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	
-	Designated Agency Contact (Name, Title)			1	
	Gail LeGros, Ticket Administrator	Gail LeGros. Ticket Administrator			
	Area Code/Phone Number E-mail			Amendment (Must p	rovide exclanation 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 of	of Each Ticket/Pass \$	6.00
	Event Description Dodger Game		Date(s) 05	,08 ,14	
	Provide Title/Expla	anation			
	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	No⊠ Yes	□ If yes:		
	of agency official?		- II you.	Official's Name (I	Last, First)
	Recipients				
	Use Section A to identify the agency's department or u		ection B to identify an Individu	ual. • Use Section C to ident	tify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	to the agency's policy
	Board of Supervisors Employee	2	Per ticket policy 5.3((k)	
					And the second s
	B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
			Ceremonial Role	Other ial Role" or "Other" describe below:	Income 🔲
				orani i saliki sali	·
•			Ceremonial Role	Other ial Role" or "Other" describe below:	Income
L	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
Ī		1 330(30)			
Į					
	Verification		M		
1	have read and understand FPPC Regulations 18944.1 and				
-	VYN Jellas Gail Lec			t Administrator	5-30-14
	Signature of Agency Head or Designee	Print Nam	ne	Title	(Month, Day, Year)
(Comment:				

Ceremor	iial Role Ever	its and Tic	ket/Pass	s Distributions		A Public Documen
1. Agency	Name				Date Stamp	California 202
Los Ange	les County					Form OUZ
Division,	Department, or Reg	jion (If Applicable	e)		-	For Official Use Only
Board of	Supervisors, Fourth	n District			1	
Designat	ed Agency Contact	(Name, Title)			1	
Gail LeGr	os, Ticket Administ	rator	The second secon			
	e/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
213-974-4	444	don@lacbos.	.org		Date of Original Filing:	(Month, Day, Year)
2. Functio	n or Event Infor	mation				
Does the	agency have a ticke	et policy?	Yes⊠ No	Face Value	of Each Ticket/Pass \$ 13	6.00
Event Des	scription Dodger G	ame Provide Title/Expl	anation	Date(s) 05	,09 ,14	
Ticket(s)/l	Pass(es) provided b	y agency?	Yes No	If no: Los Ar	ngeles Dodgers Name of Soi	urce
	t distribution made a	at the behest	No⊠ Yes	If yes:		
of agenc	y official?		100	11 y C 3.	Official's Name (L	ast, First)
3. Recipie						
	e de la companya del companya de la companya del companya de la co	7 (69), 1, 9 ₁ , 15, 17 ×	unit. • Use Se	ection B to identify an individ	ual. • Use Section C to ident	ify an outside organization.
A. Nar	ne of Agency, Departme	ent or Unit	Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuant	to the agency's policy
Board of	Supervisors Employ	yee	2	Per ticket policy 5.3(k)	
			N			
B.	Name of Individua (Lest, First)	al	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
			F	Ceremonial Role If checking "Ceremon	Other ial Role" or "Other" describe below:	Income
	50-10-10-10-10-10-10-10-10-10-10-10-10-10	4		Ceremonial Role If checking "Ceremon	Other	Income
	Name of Outside Organ clude address and des		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
		A CONTRACTOR OF THE STATE OF TH			and the second s	
. Verificat				all		
I have read an	d understand FPPC Regul				orth above, is in accordance with	the requirements.
_ KJau	Jelins	Gail Le	Gros	Ticke	t Administrator	5-30-14
Signature	of Agency Head or Designee		Print Nam	ne	Title	(Month, Day, Year)
Comment	*					
Johnnett			The second secon			

