Agency Report of:

| Ceremonial Role Events and Tic | ket/Pass | Distribution | าร | | A Public Document |
|--|-------------------------------------|--------------------------------|------------|---|------------------------------|
| 1. Agency Name | | | | Date Stamp | California Ong |
| County of Los Angeles | | | | | Form 802 |
| Division, Department, or Region (If Applicable |) | | | | For Official Use Only |
| Board of Supervisors, Fourth District | | | | | |
| Designated Agency Contact (Name, Title) | | | | | |
| Gail LeGros, Ticket Administrator | | | | | |
| Area Code/Phone Number E-mail | | | | Amendment (Must pro | vide explanation in Part 3.) |
| 213-974-4444 don@lacbos. | org | | | Date of Original Filing: | (Month, Day, Year) |
| 2. Function or Event Information | | | | 168 | 0 |
| Does the agency have a ticket policy? | Yes⊠ No | Face Va | lue of | Each Ticket/Pass \$ | |
| Event Description Concert at Walt Disney C | | Date(s) | 06 | , 28 , 14 | |
| Ticket(s)/Pass(es) provided by agency? | Yes□ No | _ | | jeles Philharmonic | |
| | | | | Name of Source | ia |
| Was ticket distribution made at the behest of agency official? | No⊠ Yes | If yes: | | Official's Name (Las | st, First) |
| 3. Recipients | | | | | |
| Use Section A to identify the agency's department or its section A to identify the agency's department or its section. | | ection B to identify an in | ndividua | I. • Use Section C to identify | an outside organization. |
| A. Name of Agency, Department or Unit | Number of Ticket(s)/ Pass(es) | Describe th | e public | c purpose made pursuant to | the agency's policy |
| | | | | | |
| | | | | | |
| | | | | | |
| B. Name of Individual (Lest, First) | Number of Ticket(s)/ Pass(es) | | | Identify one of the following | in a saidean Basan in an |
| | | Ceremonial | | Other 🔲 | Income |
| | | If checking "Ce | eremonial | Role" or "Other" describe below: | |
| | | | - F | | |
| | | Ceremonial I | | Other Role" or "Other" describe below: | Income |
| | | | | | |
| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Pass(es) | Describe th | | purpose made pursuant to | the agency's policy |
| Assistance League of Whittier,PO 386 | 4 | Per Ticket Policy | / 5.3 (i) |) | |
| Whittier, provide student scholarships | | | | | |
| 4. Verification | | 11 | Water | | |
| I have read and understand FPPC Regulations 18944.1 and | 18942, I have v | rerified that the distribution | n set fort | th above, is in accordance with t | he requirements. |
| Mandely (Gail Lev | Gros | Ι | Ticket | Administrator | 6/25/14 |
| Signature of Agency Head or Designee | Print Nan | ne L | | Title | (Month, Day, Year) |
| Comment | | | | - | - |
| Comment: L | | | | | FPPC Form 802 (4/12) |
| | | | FF | PPC Toll-Free Helpline: 866 | MASK-FPPC (866/275-7772) |

Agency Report of:

