eremonial Role Events and Tic	Keuras	Distributions		A Public Document
. Agency Name			Date Stamp	California 802
Los Angeles County				Form OUZ
Division, Department, or Region (If Applicable)		1	For Official Use Only
Board of Supervisors, Fourth District		A SAME CONTRACTOR OF THE SAME CONTRACTOR OF T		
Designated Agency Contact (Name, Title)			1	
Gail LeGros, Ticket Administrator			<u> </u>	
Area Code/Phone Number E-mail			Amendment (Must p	provide explanation in Part 3.)
213-974-4444 don@lacbos.	org		Date of Original Filing:	(Month, Day, Year)
Function or Event Information			<u>.</u>	
Does the agency have a ticket policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$	36.00
Event Description Dodger Game Provide Title/Expl.	anation	Date(s) 05	,08 ,14	
Ticket(s)/Pass(es) provided by agency?	Yes No	☑ If no: Los Ar	ngeles Dodgers Name of So	ource
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (Last, First)
Recipients • Use Section A to identify the agency's department or	unit. • Use Se	ection 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)/ Pass(es)	a straightful grade a firm that has	lic purpose made pursuant	The Bay The Congress of the Constitution
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 follow	ing:
		Ceremonial Role If checking "Ceremoni	Other describe below:	Income
		Ceremonial Role If checking "Ceremoni	Other I al Role" or "Other" describe below:	Income
C. Name of Outside Organization	Number of		Hartzantario (1980) (1980) (1	
(include address and description)	Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	to the agency's policy
Verification				
I have read and understand FPPC Regulations 18944.1 and Gail Lec			rth above, is in accordance wit t Administrator	h the requirements. 5-30-14
			e / tarriir ii strator	3-30-14

Ceremonial Ro	le Events and Tic	ket/Pass	s Distributions		A Public Document
1. Agency Name				Date Stamp	California 802
Los Angeles Count	су			3	Form OUZ
Division, Departme	ent, or Region (If Applicable	e)		4	For Official Use Only
Board of Superviso	ors, Fourth District		wys with 100 w was still 3	1	1
Designated Agency	y Contact (Name, Title)			1	
Gail LeGros, Ticket	Administrator				
Area Code/Phone	Number E-mail	- Marie Silver		Amendment (Must p	provide explanation in Part 3.)
213-974-4444	don@lacbos.	.org		Date of Original Filing:	(Month, Day, Year)
2. Function or Eve	ent Information	· · · · · · · · · · · · · · · · · · ·			36.00
Does the agency ha	ave a ticket policy?	Yes⊠ No	Face Value o	of Each Ticket/Pass \$	50.00
Event Description	Dodger Game Provide Title/Expl	anation	Date(s) 05	,09 ,14	
Ticket(s)/Pass(es) p	provided by agency?	Yes No	If no: Los An	geles Dodgers Name of So	uurce
Was ticket distributi of agency official?	on made at the behest	No⊠ Yes	s If yes:	Official's Name (i	Last, First)
3. Recipients					
	ify the agency's department or		ection B to identify an Individu	ual. • Use Section C to iden	tify an outside organization.
A. Name of Agend	cy, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
Board of Superviso	ors Employee	2	Per ticket policy 5.3(k)	
N		Number of			
	of Individual (Last, First)	Ticket(s)/ Pass(es)		Identify one of the followi	ing:
			Ceremonial Role If checking "Ceremoni	Other Call Role" or "Other" describe below:	Income
			Ceremonial Role	Other all Role" or "Other" describe below:	Income 🔲
	tside Organization	Number of Ticket(s)/	Describe the publ	ic purpose made pursuant	ergestave a ser a s
(include addre	ess and description)	Pass(es)			to the agency a policy
. Verification					
I have read and understand	FPPC Regulations 18944.1 and		erified that the distribution set fo	rth above, is in accordance witi	h the requirements.
ManJelins	Gail Lec	Gros	Ticket	Administrator	5-30-14
Signature of Agency Hea	ad or Designee	Print Nam	ne	Tifle	(Month, Day, Year)
Comment:					
John Holle,	THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.				

