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):**
     - 06 01 14
   - **Ticket(s)/Pass(es) provided by agency?**
     - Yes [ ] No [x]
   - **If no: Name of Source:**
     - Los Angeles Dodgers
   - **Official's Name (Last, First):**
     - Gail LeGros

3. **Recipients**
   - **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)

     - **Name of Individual (Last, First):**
       - [ ]
     - **Number of Ticket(s)/Pass(es):**
     - Ceremonial Role [ ] Other [x] Income [ ]
     - If checking "Ceremonial Role" or "Other" describe below:
     - Ceremonial Role [ ] Other [x] Income [ ]
     - If checking "Ceremonial Role" or "Other" describe below:

     - **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 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:
   - 6-30-14
   - (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  
Provide Title/Explanation  
Date(s)  
06 02 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

<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>Ceremonial Role</th>
<th>Other</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td></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

<table>
<thead>
<tr>
<th>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 19844.1 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  
Date (Month, Day, Year)  
6-30-14

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

<table>
<thead>
<tr>
<th>Does the agency have a ticket policy?</th>
<th>Yes ✓ No ☐</th>
</tr>
</thead>
<tbody>
<tr>
<td>Event Description</td>
<td>Dodger Game</td>
</tr>
<tr>
<td>Face Value of Each Ticket/Pass $</td>
<td>36.00</td>
</tr>
<tr>
<td>Date(s)</td>
<td>06 03 14</td>
</tr>
<tr>
<td>Ticket(s)/Pass(es) provided by agency?</td>
<td>Yes ☐ No ✓</td>
</tr>
<tr>
<td>Was ticket distribution made at the behest of agency official?</td>
<td>Yes ✓ No ☐</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.

#### 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>
<tbody>
<tr>
<td>Board of Supervisors Employee 2</td>
<td>Per ticket policy 5.3(k)</td>
</tr>
</tbody>
</table>

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

#### C. Name of Outside Organization (Include address and description)
<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>

### 4. Verification

I have read and understand FPPC Regulations 18421 and 18422. 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  6-30-14

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

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 $[ ]

Date(s)
06 04 14

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

If 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>
<tbody>
<tr>
<td>Board of Supervisors Employee</td>
<td>2</td>
</tr>
</tbody>
</table>

B. Name of Individual (Last, First)

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

C. Name of Outside Organization

<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>

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

Signature of Agency Head or Designee   Print Name   Title

6-30-14

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

A Public Document

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 [X]
   Event Description  Dodger Game
   Face Value of Each Ticket/Pass $ 36.00
   Date(s)  06  13  14
   Ticket(s)/Pass(es) provided by agency?  Yes [ ] No [X]
   If no:  Los Angeles Dodgers
   Name of Source
   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  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  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 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 [ ] No [x]

Event Description Dodger Game

Face Value of Each Ticket/Pass $36.00

Date(s) 06 14 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 [x] Yes [ ]

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

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 (Include address and description)

<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 18644.1 and 18642.1 and 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

   Date Stamp
   California Form 802
   For Official Use Only

   Amendment (Must provide explanation in Part 3)

   Date of Original Filing:

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) of Event: 06 15 14

   Ticket(s)/Pass(es) provided by agency? 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
      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
      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: 6-30-14

   Comment:

   FPPC Form 802 (4/12)
   FPPC Toll-Free Helpline: 866/ASK-FPPC (888/275-7772)
1. Agency Name

Los Angeles County

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): 06 16 14

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

If no: Los Angeles Dodgers

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

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 [ ]

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.

Gail LeGros [Signature]

Ticket Administrator [Print Name]

6-30-14 [Date]
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

2. Function or Event Information
Does the agency have a ticket policy? \[ \text{Yes} \checkmark \text{No} \]
Face Value of Each Ticket/Pass $36.00
Date(s)
06 17 14

Event Description
Dodger Game
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? \[ \text{Yes} \checkmark \text{No} \]
If no:
Los Angeles Dodgers
Name of Source

Was ticket distribution made at the behest of agency official? \[ \text{No} \checkmark \text{Yes} \]
If yes:
Official's Name (Last, First)