| C | eremonial Role Events and Ticl | cet/Pass | Distributions | | A Public Document |
|----|--|-------------------------|-------------------------------------|--|---|
| 1. | Agency Name | | | Date Stamp | California 802 |
| | County of Los Angeles | | | | Form OUZ |
| | Division, Department, or Region (If Applicable) | | | | For Official Use Only |
| | Board of Supervisors, Fourth District | | | | |
| | Designated Agency Contact (Name, Title) | | | 1 | |
| | Gail LeGros, Ticket Administrator | | | | |
| | Area Code/Phone Number E-mail | | | Amendment (Must p | provide explanation in Part 3.) |
| | 213-974-4444 don@lacbos.c | org | | Date of Original Filing: | (Month, Day, Year) |
| 2. | Function or Event Information | | | Į. | |
| | Does the agency have a ticket policy? | Yes⊠ No | Face Value of | of Each Ticket/Pass \$ | 99 |
| | Event Description Concert at Walt Disney C | | Date(s) 06 | ,01 ,14 | |
| | Provide Title/Expla | | | | |
| | Ticket(s)/Pass(es) provided by agency? | Yes No | × If no: Los An | igeles Philharmonic | |
| | 187- Killing History at 18-18-18-18-18-18-18-18-18-18-18-18-18-1 | | | Name of So | burce |
| | Was ticket distribution made at the behest of agency official? | No⊠ Yes | lf yes: | Official's Name (| Last, First) |
| 2 | Recipients | - | | | |
| J. | Use Section A to identify the agency's department or u | nit. • Use Se | ction B to identify an Individu | ual. • Use Section C to iden | tify an outside organization. |
| | A. Name of Agency, Department or Unit | Number of Ticket(s)/ | performance was a few first by | lic purpose made pursuant | TANK GARAGEST . TANK |
| | | Pass(es) | | | |
| | | | | 7000000 | W |
| | | | | | |
| | | | | | |
| | | Number of | | A STATE OF THE STA | <u> </u> |
| | B. Name of Individual (Lest, First) | Ticket(s)/ Pass(es) | | Identify one of the follow | ing: |
| | | | Ceremonial Role | Other | Income 🔲 |
| | | | If checking "Ceremon | ial Role" or "Other" describe below: | |
| | | | | | |
| | | | Ceremonial Role | Other | , F |
| | | | II ANDRON MAN MANN | ial Role" or "Other" describe below: | Income [|
| | | | | | 2.7.4 - 1.0 · |
| | | | | | |
| | C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ | Describe the pub | lic purpose made pursuant | to the agency's policy |
| | (include address and description) | Pass(es) | | | |
| | United Cambodian Association,2201 E. | 2 | Per Ticket Policy 5.3 | (i) | |
| | | | Ter Heller oney sis | ··· | |
| | Anaheim,LB -help refugee & immigrant po | | | | |
| _ | J | | | | |
| 4. | Verification I have read and understand FPPC Regulations 18944.1 and | 18942 have w | erified that the distribution set 6 | orth shove is in accordance with | th the requirements |
| | Al mild on Gail Lec | | | t Administrator | 6/25/14 |
| | Signature of Agency Head or Designee | Print Nan | | Title | (Month, Day, Year) |
| | | | | | (ami, bay, roal) |
| | Comment: | | | | |

Agency Report of:

| C | eremonial Role Events and Ticl | ket/Pass | S Distributi | ons | | A Public Document |
|-----------------|--|---------------------------------------|--|--------------|---|------------------------------|
| 1. | Agency Name | | | | Date Stamp | California QAQ |
| | County of Los Angeles | | <u> </u> | | 3000 SANON SOCIETY OF STREET | Form 802 |
| | Division, Department, or Region (If Applicable) |) | | | | For Official Use Only |
| | Board of Supervisors, Fourth District | · · · · · · · · · · · · · · · · · · · | | | | |
| | Designated Agency Contact (Name, Title) | | | | | |
| | Gail LeGros, Ticket Administrator | | | | | |
| | Area Code/Phone Number E-mail | | | | Amendment (Must prov | ride explanation in Part 3.) |
| | 213-974-4444 don@lacbos.c | org | | | Date of Original Filing: | (Month Day York |
| _ 2. | Function or Event Information | | | | l F | (Month, Day, Year) |
| | | Yes⊠ No | ☐ Face | Value o | of Each Ticket/Pass \$ 99 | |
| | Consort at Walt Disnoy C | | | | .01 .14 | |
| | Event Description Concert at Walt Disney C | | Date | (s) 06 | | |
| | Ticket(s)/Pass(es) provided by agency? | Yes□ No | If no: | Los An | geles Philharmonic | |
| | | | - | | Name of Source | ie . |
| | Was ticket distribution made at the behest of agency official? | No⊠ Yes | If yes | : L | Official's Name (Las | t First) |
| | | | | | Omdars Name (Las | a, i nsij |
| 3. | Recipients • Use Section A to identify the agency's department or u | mit allsa So | ection B to identify a | ın individi | ial a liee Section C to identify | an outeide organization |
| | A CONTRACTOR OF CONTRACTOR STATES | Number of | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 | The Part No. | North and Option Copy operation | the the alternation of the |
| | A. Name of Agency, Department or Unit | Ticket(s)/ Pass(es) | Describ | e tne pub | lic purpose made pursuant to | the agency's policy |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | B. Name of Individual | Number of Ticket(s)/ | | | Identify one of the following | |
| | (Last, First) | Pass(es) | | - Pile | | |
| | | | 1 | nial Role | Other Lial Role" or "Other" describe below: | Income |
| | | | II CHECKIN | g Ceremon | al Role of Other describe below. | - W |
| | | | | | | |
| | | | 542-0401-0500-050 | nial Role | Other | Income |
| 1 | | | If checkin | g "Ceremon | ial Role" or "Other" describe below: | |
| | | | | | | |
| , | Name of Outside Organization | Number of | | | | |
| | (include address and description) | Ticket(s)/ Pass(es) | Describe | | lic purpose made pursuant to | the agency's policy |
| | | | | | | |
| | St. John Boscoe HS Boosters,13640 | 2 | Per Ticket Pol | licy 5.3 | (i) | 270 |
| | | | | | | |
| | Bellflower, Bellflower-support atheltic prog | | | | | |
| 4. | Verification === | | | | | |
| | I have read and understand FPPC Regulations 18944.1 and | | rerified that the distrib | ution set fo | orth above, is in accordance with ti | ne requirements. |
| | Sail Lea | Gros | | Ticke | t Administrator | 6/25/14 |
| | Signature of Agency Head or Designee | Print Nan | те | | Title | (Month, Day, Year) |
| | | | | | | |
| | Comment: L | | | | | FPPC Form 802 (4/12) |
| | | | | | FPPC Toll-Free Helpline: 866 | |

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

| | ons A Public Documen |
|--|--|
| 1. Agency Name | Date Stamp California 802 |
| County of Los Angeles | Form OUZ |
| Division, Department, or Region (If Applicable) | For Official Use Only |
| Board of Supervisors, Fourth District | |
| Designated Agency Contact (Name, Title) | |
| Gail LeGros, Ticket Administrator | |
| Area Code/Phone Number E-mail | Amendment (Must provide explanation in Part 3.) |
| 213-974-4444 don@lacbos.org | Date of Original Filing: (Month, Day, Year) |
| 2. Function or Event Information | 99 |
| Does the agency have a ticket policy? Yes⊠ No☐ Face | Value of Each Ticket/Pass \$ |
| Event Description Concert at Walt Disney Concert Hall Provide Title/Explanation Date(s | 06 , 28 , 14 |
| Ticket(s)/Pass(es) provided by agency? Yes No ■ If no: | Los Angeles Philharmonic Name of Source |
| Was ticket distribution made at the behest 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 | n Individual. • Use Section C to identify an outside organization. |
| A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) | the public purpose made pursuant to the agency's policy |
| | |
| B. Name of Individual Number of Ticket(s)/ | Identify one of the following: |
| (Lest, First) Pass(es) | Collaboration of the Collabora |
| Ceremon If checking | ial Role Other Income "Ceremonial Role" or "Other" describe below: |
| Ceremon | |
| ii checking | "Ceremonial Role" or "Other" describe below: |
| | |
| C. Name of Outside Organization Number of Ticket(s)/ Pass(es) Outside Address and description) Number of Ticket(s)/ Pass(es) | the public purpose made pursuant to the agency's policy |
| Musical Theater West, musical.org 4 Per Ticket Poli | cy 5.3 (i) |
| Enrich community through theater | |
| . Verification | |
| I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution | |
| Mu Hans Gail LeGros | Ticket Administrator 6/30/14 |
| Signature of Agency Head or Designee Print Name | Title (Month, Day, Year) |
| Comment: | |