C	eremonial Role Events and Tic	ket/Pass	s Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	Los Angeles County				Form OUZ
	Division, Department, or Region (If Applicable	÷)		-	For Official Use Only
	Board of Supervisors, Fourth District		V		
	Designated Agency Contact (Name, Title)	-		-	
	Gail LeGros, Ticket Administrator				
	Area Code/Phone Number E-mail			Amendment (Must	t provide explanation in Part 3.)
	213-974-4444 don@lacbos.	org		Date of Original Filing	(Month, Day, Year)
2.	Function or Event Information				1
	Does the agency have a ticket policy?	Yes⊠ No	Face Value	of Each Ticket/Pass \$	36.00
	Event Description Dodger Game		Date(s) 05	,10 ,14	
	Provide Title/Expla	anation			
	Ticket(s)/Pass(es) provided by agency?	Yes□ No	If no: Los A	ngeles Dodgers	
	MATERIAL CONTROL OF THE STATE O			Name of S	iource
	Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name	(I ast Firef)
2					(====, 1, 1, 0, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,
ა.	Recipients • Use Section A to identify the agency's department or u	unit. • Use Se	ection B to identify an individ	iual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)		blic purpose made pursuar	 Control of the control of the control
	Board of Supervisors Employee	2	Per ticket policy 5.3	(k)	
	B. Name of Individual	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon	Identify one of the follow Other nial Role" or "Other" describe below:	Income
Γ			Ceremonial Role If checking "Ceremon	Othernial Role" or "Other" describe below:	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	it to the agency's policy
بل					
	Verification have read and understand FPPC Regulations 18 <u>944.1 and 1</u>	18942 have '''	erified that the distribution cot	forth shove is in accordance	ith the require
,	Man Market Gail Leg			et Administrator	5-30-14
	Signature of Agency Head or Designee	Print Nam		Title	
	- Janes J. Sangina	, iiii ivaiii		ille	(Month, Day, Year)
(Comment:		the many states and the states are the states and the states are t		
					EDDC E 000 (4/40

Ceremonial Role Events and Ticket/Pass Distributions		A Public Document
1. Agency Name	Date Stamp	California Ono
Los Angeles County		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	C Amondmont (tt.)	
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	36.	00
	f Each Ticket/Pass \$	
Event Description Dodger Game Date(s) 05	11 14	
	geles Dodgers	
	Name of Source	i a
Was ticket distribution made at the behest No☒ Yes☐ If yes:	05: 11: 11: 0	1.5:0
	Official's Name (Las	st, First)
 Recipients Use Section A to identify the agency's department or unit. Use Section B to identify an individu. 	al. • Use Section C to identify	an outside organization
Number of	ic purpose made pursuant to	Unit Chart in the Cart
Board of Supervisors Employee 2 Per ticket policy 5.3(kg	x)	
B. Name of Individual Number of Ticket(s)/ Pass(es) Ceremonial Role In the Checking "Ceremonial"	Identify one of the following Other I I Role" or "Other" describe below:	Income 🔲
Ceremonial Role If checking "Geremonia	Other In Other I Role" or "Other" describe below:	Income
C. Name of Outside Organization (Include address and description) Number of Ticket(s)/Pass(es) Describe the public	c purpose made pursuant to	the agency's policy
L Verification	4	
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set for Gail LeGros		
Signature of Agency Head or Designee Print Name	Administrator	5-30-14
Signature un Agency mead un Designee Print Name	Title	(Month, Day, Year)
Comment:		EDDO F

Ceremonial Rol	e Events and Tic	ket/Pass	s Distributions		A Public Documen
1. Agency Name				Date Stamp	California 802
Los Angeles Count	У				101111
Division, Departme	nt, or Region (If Applicable	e)			For Official Use Only
Board of Superviso	rs, Fourth District			1	
Designated Agency	Contact (Name, Title)			1	
Gail LeGros, Ticket	Administrator		San Administration of the Control of		
Area Code/Phone N				Amendment (Must p	provide explanation in Part 3.)
213-974-4444	don@lacbos	.org		Date of Original Filing:	(Month, Day, Year)
2. Function or Eve	nt Information				
Does the agency ha	ive a ticket policy?	Yes⊠ No	Face Value o	of Each Ticket/Pass \$	36.00
Event Description	Oodger Game Provide Title/Expl		Date(s) 05	,12 ,14	
Ticket(s)/Pass(es) p	rovided by agency?	Yes No	If no: Los Ar	geles Dodgers Name of So	urce
Was ticket distribution of agency official?	on made at the behest	No⊠ Yes	If yes:	Official's Name (i	Last, First)
8. Recipients					200000000000000000000000000000000000000
Use Section A to identify	fy the agency's department or		ection B to identify an Individu	The second of th	
A. Name of Agenc	y, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
Board of Superviso	rs Employee	2	Per ticket policy 5.3(k)	
	of Individual Lest, First)	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ing:
			Ceremonial Role If checking "Ceremoni	Other describe below:	Income
			Ceremonial Role	Other Other al Role" or "Other" describe below:	Income
	side Organization ss and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy
Verification I have read and understand	FPPC Regulations 18 <u>944.1 and</u>		arified that the distribution set fo	rth above, is in accordance with	n the requirements.
My de mi	Gail Le	Gros	Ticket	Administrator	5-30-14
Signature of Agency Hea	d or Designee	Print Nam	ne .	Title	(Month, Day, Year)
Comment:					
		The second control of the second control of			

