# 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

### 2. Function or Event Information

<table>
<thead>
<tr>
<th>Does the agency have a ticket policy?</th>
<th>Yes [x] No [ ]</th>
</tr>
</thead>
</table>

**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]

**Was ticket distribution made at the behest of agency official?**
- No [x] Yes [ ]

### 3. Recipients

**A. Name of Agency, Department or Unit**

<table>
<thead>
<tr>
<th>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>

**B. Name of Individual**

<table>
<thead>
<tr>
<th>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>
</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>
</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*

**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

### 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):** 04/05/14
- **Ticket(s)/Pass(es) provided by agency?** Yes [ ]  No [X]

#### If no:
- **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):** 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 [ ]

  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 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:**
- **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 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

Form 802
For Official Use Only

2. Function or Event Information

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

Face Value of Each Ticket/Pass $ 36.00

Date(s)
04 06 14

Event Description
Dodger Game

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>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>Name of Individual (First, Last)</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>
</tbody>
</table>

<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>
</table>

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]
Gail LeGros  Ticket Administrator  4-30-14

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

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 08 14

Ticket(s)/Pass(es) provided by agency? Yes [x] No  
If no: Los Angeles Dodgers

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>
<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 [x] Other [x] Income [x]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [x] Other [x] Income [x]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; 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>
</table>

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  
Ticket Administrator  
Print Name  
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

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 09 14
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Los Angeles Dodgers
   Name of Source: ____________________________
   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.

   **Section 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)

   **Section 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:

   **Section 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 18244.1 and 18242. I have verified that the distribution set forth above is in accordance with the requirements.
   Signature of Agency Head or Designee: ____________________________
   Print Name: Gail LeGros
   Title: Ticket Administrator
   Date: 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

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 18 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.

<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>
</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 19361 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

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

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 ☑

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

If yes: 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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Description</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>

B. Name of Individual (Last, First)   Number of Ticket(s)/Pass(es)   Identify one of the following:

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identification</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Description</th>
</tr>
</thead>
</table>

4. Verification

I have read and understand FPPC Regulations 18944 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.

Signature of Agency Head or Designee

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 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
   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
   Date(s) 04 20 14
   Ticket(s)/Pass(es) provided by agency?  Yes  No
   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:

   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 19544.1 and 19542. I have verified that the distribution set forth above is in accordance with the requirements.
   Signature of Agency Head or Designee  Print Name  Title
   Gail LeGros  Ticket Administrator

4-30-14

Comment:

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
   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
   Date(s): 04 21 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)
   Was ticket distribution made at the behest of agency official? No [X] 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 (Last, First): Gail LeGros
   Number of Ticket(s)/Pass(es): 0
   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): 0
   Describe the public purpose made pursuant to the agency's policy:

4. Verification
   I have read and understand FPPC Regulations 18244.1 and 18242. I have verified that the distribution set forth above is in accordance with the requirements.
   Gail LeGros [Signature of Agency Head or Designee]
   Ticket Administrator [Print Name]
   Title: 4-30-14
   (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

### 2. Function or Event Information
- Does the agency have a ticket policy? Yes
- Event Description: Dodger Game
- Face Value of Each Ticket/Pass $36.00
- Date(s): 04 22 14
- Ticket(s)/Pass(es) provided by agency? Yes
- Was ticket distribution made at the behest of agency official? Yes

### 3. Recipients

<table>
<thead>
<tr>
<th>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>

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

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
Date: 4-30-14

Comment:

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
Face Value of Each Ticket/Pass $36.00
Date(s) 04  23  14
Ticket(s)/Pass(es) provided by agency? Yes  No
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:

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 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

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
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 X No
Event Description Dodger Game
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No X
If no:
Name of Source
Los Angeles Dodgers

Face Value of Each Ticket/Pass $36.00
Date(s) 04 24 14

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.

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:

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)

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
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
Date(s) 04 25 14
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
A. Name of Agency, Department or Unit
   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:
   Ceremony 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 18244.1 and 18242.2 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:
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
Provide Title/Explanation
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
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 4-30-14
(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

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 27 14

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

If no:
Name of Source
Los Angeles Dodgers

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
   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 19345.1 and 19362. 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)