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

Ceremonial Role Events and Tic	ket/Pass	Distributions	3	A Public Document	
1. Agency Name	Date Stamp	California 202			
County of Los Angeles		Form OUZ			
Division, Department, or Region (If Applicable	e)			For Official Use Only	
Board of Supervisors, Fourth District	A. C.	****			
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	Date of Original Filing: (Month, Day, Year)	
2. Function or Event Information				165.00	
Does the agency have a ticket policy?	Yes⊠ No	Face Valu	e of Each Ticket/Pass \$	165.00	
Event Description Play at Ahmanson Provide Title/Exp.	lanation	Date(s)	5 10 14		
Ticket(s)/Pass(es) provided by agency?	Yes□ No	✓ If no: Per	forming Arts Center of L		
Was ticket distribution made at the behest	No⊠ Yes	If yes:			
of agency official?	110-23 100	- II yes	Official's Name	(Last, First)	
3. Recipients					
Use Section A to identify the agency's department or		ction B to identify an Indi	ividual. • Use Section C to ide	ntify an outside organization.	
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the	public purpose made pursuan	t to the agency's policy	
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:	
		Ceremonial Ro	ole Other American Other Other Other	Income	
		Ceremonial Ro	ole Other	Income Income	
		If checking "Cere	emonial 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 pursuan	t to the agency's policy	
LSU Alumni, rlegros@murraycompany.org	Per Ticket Policy 5.3 (i)				
				THE THE STATE OF T	
provide scholarships to students					
4. Verification					
I have read and understand FPPC Regulations 18944.1 and					
(Gail Le			cket Administrator	5/27/14	
Signature of Agency Head or Designee	Print Nan	ne	Title	(Month, Day, Year)	
Comment:				EDDC Form 902 (4/42)	

Ceremonial Role Events and Tic	Neur ass	Distributions		A Public Documen
1. Agency Name County of Los Angeles	Date Stamp	California 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 provide exclanation in Part 3.) Date of Original Filing: (Month, Day, Year)			
213-974-4444 don@lacbos.				
2. Function or Event Information				65.00
Does the agency have a ticket policy?	Yes⊠ No		of Each Ticket/Pass \$	05.00
Event Description Play at Ahmanson	,03 ,14			
Provide Title/Expl		Date(s) 05	ming Arts Center of Lo	s Angeles County
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: If no:	Name of So	
Was ticket distribution made at the behest				
of agency official?			Official's Name (Last, First)
3. Recipients				
Use Section A to identify the agency's department or it.	Number of	e kir gaski yake a kenaliki ya k	No. 6 of the other to take the fire	COME DEPOSITION OF F
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	Number of		ani principi i su de se de la compositione de la compositione de la compositione de la compositione de la comp	
B. Name of Individual	Ticket(s)/ Pass(es)	Identify one of the following:		
		Ceremonial Role Other X Income		
		If checking "Ceremon	ial Role" or "Other" describe below:	
		Ceremonial Role Other Income		
		If checking "Ceremon	ial Role" or "Other" describe below:	
Name of Outside Organization	Number of :			
(include address and description)	Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy		
9 0 CH CH 1	4			
Boys & Girls Clb Long Beach-3635 LB Blvd.	Per Ticket Policy 5.3	(1)		
la ci i i ca i i i i i				
LB - Shaping lives of America's youth				
. Verification I have read and understand FPPC Regulations 18 <u>944.1 and</u>	18042 have	orified that the distribution and	ndh ahaya is is sees sis see	h the manda
Gail Le			onn above, is in accordance with t Administrator	5/5/28/14
Signature of Agency Head or Designee Print Name			Title	(Month, Day, Year)
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Comment:				a continue