Ceremonial Role Even	ts and Tic	ket/Pass	s Distributions		A Public Document
1. Agency Name				Date Stamp	California 802
Los Angeles County					Form OUZ
Division, Department, or Regi	on (If Applicable	9)		4	For Official Use Only
Board of Supervisors, Fourth	District		and the second s	1	
Designated Agency Contact (Name, Title)		**************************************		
Gail LeGros, Ticket Administr	ator				
Area Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
213-974-4444	don@lacbos	.org		Date of Original Filing:	(Month, Day, Year)
2. Function or Event Inform	nation				
Does the agency have a ticket	policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$	6.00
Event Description Dodger Ga			Date(s) 05	,13 ,14	
•	Provide Title/Expl	anation		igeles Dodgers	
Ticket(s)/Pass(es) provided by	agency?	Yes No	If no: LOS AT	Name of So	TITC9
Was ticket distribution made a	t the hehest	No⊠ Yes	л "Г	, vaim va sto	
of agency official?		NO H Tes	If yes:	Official's Name (L	ast, First)
3. Recipients	G1 - 10 - 1776-1774 - 1774				A-10-10-10-10-10-10-10-10-10-10-10-10-10-
Use Section A to identify the agency	's department or	unit. • Use Se	ection B to identify an individu	ıal. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Departmen	nt or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
Board of Supervisors Employ	ee	2	Per ticket policy 5.3(k)	
B. Name of Individual		Number of Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the followi	ng:
	<u> </u>		Ceremonial Role	al Role" or "Other" describe below:	Income
			If checking "Ceremoni	al Role" or "Other" describe below:	
Name of Outside Organi (include address and desc	ration ription)	Number of Ticket(s)/ Pass(es)	Describe the publ	lc purpose made pursuant	o the agency's policy
	anjumpu				
. Verification					
I have read and understand FPPC Regula					
you Le bas	Gail Le			Administrator	5-30-14
Signature of Agency Head or Designee		Print Nam	ne	Title	(Month, Day, Year)
Comment:					
				NEW YORK TO STATE OF THE PROPERTY OF THE PROPE	

Ceremonial Role Events and Tic	ket/Pass	s Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
Los Angeles County				TOILI
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		TOWN TO THE TOWN T]	
Area Code/Phone Number E-mail	* * * * * * * * * * * * * * * * * * * *		Amendment (Must	provide explanation in Part 3.)
213-974-4444 don@lacbos.	org		Date of Original Filings	(Month, Day, Year)
2. Function or Event Information				36.00
Does the agency have a ticket policy?	Yes⊠ No	Face Value o	of Each Ticket/Pass \$	30.00
Event Description Dodger Game Provide Title/Explain	anation	Date(s) 05	,13 ,14	
		If no: Los Ar	ngeles Dodgers Name of Si	OUTCO
Was ticket distribution made at the behest	No⊠ Yes	If yes:	Name of St	ли.ч .
of agency official?	110 🖾 100	11 y c s	Official's Name	(Last, First)
3. Recipients				
Use Section A to identify the agency's department or u	-	ection B to identify an individu	ual. • Use Section C to ider	ntify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t 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 follow	ring:
		Ceremonial Role If checking "Ceremon	Other ial Role" or "Other" describe below:	Income 🔲
		Ceremonial Role If checking "Ceremon	Other ial Role" or "Other" describe below:	Income
C. Name of Outside Organization	Number of ;			
(include address and description)	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
Valification				
. Verification I have read and understand FPPC Regulations 18 <u>944.1 and</u>	18942. I have ve	erified that the distribution set fo	orth above. Is in accordance wi	th the requirements
My Don Gail Lec			t Administrator	5-30-14
Signature of Agency Head or Designee	Print Nan		Title	
Signature of Agency Head or Designee Comment:	Print Nan	ne	Title	(Month, Day, Year)
OVINITORICE.				

