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
Date(s): 07 01 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>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 (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>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></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
I have read and understand FPPC Regulations 19324.1 and 19342. 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

Signature: Gail LeGros
Print Name: Ticket Administrator
Title: 7-30-14
(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
   Email
   don@lacbos.org
   Date Stamp

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)
   07 02 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 ☐
   Ceremonial Role ☐ Other ☐ Income ☐

   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
   Gail LeGros
   Print Name
   Ticket Administrator
   Title
   7-30-14
   (Month, Day, Year)
   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@lacity.org

2. Function or Event Information
Does the agency have a ticket policy? Yes [x] No
Event Description: Dodger Game
Provide Title/Explanation
Face Value of Each Ticket/Pass $36.00
Date(s): 07/10/14
Ticket(s)/Pass(es) provided by agency? Yes [x] 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 (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 18914 a and 18921. 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: 7-30-14

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
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 ☐
Face Value of Each Ticket/Pass $36.00
Event Description Dodger Game
Date(s) 07/11/14
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) 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 18844.1 and 18842. 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)

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 [ ]
   Event Description: Dodger Game
   Provide Title/Explanation
   Face Value of Each Ticket/Pass $36.00
   Date(s) 07 12 14
   Ticket(s)/Pass(es) provided by agency?
   Yes [ ] No [x]
   If no: Los Angeles Dodgers
   Name of Stature
   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 16944.1 and 16942. 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) 7-30-14
   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 [x] No [ ]
   Face Value of Each Ticket/Pass $36.00
   Event Description: Dodger Game
   Provide Title/Explanation
   Date(s)
   07 13 14
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   If no:
   Name of Source
   Los Angeles Dodgers
   Official’s Name (Last, First)
   If yes:
   Name of Source
   Los Angeles Dodgers
   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</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 19541 and 19542. 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, Area Code/Phone Number, E-mail)**
Gail LeGros, Ticket Administrator
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**

<table>
<thead>
<tr>
<th>Does the agency have a ticket policy?</th>
<th>Yes ☒ No ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Face Value of Each Ticket/Pass $</td>
<td>36.00</td>
</tr>
<tr>
<td>Event Description</td>
<td>Dodger Game</td>
</tr>
<tr>
<td>Date(s)</td>
<td>07 29 14</td>
</tr>
<tr>
<td>Ticket(s)/Pass(es) provided by agency?</td>
<td>Yes ☐ No ☒</td>
</tr>
<tr>
<td>If no:</td>
<td>Los Angeles Dodgers</td>
</tr>
<tr>
<td>Name of Source</td>
<td></td>
</tr>
<tr>
<td>If yes:</td>
<td></td>
</tr>
<tr>
<td>Official's Name (Last, First)</td>
<td></td>
</tr>
</tbody>
</table>

**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>
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</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>Ceremonial Role  ☐ Other ☐ Income ☐</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ceremonial Role  ☐ Other ☐ Income ☐</td>
<td></td>
<td></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 19644.1 and 19642. 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  7-30-14

Comment: 

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/398-7737)
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  
   Face Value of Each Ticket/Pass $36.00  
   Date(s) 07 30 14  
   Ticket(s)/Pass(es) provided by agency? Yes No X  
   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 X Other Income  
   If checking "Ceremonial Role" or "Other" describe below:
   Ceremonial Role X 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: 7-30-14
   (Month, Day, Year)
   Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)