Ceremonial Role Events and Ti	cket/Pass	s Distributions		A Public Documen	
1. Agency Name			Date Stamp	California 802	
Los Angeles County				Form OUZ	
Division, Department, or Region (If Application)	ole)			For Official Use Only	
Board of Supervisors, Fourth District	pard of Supervisors, Fourth District				
Designated Agency Contact (Name, Title)					
Gail LeGros, Ticket Administrator				_L	
Area Code/Phone Number E-mail			Amendment (Must)	provide explanation in Part 3.)	
213-974-4444 don@lacbo	s.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 o	f Each Ticket/Pass \$	56.00	
Event Description Dodger Game Provide Title/Ex	planation	Date(s) 05	,10 ,14		
Ticket(s)/Pass(es) provided by agency?	Yes□ No	If no: Los An	geles Dodgers Name of So	ource	
Was ticket distribution made at the behest	No⊠ Yes	s☐ If yes:			
of agency official?	C OMARGO.		Official's Name (Last, First)	
3. Recipients					
Use Section A to identify the agency's department or	r unit. • Use Se	ection B to identify an individu	al. • Use Section C to iden	tify an outside organization.	
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant	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	ing:	
		Ceremonial Role If checking "Ceremonia	Other Other Other describe below:	Income	
		Ceremonial Role	Other Other Other Other Other	Income	
		II WILLIAMS OF EMOTION	Those of Other describe below.		
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)		c purpose made pursuant	to the agency's policy	
Vaultiaation					
. Verification I have read and understand FPPC Regulations 18944.1 and	d 18942. I have v	erified that the distribution set for	th above, is in accordance wil	h the requirements.	
May (n) Gail Le			Administrator	5-30-14	
Signature of Agency Head or Designee	Print Nan		Title	(Month, Day, Year)	
Comment:					

Ceremonial Role Events and Ticke	et/Pass	s Distributions		A Public Documen
1. Agency Name			Date Stamp	California 802
Los Angeles County				TOTAL
Division, Department, or Region (If Applicable)				For Official Use Only
Board of Supervisors, Fourth District				
Designated Agency Contact (Name, Title)				
Gail LeGros, Ticket Administrator			<u> </u>	
Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
213-974-4444 don@lacbos.org	9		Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information				6.00
Does the agency have a ticket policy?	es⊠ No	Face Value o	f Each Ticket/Pass \$	6.00
Event Description Dodger Game Provide Title/Explana	tion	Date(s) 05	/11 /14	
Ticket(s)/Pass(es) provided by agency?	es No	If no: Los An	geles Dodgers Name of Sou	rrce
Was ticket distribution made at the behest of agency official?	lo⊠ Yes	If yes:	Official's Name (L	ast, First)
. Recipients				
Use Section A to identify the agency's department or unit		ection B to identify an Individu	al. • Use Section C to identi	ify 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(l	k)	
B. Name of Individual	Number of Ticket(s)/		Identify one of the following	nge
	Pass(es)	Ceremonial Role	Other al Role" or "Other" describe below:	Income
		Ceremonial Role	Other al Role" or "Other" describe below:	Income
	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant t	o the agency's policy
Verification				
I have read and understand FPPC Regulations 18944.1 and 189				the requirements.
Gail LeGro	S	Ticket	Administrator	5-30-14
Signature of Agency Head or Designee	Print Nam	ne	Title	(Month, Day, Year)
Comment:				

Ceremo	nial Role Even	its and Tic	ket/Pass	s Distributions		A Public Documen
1. Agency	/ Name				Date Stamp	California 202
Los Ange	les County					Form OUZ
Division,	Department, or Reg	jion (If Applicable	e)		4	For Official Use Only
Board of	Supervisors, Fourth	n District		10. 10.00 (JJ) - VIII - VIIII - VIII - VIIII - VIII	1	
Designat	ed Agency Contact	(Name, Title)				
Gail LeGr	os, Ticket Administ	rator				
	e/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
213-974-4	1444	don@lacbos.	.org		Date of Original Filing:	(Month, Day, Year)
2. Functio	n or Event Infor	mation			-	
Does the	agency have a ticke	t policy?	Yes No	Face Value of	of Each Ticket/Pass \$ [3	6.00
Event De	Scription Dodger Ga	ame		Date(s) 05	,12 ,14	
2,0,1,00	JOHP HOIT L	Provide Title/Expl	lanation			
Ticket(s)/	Pass(es) provided b	y agency?	Yes No	If no: Los An	geles Dodgers	
Mas ticks	t distribution made a	at the hebest	🔽	п Г	Name of Sou	urce
	y official?	at the penest	No⊠ Yes	If yes:	Official's Name (L	.ast, First)
3. Recipie	nte					
		y's department or	unit. • Use Se	ection B to identify an Individu	ual. • Use Section C to ident	ify an outside organization.
A. Nar	ne of Agency, Departme	ent 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)	
В.	Name of Individua (Lest First)	u Civina	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
				Ceremonial Role If checking "Ceremoni	Other Other Other" describe below:	Income
				Ceremonial Role If checking "Ceremonial	Other all Role" or "Other" describe below:	Income
	Name of Outside Organ Iclude address and des		Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuant (o the agency's policy
. Verificat						1 0
I have read an	d understand FPPC Regul				rth above, is in accordance with	
- Lou	196 ans	Gail Le			Administrator	5-30-14
✓ Signatur	e of Agency Head or Designee		Print Nam	ne .	Title	(Month, Day, Year)
Comment						

