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
   Date(s) 05 08 14
   Ticket(s)/Pass(es) provided by agency?  Yes ☐ 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  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 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
   Signature of Agency Head or Designee  Print Name  Title (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

   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) 05/09/14
   Ticket(s)/Pass(es) provided by agency? Yes ☐ 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:
   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
   Gail LeGros
   Print Name
   Ticket Administrator
   Title (Month, Day, Year)
   Comment

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>Gail LeGros, Ticket Administrator</td>
</tr>
<tr>
<td>Area Code/Phone Number</td>
<td>213-974-4444</td>
</tr>
<tr>
<td>E-mail</td>
<td><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</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>05 10 14</td>
</tr>
</tbody>
</table>

| Ticket(s)/Pass(es) provided by agency? | Yes [x] No [ ] |
| If no: Los Angeles Dodgers | |
| Name of Source | |

| Was ticket distribution made at the behest of agency official? | No [x] Yes [ ] |
| If yes: | |

<table>
<thead>
<tr>
<th>3. Recipients</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Name of Agency, Department or Unit</td>
</tr>
<tr>
<td>Board of Supervisors Employee</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Give Full Name)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ceremonial Role</td>
<td>Other</td>
<td>Income</td>
</tr>
<tr>
<td>Ceremonial Role</td>
<td>Other</td>
<td>Income</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>

<table>
<thead>
<tr>
<th>4. Verification</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature of Agency Head or Designee</th>
<th>Gail LeGros</th>
</tr>
</thead>
<tbody>
<tr>
<td>Print Name</td>
<td>Ticket Administrator</td>
</tr>
<tr>
<td>Title</td>
<td>5-30-14</td>
</tr>
<tr>
<td>(Month, Day, Year)</td>
<td></td>
</tr>
</tbody>
</table>

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
   don@lacbos.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description
   Dodger Game
   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) 05 11 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: Board of Supervisors Employee
      Number of Ticket(s)/Pass(es): 2
      Describe the purpose made pursuant to the agency's policy: Per ticket policy 5.3(k)

   B. Name of Individual
      Number of Ticket(s)/Pass(es)
      Ceremonial Role ☐ Other ☐ Income ☐
      Other ☐ Income ☐
      Ceremonial Role ☐ Other ☐ Income ☐
      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 19214.1 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
   (Month, Day, Year) 5-30-14
   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  don@lacobos.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 12 14
   Ticket(s)/Pass(es) provided by agency? Yes ☐ 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
      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:
      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 19264.1 and 19262. 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 E-mail
213-974-4444 don@lacbos.org

Date Stamp California Form 802
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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 ☐
Face Value of Each Ticket/Pass $36.00
Event Description: Dodger Game
Provide Title/Explanation
Date(s) 05 13 14
If no: Los Angeles Dodgers
If yes: Name of Source
Name of Agency (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 (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 19344.1 and 19242. 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)
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Ceremonial Role Events and Ticket/Pass Distributions

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Los Angeles County
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Board of Supervisors, Fourth District
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Gail LeGros, Ticket Administrator
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213-974-4444 don@lacbos.org

Date Stamp
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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 ☐
Event Description: Dodger Game
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): 05 13 14

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
Name of Ticket(s)/Pass(es)
Identify one of the following:
Ceremonial Role ☐ Other ☐ Income ☐
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: 5-30-14

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
   Does the agency have a ticket policy? Yes ❌ 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 ❑
   Date(s) 05 14 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.

   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 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)
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Board of Supervisors, Fourth District
Designated Agency Contact (Name, Title)
Gail LeGros, Ticket Administrator
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213-974-4444 don@lacbos.org

Date Stamp California Form 802
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Amendment (Must provide explanation in Part 2)
Date of Original Filing

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Event Description
Dodger Game
Provide Title/Explanation
Face Value of Each Ticket/Pass $36.00
Date(s)
Date(s)
05 26 14

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:
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 (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 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
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   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

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): 05 27 14
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Los Angeles Dodgers
   Official’s Name (Last, First)
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   Amendment (Must provide explanation in Part 3)
   Date of Original Filing (Month, Day, Year)

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:
      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 19944 and 19944. 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: 5-30-14
   (Month, Day, Year)
   Comment:

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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 ☐
Face Value of Each Ticket/Pass $36.00
Owner Description: Dodger Game
Event Date(s): 05 28 14
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
Los Angeles Dodgers
Was ticket distribution made at the behest of agency official? No ☑ 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
   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)
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   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: 5-30-14
(Month, Day, Year)

Comment:

FPPC Form 802 (4/12)
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   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
   Does the agency have a ticket policy? Yes  No
   Event Description: Dodger Game
   Face Value of Each Ticket/Pass $36.00
   Date(s):
   Ticket(s)/Pass(es) provided by agency? Yes  No
   Los Angeles Dodgers
   Official's Name (Last, First)
   If 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:
      (Full Name)   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
      (Include address and description)

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
   Signature of Agency Head or Designee  Print Name  Title  (Month, Day, Year)
   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
   Date(s) 05 30 14
   Ticket(s)/Pass(es) provided by agency? Yes ☐ 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:

   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
   Gail LeGros
   Ticket Administrator
   Print Name
   Title
   (Month, Day, Year)
   5-30-14
   Comment:

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