C	eremonial Role Events and Tic	ket/Pass	s Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	Los Angeles County				Form OUZ
	Division, Department, or Region (If Applicable))		1	For Official Use Only
	Board of Supervisors, Fourth District			1	E)
	Designated Agency Contact (Name, Title)			1	
	Gail LeGros, Ticket Administrator			1	
	Area Code/Phone Number E-mail			Amendment (Múst	provide explanation in Part 3.)
	213-974-4444 don@lacbos.	org		Date of Original Filing	(Month, Day, Year)
2.	Function or Event Information		•		36.00
	Does the agency have a ticket policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$	30.00
	Event Description Dodger Game Provide Title/Expl.	anation	Date(s) 05	14 14	
	Ticket(s)/Pass(es) provided by agency?	Yes□ No	✓ If no: Los Ar	ngeles Dodgers Name of Si	
	Was ticket distribution made at the behest	No⊠ Yes	п "	Name or S	ource
	of agency official?	No eres	If yes:	Official's Name	(Last, First)
3.	Recipients				
	Use Section A to identify the agency's department or to the section A to identify the agency's department or to the section A to identify the agency's department or to the section A to identify the agency's department or to the section A to identify the agency's department or to the section A to identify the agency's department or to the section A to identify the agency's department or to the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency's department or the section A to identify the agency and t	unit. • Use Se	ction B to identify an individu	ual. • Use Section C to ider	ntify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	
	Board of Supervisors Employee	2	Per ticket policy 5.3(k)	
	B. Name of Individual (Lest, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ring:
			Ceremonial Role If checking "Ceremon	Other islander of "Other" describe below:	Income 🔲
			Ceremonial Role If checking "Ceremon	Other Other of the other o	Income
				The second secon	
	C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	Verification				
	I have read and understand FPPC Regulations 18944.1 and				
	Mandeling Gail Lec			t Administrator	5-30-14
	Signature of Agency Head or Designee	Print Nam	ne	Title	(Month, Day, Year)
	Comment:				
					The second secon

Ceremonial Role	Events and Tic	ket/Pass	s Distributions		A Public Documen
1. Agency Name				Date Stamp	California 802
Los Angeles County					Form OUZ
Division, Department,	or Region (If Applicabl	e)			For Official Use Only
Board of Supervisors,	Fourth District			1	
Designated Agency Co	ontact (Name, Title)			1	
Gail LeGros, Ticket Ad	ministrator				
Area Code/Phone Num				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]	
Does the agency have	a ticket policy?	Yes⊠ No	Face Value o	of Each Ticket/Pass \$	36.00
Event Description Dod	ger Game Provide Title/Exp	lanation	Date(s) 05	, 26 , 14	
Ticket(s)/Pass(es) prov		Yes No	o⊠ If no: Los An	igeles Dodgers	Durce
Was ticket distribution r	nade at the behest	No⊠ Yes	s If yes:	ivanie ili si	
of agency official?		110 = 100	il yes.	Official's Name	(Last, First)
3. Recipients					
Use Section A to identify th	e agency's department or		ection B to identify an individu	ial. • Use Section C to iden	itify an outside organization.
A. Name of Agency, D	epartment or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
Board of Supervisors E	mployee	2	Per ticket policy 5.3(k)	
B Name of Ir	eficial con	Number of			
B. Name of Ir		Ticket(s)/ Pass(es)		Identify one of the follow	ing:
			Ceremonial Role If checking "Ceremoni	Other Other Role" or "Other" describe below:	Income
			Ceremonial Role	Other	Income
			If checking "Geremonia	al Role" or "Other" describe below:	
C. Name of Outside		Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy
. Verification					
I have read and understand FPP	C Regulations 18 <u>944.1 and</u>	18942. I have ve	erified that the distribution set fo	rth above, is in accordance wit	h the requirements.
Har Holas	Gail Le			Administrator	5-30-14
Signature of Agency Head or I	Designee L	Print Nan	ne	Title	(Month, Day, Year)

Comment:					

Ceremonial Role Events and Tic	ket/Pass	s Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
Los Angeles County				Form OUZ
Division, Department, or Region (If Applicable	e)		-	For Official Use Only
Board of Supervisors, Fourth District			1	
Designated Agency Contact (Name, Title)				
Gail LeGros, Ticket Administrator			.	
Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
213-974-4444 don@lacbos	.org		Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information			3	6.00
Does the agency have a ticket policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$	50,00
Event Description Dodger Game Provide Title/Exp.	lanation	Date(s) 05	, 27 , 14	
Ticket(s)/Pass(es) provided by agency?	Yes□ No	If no: Los An	geles Dodgers Name of So	urce
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (I	Last, First)
3. Recipients				
Use Section A to identify the agency's department or	the second second second	ection 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)/ Pass(es)	Describe the pub	lic 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 followi	ng:
		Ceremonial Role If checking "Ceremoni	Other Other describe below:	Income
		Ceremonial Role If checking "Ceremoni	Other all Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy
l. Verification	J			
I have read and understand FPPC Regulations 18944.1 and				
COCH Le CPC Gail Le	-		t Administrator	5-30-14
Signature of Agency Head or Designee	Print Nam	ne	Title	(Month, Day, Year)
Comment:				

Agency Report of:

ency Name				
		And the state of t	Date Stamp	California 802
Angeles County	The state of the s			Form For Official Use Only
ision, Department, or Region (If Applicable	·) 			
rd of Supervisors, Fourth District			-	
ignated Agency Contact (Name, Title)				
LeGros, Ticket Administrator				
a Code/Phone Number E-mail			Amenament (Must p	rovide explanation in Part 3.)
-974-4444 don@lacbos.	org		Date of Original Filing:	(Month, Day, Year)
nction or Event Information				
s the agency have a ticket policy?	Yes No	Face Value of	of Each Ticket/Pass \$ [3	6,00
nt Description Dodger Game	anation	Date(s) 05	, 28 , 14	
(VD () (I II)		✓ If no: Los Ar	And the second s	urce
s ticket distribution made at the behest agency official?	No⊠ Yes	If yes:	Official's Name (L	
cipients	mit allsa Sa	ction B to identify an Individu	usl a Usa Santian C to ident	ifu an outside occasionies
Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	CAPAGINET OF A 2 OF A SAFE ME	Art in the second of the secon	TO SHE TO SHOW HE HAVE A TO SHEET A
rd of Supervisors Employee	2	Per ticket policy 5.3(k)	
Name of Individual (Lest, First)	Number of Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the followl	ng:
		Ceremonial Role	Other	Income
Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)		ilc purpose made pursuant (to the agency's policy
	Gros	Ticket		5-30-14 (Month, Day, Year)
	rd of Supervisors, Fourth District ignated Agency Contact (Name, Title) LeGros, Ticket Administrator a Code/Phone Number 974-4444 nction or Event Information s the agency have a ticket policy? Int Description Dodger Game Provide Title/Explait et(s)/Pass(es) provided by agency? It ticket distribution made at the behest agency official? Cipients Is Section A to identify the agency's department or Unit Ind of Supervisors Employee Name of Agency, Department or Unit Name of Individual (Last, First) Name of Individual (Last, First) Gail LeGrand Gail Legrand Gail Legrand Gail Legrand Gail Legrand Read and understand FPPC Regulations 18944.1 and Gail Legrand Read Agency Contact (Name, Title) Legrand Gail Legrand Gail Legrand Read Agency Contact (Name, Title) Legrand Gail Legran	LeGros, Ticket Administrator a Code/Phone Number E-mail 974-4444 don@lacbos.org Inction or Event Information Int Description Dodger Game Provide Title/Explanation It cicket distribution made at the behest Ingency official? No It cicket distribution made at the behest Ingency official? Osepartment or Unit Interest No It cicket distribution made at the behest Interest Section A to identify the agency's department or unit. Interest Osepartment or Unit	rd of Supervisors, Fourth District ignated Agency Contact (Name, Title) LeGros, Ticket Administrator a Code/Phone Number E-mail 974-4444 don@lacbos.org nction or Event Information Face Value or s the agency have a ticket policy? Yes No Tace Value or nt Description Dodger Game Provide Title/Explanation et(s)/Pass(es) provided by agency? Yes No If no: ticket distribution made at the behest No Yes If yes: ticket distribution made at the behest No Yes If yes: section A to identify the agency's department or unit. Use Section B to identify an individual Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Per ticket policy 5.3(Name of Individual Number of Ticket(s)/ Pass(es) Ceremonial Role If checking Ceremonic If yes: Ceremonial Role If checking Ceremonic Name of Outside Organization Number of Ticket(s)/ Pass(es) Describe the publication Ceremonial Role If checking Ceremonic Name of Outside Organization Number of Ticket(s)/ Pass(es) Describe the publication Ceremonial Role If checking Ceremonic Ceremonial Role If che	rd of Supervisors, Fourth District ignated Agency Contact (Name, Title) LeGros, Ticket Administrator a Code/Phone Number E-mail Date of Original Filling: nction or Event Information Provide Title Explanation Date of Original Filling: nt Description Dodger Game Provide Title Explanation Date (s) D5 28 14 nt Description Dodger Game Date (s) D5 28 14 nt Description Dodger Game Date (s) D5 28 14 nt Description Dodger Game Date (s) D5 28 14 nt Description Dodger Game Date (s) D5 D4 Name of Agency, Department or unit. Use Section B to identify an individual. Use Section C to ident Name of Agency, Department or Unit Number of Ticket(s) Describe the public purpose made pursuant Pass (es) D4 D4 nt Description D4 D4 D4 D4 D4 D4 D4 D