Ce	eremonial Role Events and Tic	ket/Pass	s Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
I	Los Angeles County				I OIIII
-	Division, Department, or Region (If Applicable)		4	For Official Use Only
	Board of Supervisors, Fourth District			1	
	Designated Agency Contact (Name, Title)			•	
ſ	Gail LeGros, Ticket Administrator		The state of the s		
	Area Code/Phone Number			Amendment (Must p	rovide explanation in Part 3.)
2	213-974-4444 don@lacbos.	org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information				
Į	Does the agency have a ticket policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$ [34	6.00
	Event Description Dodger Game		Date(s) 05	,13 ,14	
1	Provide Title/Expla	anation			
i	Ticket(s)/Pass(es) provided by agency?	Yes No	✓ If no: Los An	geles Dodgers	
		- 10 0000	_	Name of Sou	urce
1	Nas ticket distribution made at the behest of agency official?	No⊠ Yes	lf yes:	Official's Name (L	ast First)
2	Recipients				
	• Use Section A to identify the agency's department or ι	ınit. • Use Se	ction B to identify an Individu	ial. • Use Section C to identi	ify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	The state of the s	lic purpose made pursuant	The state of the s
	Board of Supervisors Employee	2	Per ticket policy 5.3(k)	
	3. Name of Individual	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremoni	Identify one of the following Other all Role" or "Other" describe below:	ng:
			Ceremonial Role If checking "Ceremoni	Other all Role" or "Other" describe below:	Income
	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	lc purpose made pursuant t	o the agency's policy
	/erification				
11	nave read and understand FPPC Regulations 18944.1 and				the requirements.
_	Gail Lea			Administrator	5-30-14
	Signature of Agency Head or Designee	Print Nam	e	Title	(Month, Day, Year)
	comment:				
_					

Comment:

Aganay Nama			5 . 6	O-life-with O-O-O
I. Agency Name		The state of the s	Date Stamp	California 802
Los Angeles County				For Official Use Only
Division, Department, or Region (If Applicable	*)			
Board of Supervisors, Fourth District				
Designated Agency Contact (Name, Title)				
Gail LeGros, Ticket Administrator			C Amondment (14mt)	reside contend to the Cost O
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)
. Function or Event Information			12	6.00
Does the agency have a ticket policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$	0.00
Event Description Dodger Game		Date(s) 05	,13 ,14	
Provide Title/Expl	anation			
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	ast First)
			Omotor S realine (s	edot, i noty
Recipients Use Section A to identify the agency's department or a	unit allea Sa	ction R to identify an Individu	ial a lica Sastian C to ident	iifi. aa autaida arrani-atiaa
	Number of	Landing strategy and the strategy by	No a latingua ng mga	1946 Park Bridge Company
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)	
B. Name of Individual	Number of Ticket(s)/		Identify one of the followi	na:
(Last, First)	Pass(es)			
		Ceremonial Role	Other islands of the control of the	Income _
		il Checking Celemon	al Role of Other describe below.	The state of the s
		Ceremonial Role	Other _	Income
		If checking "Ceremoni	al Role" or "Other" describe below:	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
	Pass(es)			
	<u> </u>			
			~	The state of the s
Verification	18042 6	adfined that the distribution and	ndh ahaya Istassa ta	h tha man tan
Verification I have read and understand FPPC Regulations 18944.1 and Gail Let			orth above, is in accordance with t Administrator	h the requirements. 5-30-14