3. Recipients
*A Use Section A to identify the agency's department or unit. *B Use Section B to identify an individual. *C 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>
</table>
|                                  |                             | Ceremonial Role \[ \text{No} \checkmark \text{Yes} \]
|                                  |                             | Other \[ \text{No} \checkmark \text{Yes} \] Income \[ \text{No} \checkmark \text{Yes} \]
|                                  |                             | Ceremonial Role \[ \text{No} \checkmark \text{Yes} \]
|                                  |                             | Other \[ \text{No} \checkmark \text{Yes} \] Income \[ \text{No} \checkmark \text{Yes} \]

<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.

\[ \text{Signature of Agency Head or Designee} \text{Print Name} \text{Title} \]

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

<table>
<thead>
<tr>
<th>1. Agency Name</th>
<th>Los Angeles County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division, Department, or Region (If Applicable)</td>
<td></td>
</tr>
<tr>
<td>Board of Supervisors, Fourth District</td>
<td></td>
</tr>
<tr>
<td>Designated Agency Contact (Name, Title)</td>
<td></td>
</tr>
<tr>
<td>Gail LeGros, Ticket Administrator</td>
<td></td>
</tr>
<tr>
<td>Area Code/Phone Number E-mail</td>
<td>213-974-4444 <a href="mailto:don@lacbos.org">don@lacbos.org</a></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Function or Event Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the agency have a ticket policy?</td>
<td>Yes [x] No [ ]</td>
</tr>
<tr>
<td>Event Description: Dodger Game</td>
<td></td>
</tr>
<tr>
<td>Face Value of Each Ticket/Pass $</td>
<td>36.00</td>
</tr>
<tr>
<td>Date(s)</td>
<td>06 18 14</td>
</tr>
<tr>
<td>Ticket(s)/Pass(es) provided by agency?</td>
<td>Yes [ ] No [x]</td>
</tr>
<tr>
<td>If no:</td>
<td></td>
</tr>
<tr>
<td>Los Angeles Dodgers</td>
<td></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                          |                     |
| 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 [x] 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 19244 1 and 19242 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                                  | 6-30-14             |
| (Month, Day, Year)                     |                     |

Comment: [Blank]

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**
doniacbos.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**

**Ticket(s)/Pass(es) provided by agency?**

| Yes [ ] | No [X] |

**Was ticket distribution made at the behest of agency official?**

| No [X] | Yes [ ] |

**Date(s)**
06 26 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.*

<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 [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income [ ]</td>
</tr>
</tbody>
</table>

*If checking “Ceremonial Role” or “Other” describe below:

<table>
<thead>
<tr>
<th>Ceremonial Role [ ]</th>
<th>Other [ ]</th>
<th>Income [ ]</th>
</tr>
</thead>
</table>

*If checking “Ceremonial Role” or “Other” describe below:*

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</tr>
</thead>
</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 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

**Ticket Administrator**

**Print Name**

**Title**

**Date**
6-30-14

**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
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 $36.00
Date(s) 06 27 14
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
Number of Ticket(s)/Pass(es) Identify one of the following:
Name of Individual (Last, First)
Ceremonial Role ☐ Other ☐ Income ☐
If checking "Ceremonial Role" or "Other" describe below:
If checking "Ceremonial Role" or "Other" describe below:
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 19246 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:
(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 ☐
   Event Description   Dodger Game
   Face Value of Each Ticket/Pass $36.00
   Date(s)   06  28  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
   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  Ticket Administrator  6-30-14
   Print Name Title

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 2)

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) 06 29 14

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

If no: 

Name of Source

Official's Name (Last, First)

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

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:

Name of Individual (Last, First)

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

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@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
   Ticket(s)/Pass(es) provided by agency? Yes  No
   Date(s) 06 30 14
   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  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:
      Name of Individual  (Last, First)

   C. Name of Outside Organization  Number of Ticket(s)/Pass(es)  Describe the public purpose made pursuant to the agency's policy
      Name of Outside Organization (Include address and description)

4. Verification
   I have read and understand FPPC Regulations 18944 1 and 18942 2 and have verified that the distribution set forth above is in accordance with the requirements.
   Signature of Agency Head or Designee
   Date of Filing: 6-30-14