Agency Report of: Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California Q02
Los Angeles County				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 p	provide explanation in Part 3.)
213-974-4444 don@lacbos.	org	,	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information			Г	
	Yes⊠ No	Face Value o	of Each Ticket/Pass \$	36.00
Event Description Dodger Game Provide Title/Expla		Date(s) 05	, 29 , 14	
	Yes No	✓ If no: Los An	geles Dodgers Name of So	ource.
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 to				
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)		lic purpose made pursuant	
Board of Supervisors Employee	2	Per ticket policy 5.3(k)	
B. Name of Individual	Number of Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the follow	ing:
		Ceremonial Role If checking "Ceremoni	Other all Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	to the agency's policy
1. Verification I have read and understand FPPC Regulations 18944.1 and Gail LeC			<i>rth above, is in accordance wit</i> t Administrator	h the requirements. 5-30-14
Signature of Agency Head or Designee	Print Nam	ee .	Title	(Month, Day, Year)
Comment:			**************************************	

Agency Report of:

		s Distributions		A Public Documen
1. Agency Name			Date Stamp	California 802
Los Angeles County				FOIII
Division, Department, or Region (If Applicable	e)		-	For Official Use Only
Board of Supervisors, Fourth District	STANSON OF		1	
Designated Agency Contact (Name, Title)			4	
Gail LeGros, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must p	provide explanation in Part 3.)
213-974-4444 don@lacbos	-974-4444 don@lacbos.org		Date of Original Filing: (Month, Day, Year)	
2. Function or Event Information				36.00
Does the agency have a ticket policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$	50.00
Event Description Dodger Game Provide Title/Exp.	lanation	Date(s) 05	,30 ,14	
Ticket(s)/Pass(es) provided by agency?	Yes□ No	⊯ If no: Los Ar	ngeles Dodgers Name of So	urce
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (Last, First)
Recipients Use Section A to identify the agency's department or	umit allon Sa	ation D to identify an individual	-1 - 11 - 2 - 11 - 2 + 11	
	Number of	a series and respect to the series of the	Net of the English Alaska and address at the	The Mark Control of the Control of t
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
Board of Supervisors Employee	2	Per ticket policy 5.3(k)	
	Number of		9.00	
B. Name of Individual (Lest, First)	Ticket(s)/ Pass(es)	Identify one of the following:		
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:		
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:		
			1000-100-100-100-100-100-100-100-100-10	N - 2
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		
	1 400(60)			
I. Verification I have read and understand FPPC Regulations 18944.1 and	18942 have w	erified that the distribution and to	orth shove is in secondary	h the manufacture
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set for May Plo (92). Gail LeGros Ticke			t Administrator	5-30-14
Signature of Agency Head or Designee Print Name			Title	(Month, Day, Year)
-		B C C C C C C C C C C C C C C C C C C C		(maini, day, real)