Amendment (Must provide explanation in Part 3.)</p>		<p>Date of Original Filing: _____</p> <p style="text-align: center;"><small>(Month, Day, Year)</small></p>

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description: LA Philharmonic Face Value of Each Ticket/Pass \$ 168

Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official? No Yes

Date(s): 1/24/16

If no: LA 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
Signal Hill Chamber, 2670 Cherry Ave, Long Beach	2	Per ticket policy 5.3(i)
fundraiser to support community function		

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.

 <small>Signature of Agency Head or Designee</small>	Gail LeGros <small>Print Name</small>	Ticket Administrator <small>Title</small>	2-1-16 <small>(Month, Day, Year)</small>
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Comment: _____

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Board of Supervisors, 4th District			
Designated Agency Contact (Name, Title)			
Gail LeGros, Ticket Administrator			
Area Code/Phone Number	E-mail		
213-974-4444	glegros@bos.lacounty.gov		

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description: Performance - Ahmanson Theater
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 \$ 105

Date(s) 1 13 16

If no: Ahmanson Theater
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	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
1-25-16

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

Comment: _____