

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

A Public Document

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> For Official Use Only
Los Angeles County			
Division, Department, or Region (If Applicable)			
Board of Supervisors, Fourth District			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
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  
Provide Title/Explanation

Date(s) 05 08 14

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒If no: Los Angeles Dodgers  
Name of SourceWas 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 (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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.

<u>Gail LeGros</u> Signature of Agency Head or Designee	Gail LeGros Print Name	Ticket Administrator Title	5-30-14 (Month, Day, Year)
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Comment: \_\_\_\_\_

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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  
Provide Title/Explanation

Date(s) 05 / 09 / 14

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒If no: Los Angeles Dodgers  
Name of SourceWas ticket distribution made at the behest of agency official? No ☒ Yes ☐If yes: \_\_\_\_\_  
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	Gail LeGros	Ticket Administrator	5-30-14
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment:

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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  
Provide Title/Explanation

Date(s) 05 / 10 / 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: \_\_\_\_\_  
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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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	Face Value of Each Ticket/Pass \$	36.00
Event Description	Dodger Game <small>Provide Title/Explanation</small>	Date(s)	05 / 11 / 14
Ticket(s)/Pass(es) provided by agency?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If no:	Los Angeles Dodgers <small>Name of Source</small>
Was ticket distribution made at the behest of agency official?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	If yes:	_____ <small>Official's Name (Last, First)</small>

## 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)

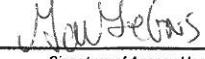
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>

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

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	Gail LeGros	Ticket Administrator	5-30-14
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

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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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	Face Value of Each Ticket/Pass \$	36.00
Event Description	Dodger Game	Date(s)	05 / 12 / 14
Provide Title/Explanation			
Ticket(s)/Pass(es) provided by agency?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If no:	Los Angeles Dodgers
		Name of Source	
Was ticket distribution made at the behest of agency official?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	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.

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 Signature of Agency Head or Designee	Gail LeGros	Ticket Administrator	5-30-14
	Print Name	Title	(Month, Day, Year)

Comment:



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Gail LeGros, Ticket Administrator			
Area Code/Phone Number	E-mail		
213-974-4444	don@lacos.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/ExplanationDate(s) 05 / 13 / 14Ticket(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.

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Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
213-974-4444	don@lacbos.org	Date of Original Filing: <input type="text"/> (Month, Day, Year)	


**2. Function or Event Information**Does the agency have a ticket policy? Yes ☒ No ☐Face Value of Each Ticket/Pass \$ Event Description   
Provide Title/ExplanationDate(s)   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒If no:   
Name of SourceWas ticket distribution made at the behest of agency official? No ☒ Yes ☐If yes:   
Official's Name (Last, First)**3. Recipients**

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<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

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Area Code/Phone Number	E-mail		
213-974-4444	don@lacos.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) 05 14 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)

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Gail LeGros  
Signature of Agency Head or Designee

Gail LeGros

Print Name

Ticket Administrator

Title

5-30-14

(Month, Day, Year)

Comment:



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213-974-4444	don@lacbos.org		

## 2. Function or Event Information

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Face Value of Each Ticket/Pass \$ 36.00

Event Description Dodger Game  
Provide Title/Explanation

Date(s) 05 / 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

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**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) 05 27 14

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒If no: Los Angeles Dodgers  
Name of SourceWas ticket distribution made at the behest of agency official? No ☒ Yes ☐If yes: \_\_\_\_\_  
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213-974-4444	don@lacos.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) 05/28/14

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒If no: Los Angeles Dodgers  
Name of SourceWas ticket distribution made at the behest of agency official? No ☒ Yes ☐If yes: \_\_\_\_\_  
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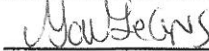
**2. Function or Event Information**Does the agency have a ticket policy? Yes ☒ No ☐Face Value of Each Ticket/Pass \$ Event Description   
*Provide Title/Explanation*Date(s)   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒If no: *Name of Source*Was ticket distribution made at the behest of agency official? No ☒ Yes ☐If yes:   
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	Gail LeGros	Ticket Administrator	5-30-14
<i>Signature of Agency Head or Designee</i>	<i>Print Name</i>	<i>Title</i>	<i>(Month, Day, Year)</i>

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Designated Agency Contact (Name, Title)			
Gail LeGros, Ticket Administrator			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
213-974-4444	don@lacbos.org	Date of Original Filing: <input type="text"/> (Month, Day, Year)	

**2. Function or Event Information**

Does the agency have a ticket policy?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Face Value of Each Ticket/Pass \$	36.00
Event Description	Dodger Game <small>Provide Title/Explanation</small>	Date(s)	05 / 30 / 14
Ticket(s)/Pass(es) provided by agency?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If no:	Los Angeles Dodgers <small>Name of Source</small>
Was ticket distribution made at the behest of agency official?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	If yes:	<input type="text"/> <small>Official's Name (Last, First)</small>

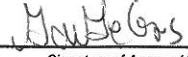
**3. Recipients**

• 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 <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(Include address and description)</small>	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.

	Gail LeGros	Ticket Administrator	5-30-14
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment: