

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

A Public Document

1. Agency Name

| | | | |
|--|----------------|---|---|
| County of Los Angeles | | Date Stamp | California Form 802 For Official Use Only |
| 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 | <input type="checkbox"/> 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

Event Description: Play at Ahmanson
Provide Title/Explanation

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 \$ 165.00

Date(s) 05 / 10 / 14

If no: Performing Arts Center of Los Angeles County
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 |
|---|------------------------------|---|
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following: |
| | | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> |
| 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 |
| LSU Alumni, rlegros@murraycompany.org | 2 | Per Ticket Policy 5.3 (i) |
| provide scholarships to students | | |

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 Gail LeGros Ticket Administrator 5/27/14
Signature of Agency Head or Designee *Print Name* *Title* *(Month, Day, Year)*

Comment: _____

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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

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Amendment (Must provide explanation in Part 3.)
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| Boys & Girls Clb Long Beach-3635 LB Blvd. | 4 | Per Ticket Policy 5.3 (i) |
| LB - Shaping lives of America's youth | | |

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 Gail LeGros Ticket Administrator 5/5/28/14
 Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: _____