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

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
   213-974-4444  glegros@bos.lacounty.gov

2. Function or Event Information
   Does the agency have a ticket policy? Yes [ ] No [ ]
   Face Value of Each Ticket/Pass $ 99
   Event Description [ ] LA Philharmonic
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [ ]
   If no: LA Philharmonic
   Name of Source
   Date(s) 2/14/16
   Was ticket distribution made at the behest of agency official? No [ ] Yes [ ]
   If yes: ____________
   Official's Name (Last, First)

3. Recipients
   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 [ ] Other [ ]
      Income [ ]
      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
      __________________________________________________________________________________________
      __________________________________________________________________________________________
      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 19944.1 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.
   ___________________________  ___________________________  2-29-16
   Signature of Agency Head or Designee  Ticket Administrator  (Month, Day, Year)
   Print Name

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

1. Agency Name
   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 213-974-4444
   E-mail glegros@bos.lacounty.gov
   Date Stamp
   □ Amendment (Must provide explanation in Part 2)
   Date of Original Filing (Month, Day, Year)

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $168
   Event Description LA Philharmonic performance
   Provide Title/Explanation
   Date(s) 2 16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   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 ☐ Other ☑ Income ☐
   If checking “Ceremonial Role” or “Other” describe below:

   Ceremonial Role ☐ Other ☑ Income ☐
   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
   Hacienda Heights Women’s Club, 1917 La Jolla
   Per ticket policy 5.3 (i)
   Community support for residents & comm

4. Verification
   I have read and understand FPPC Regulations 19444.1 and 19442. 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
   Ticket Administrator
   Title
   2-29-16 (Month, Day, Year)
   Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
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
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
If no: LA Philharmonic
Name of Source
Was ticket distribution made at the behest of agency official? No Yes
If yes: Official's Name (Last, First)
Face Value of Each Ticket/Pass
Date(s)
1 30 16

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>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role Other Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking: Ceremonial Role or Other, describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role Other Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking: Ceremonial Role or Other, describe below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>El Segundo's Broadway in Park-531 Main St.</td>
<td>2</td>
<td>Per ticket policy 5.3 (i)</td>
</tr>
<tr>
<td>Theater festival benefitting youth in comm.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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
Ticket Administrator
2-8-16
(Month, Day, Year)

Comment:

FFPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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: glegros@bos.lacounty.gov

2. Function or Event Information
   Does the agency have a ticket policy? Yes [x] No
   Event Description: LA Philharmonic
   Date(s): 1/9/16
   Ticket(s)/Pass(es) provided by agency? Yes No
   Face Value of Each Ticket/Pass $99
   If no:
   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 Other
   Income
   If checking "Ceremonial Role" or "Other" describe below:
   Ceremonial Role Other Income
   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
   Per ticket policy 5.3(l)
   beneficial 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.

   Signature of Agency Head or Designee
   Gail LeGros
   Title: Ticket Administrator
   Print Name
   2-4-16
   (Month, Day, Year)

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

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: glegros@bos.lacounty.gov

2. Function or Event Information
   Does the agency have a ticket policy? Yes [ ] No [X]
   Face Value of Each Ticket/Pass $99
   Event Description: LA Philharmonic
   Date(s): 14 16
   Ticket(s)/Pass(es) provided by agency? Yes [X] No [ ]
   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 [ ] Other [ ]
   - Income [ ]
   - If checking “Ceremonial Role” or “Other” describe below:
   - Ceremonial Role [ ] Other [ ]
   - Income [ ]
   - 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 90815 | Per ticket policy 5.3(i)
   Benefitting student-athlete scholarships

4. Verification
   I have read and understand FPPC Regulations 19944-4 and 19942. 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: Ticket Administrator
   Title: 2-29-16
   Date: (Month, Day, Year)

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

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: gilegros@bos.lacounty.gov

2. **Function or Event Information**
   - Does the agency have a ticket policy? **Yes**
   - Event Description: LA Philharmonic
   - Face Value of Each Ticket/Pass: $168
   - Date(s): 1, 24, 16
   - Ticket(s)/Pass(es) provided by agency? **No**
   - If no: LA Philharmonic
   - Name of Source
   - Was ticket distribution made at the behest of agency official? **No**
   - 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**

<table>
<thead>
<tr>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
</table>

   **B. Name of Individual**

<table>
<thead>
<tr>
<th>Last, First</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ceremonial Role</td>
<td>Other</td>
<td>Income</td>
</tr>
<tr>
<td>Ceremonial Role</td>
<td>Other</td>
<td>Income</td>
</tr>
</tbody>
</table>

   **C. Name of Outside Organization**

<table>
<thead>
<tr>
<th>Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signal Hill Chamber, 2670 Cherry Ave, Long Beach</td>
<td>2</td>
<td>Per ticket policy 5.3(i)</td>
</tr>
<tr>
<td>fundraiser to support community function</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. **Verification**

   I have read and understand FPPC Regulations 19444.1 and 19442. I have verified that the distribution set forth above, is in accordance with the requirements.

   Signature of Agency Head or Designee: [Signature]
   - Print Name: Gail LeGros
   - Title: Ticket Administrator
   - Date: 2-1-16

   Comment: [Type comment here]

   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
## Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

### 1. Agency Name
- **County of Los Angeles**
- **Division, Department, or Region (If Applicable):**
- **Board of Supervisors, 4th District**
- **Designated Agency Contact (Name, Title):** Gail LeGros, Ticket Administrator
- **Area Code/Phone Number**
  - 213-974-4444
- **E-mail**
  - glegros@bos.lacounty.gov

### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes [x] No [ ]
- **Face Value of Each Ticket/Pass $**
  - 105
- **Event Description**
  - Performance - Ahmanson Theater
- **Ticket(s)/Pass(es) provided by agency?** Yes [x] No [ ]
- **Was ticket distribution made at the behest of agency official?** No [x] Yes [ ]

#### Event Dates
- **Date(s):** 1/13/16

#### Location
- **If no:** Ahmanson Theater
  - **Name of Source:**
  - **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
- **Board of Supervisors**
  - **Number of Ticket(s)/Pass(es):** 2
  - **Describe the public purpose made pursuant to the agency's policy:** 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 [ ]
    - Other [ ]

  - **Income:**
    - Ceremonial Role [ ]
    - Other [ ]

#### 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 19944.1 and 19942. 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:**
  - Ticket Administrator
- **Title:**
  - 1/25/16

- **Comment:**

**Print Form**

FFPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)