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

1. Agency Name
   Los Angeles County

   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   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 [ ]

   Face Value of Each Ticket/Pass $36.00

   Event Description: Dodger Game
   Provide Title/Explanation

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

   Date(s) 04 18 14

   If no: Los Angeles Dodgers
   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 [ ] Other [ ] Income [x]

      If checking "Ceremonial Role" or "Other" describe below:

      Ceremonial Role [ ] Other [ ] Income [x]

      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

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    4-30-14
   Print Name    Title (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
Los Angeles County

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: legrs@lacbos.org

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐

Event Description: Dodger Game

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 $ 36.00

Date(s) 04 09 14

If no, Los Angeles Dodgers

Name of Source

Official's Name (Last, First)

3. Recipients

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 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

4. Verification

I have read and understand FPPC Regulations 19344 1 and 19342. 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: 4-30-14

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**
   - Los Angeles County

   **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

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes ☑ No ☐
   - **Event Description**
     - Dodger Game
     - Provide Title/Explanation
   - **Face Value of Each Ticket/Pass $**
     - 36.00
   - **Date(s)**
     - 04 08 14
   - **Ticket(s)/Pass(es) provided by agency?**
     - Yes ☐ No ☑
   - **If no: Name of Source**
   - Los Angeles Dodgers

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 (Full Name)**
   - **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**

4. **Verification**
   - I have read and understand FPPC Regulations 18941 and 18942. 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 (Month, Day, Year)**
   - 4-30-14

   **Comment:**

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Name
Los Angeles County
Division, Department, or Region (# 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

1. Agency Name

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Event Description: Dodger Game
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 $36.00
Date(s) 04-06-14

3. Recipients
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 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

4. Verification
I have read and understand FPPC Regulations 19244.1 and 19242. 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: 4-30-14
(Month, Day, Year)

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

1. Agency Name
Los Angeles County
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 don@lacity.org

2. Function or Event Information
Does the agency have a ticket policy? Yes No
Event Description Dodger Game
Face Value of Each Ticket/Pass $36.00
Date(s) 04 05 14
Ticket(s)/Pass(es) provided by agency? Yes No
If no: Los Angeles Dodgers
Official’s Name LAST FIRST
Was ticket distribution made at the behest of agency official? No Yes

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 Employee
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
Ceremonial Role Other Income
Number of Ticket(s)/Pass(es) Ceremonial Role Other Income
Identify one of the following:

C. Name of Outside Organization
Describe the public purpose made pursuant to the agency’s policy
(Include address and description)

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: Ticket Administrator
Title: 4-30-14
(Month, Day, Year)
Comment: 

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (888/275-7772)
**Agency Report of:**

**Ceremonial Role Events and Ticket/Pass Distributions**

1. **Agency Name**
   Los Angeles County
   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

2. **Function or Event Information**
   Does the agency have a ticket policy? Yes [x] No [ ]
   Event Description: Dodger Game
   Face Value of Each Ticket/Pass $: 36.00
   Date(s): 04/04/14
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   If no: Los Angeles Dodgers
   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)
   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

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: [Signature]
   Print Name: Gail LeGros
   Title: Ticket Administrator
   (Month, Day, Year): 4-30-14

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

1. Agency Name
Los Angeles County

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 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
Dodger Game

Face Value of Each Ticket/Pass $ 36.00

Date(s) 04 19 14

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

If no: Los Angeles Dodgers

Name of Source:

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

Official's Name:

3. Recipients

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 ☐ Other ☐ Income ☐

Ceremonial Role ☐ Other ☐ Income ☐

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 19844.1 and 19842. 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 4-30-14
Print Name Title (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
Los Angeles County

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 don@lacobos.org

2. Function or Event Information
Does the agency have a ticket policy? Yes [X] No [ ]
Face Value of Each Ticket/Pass $36.00
Event Description Dodger Game
Provide Title/Explanation
Date(s) 04 20 14
Ticket(s)/Pass(es) provided by agency? Yes [O] No [X]
If no: Los Angeles Dodgers
Name of Source
If yes: Official's Name (Last, First)

3. Recipients
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 [ ] 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

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: Ticket Administrator
Title: (Month, Day, Year) 4-30-14
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**
   - Los Angeles County
   - 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
   - Form 802
   - California
   - 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 ☐
   - Face Value of Each Ticket/Pass $36.00
   - Event Description Dodger Game
   - Provide Title/Explanation
   - Date(s) 04 21 14
   - Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   - If no: Los Angeles Dodgers
   - 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**
   - 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**
   - 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 19441 and 19442. I have verified that the distribution set forth above is in accordance with the requirements.
   - Signature of Agency Head or Designee
   - Print Name
   - Title
   - (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
   Los Angeles County
   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 1)
   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 $36.00
   Event Description Dodger Game
   Date(s) 04 22 14
   Ticket(s)/Pass(es) provided by agency? Yes No X
   If no: Los Angeles Dodgers
   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
      
      | 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:
      
      | Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Ceremonial Role | Other | Income |
      |----------------------------------|-------------------------------|-----------------|-------|--------|
      |                                  |                               | X               |       |        |
      |                                  |                               |                 |       |        |

   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 of Agency Head or Designee
   Gail LeGros
   Title Ticket Administrator
   Print Name
   Date 4-30-14
   (Month, Day, Year)

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

1. Agency Name
   Los Angeles County

   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

2. Function or Event Information
   Does the agency have a ticket policy? Yes [X] No [ ]
   Face Value of Each Ticket/Pass $36.00

   Event Description
   Dodger Game

   If no: Los Angeles Dodgers

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

   If yes: Los Angeles Dodgers

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

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 Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency’s policy

   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

   4. Verification

   I have read and understand FPPC Regulations 18944.1 and 18947. 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

   Date (Month, Day, Year) 4-30-14

   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
   Los Angeles County
   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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $36.00
   Event Description: Dodger Game
   Date(s): 04 24 14
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   If no: Los Angeles Dodgers
   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
      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 ☐ 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

4. Verification
   I have read and understand FPPC Regulations 18024.1 and 18042. 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: (Month, Day, Year) 4-30-14
   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
Los Angeles County

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  don@lacbos.org

Date Stamp
California Form 802
For Official Use Only

[Date Stamp]

[Box for 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 Dodger Game

Face Value of Each Ticket/Pass $36.00

Date(s)
04 25 14

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

If no:
Los Angeles Dodgers

Name of Source

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

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) Per ticket policy 5.3(k)

Board of Supervisors Employee 2

B. Name of Individual
Number of Ticket(s)/Pass(es)

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
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 19544.1 and 19942. I have verified that the distribution set forth above is in accordance with the requirements.

Gail LeGros  Ticket Administrator  4-30-14

Signature of Agency Head or Designee  Print Name  Title  (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
   Los Angeles County
   Division, Department, or Region (if Applicable)
   Board of Supervisors, Fourth District
   Designated Agency Contact (Name, Title)
   Gail LeGros, Ticket Administrator

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description: Dodger Game
   Face Value of Each Ticket/Pass: $36.00
   Date(s): 04 26 14
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Los Angeles Dodgers
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ 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.
   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
      First, Last | 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

4. Verification
   I have read and understand FPPC Regulations 19344.1 and 19342. 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: (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
Los Angeles County

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   don@lacbos.org

Date Stamp California Form 802
For Official Use Only

[Check box if 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 ☑

Face Value of Each Ticket/Pass $36.00

Event Description: Dodger Game
Provide Title/Explanation

Date(s): 04/27/14

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

If no: Los Angeles Dodgers

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>
<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>Board of Supervisors Employee</td>
<td>2</td>
<td>Per ticket policy 5.3(k)</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>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</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>
</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: [Signature]

Print Name: Gail LeGros
Title: Ticket Administrator
Date (Month, Day, Year): 4-30-14

Comment: [Optional]