		Date Stamp	California Ong
			Odinomia Q
			Form 802
	7		For Official Use Only
		1	
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.,			
		Amendment (Múst p	rovide explanation in Part 3.)
		Date of Original Filing:	(Month, Day, Year)
		2	6.00
≥ No	Face Value o	of Each Ticket/Pass \$	0.00
	Date(s) 05	,14 ,14	
		galas Dadgars	
☐ No	If no: Los All		urce
XI Voc	П _{(бурод}		
= 168	ir yes:	Official's Name (L	ast, First)
- T- Y-			
Use Se	ction B to identify an Individu	ual. • Use Section C to ident	ify an outside organization.
ket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
	Per ticket policy 5.3(l	k)	
		Identify one of the followi	ng:
	Ceremonial Role If checking "Geremoni	Other al Role" or "Other" describe below:	Income
	Ceremonial Role	Other	Income
	it checking "Ceremonia	al Role" or "Other" describe below:	
ket(s)/	Describe the publ	ic purpose made pursuant	to the agency's policy
	I.		17 10
l have ve			the requirements.
	Ticket	Administrator	5-30-14
Print Name	Δ	Title	(Month, Day, Year)
	No Yes Use Se Inber of ket(s)/ ss(es) Inber of ket(s)/ ss(es)	Date(s) No If no: Los And If no: Los And If no: Los And If yes: Use Section B to identify an individual pher of ket(s)/ss(es) Per ticket policy 5.3(in the public set is a	Per ticket policy 5.3(k) Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Othe

Comment: L

Ceremonial Role Events and Tic	ket/Pass	s Distributions		A Public Documen
1. Agency Name			Date Stamp	California 802
Los Angeles County Division, Department, or Region (If Applicable)				
Board of Supervisors, Fourth District	7	and the state of t	1	
Designated Agency Contact (Name, Title)			4	
Gail LeGros, Ticket Administrator	O COMMITTED AND A STATE OF THE			
Area Code/Phone Number E-mail	We will be a second		1	provide explanation in Part 3.)
213-974-4444 don@lacbos.	org		Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information	.	□ Face Velve e	4 F - 1 T - 1 4 D - 1 A	6.00
Does the agency have a ticket policy? Event Description Dodger Game	Yes⊠ No		of Each Ticket/Pass \$	
Event Description Dodger Game Provide Title/Expl.	anation	Date(s) 05	M ²⁰ M ¹⁴	
Ticket(s)/Pass(es) provided by agency?	Yes□ No	If no: Los Ar	geles Dodgers	
Was ticket distribution made at the behest			Name of So	urce
of agency official?	No⊠ Yes	If yes:	Official's Name (Last, First)
3. Recipients	********			
Use Section A to identify the agency's department or its section A to identify the agency's department or its section.	unit. • Use Se	The second secon	ual. • Use Section C to iden	
A. Name of Agency, Department or Unit	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)		Identify one of the follow	ng:
		Ceremonial Role If checking "Ceremoni	Other Other Other describe below:	Income
		Ceremonial Role	Other Other describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	to the agency's policy
4. Verification				
I have read and understand FPPC Regulations 18944.1 and				
Santa (Again Had a California			t Administrator	5-30-14
Signature of Agency Head or Designee	Print Narr	ne	Title	(Month, Day, Year)

Ceremonial Role Events and Tid	Ket/Pass	Distributions		A Public Documen
1. Agency Name			Date Stamp	California QA2
Los Angeles County				Form OUZ
Division, Department, or Region (If Applicable	e)		4	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	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		of Each Ticket/Pass \$ L	
Event Description Dodger Game Provide Title/Exp.	anation	Date(s) 05	27 14	
Ticket(s)/Pass(es) provided by agency?	Yes□ No	If no: Los Ar	igeles Dodgers	
Was ticket distribution made at the behest	No⊠ Yes	n	ivame of Si	ource
of agency official?	No 🖺 Yes	If yes:	Official's Name	(Last, First)
3. Recipients				
Use Section A to identify the agency's department or		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)	
	Number of			
B. Name of Individual (Lest, First)	Ticket(s)/ Pass(es)		Identify one of the follow	ing:
		Ceremonial Role	Other	Income
		If checking "Geremoni	ial Role" or "Other" describe below:	
		Ceremonial Role	Other	Income
		if checking "Ceremoni	al Role" or "Other" describe below:	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)		ic purpose made pursuant	to the agency's policy
l. 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 wit	th the requirements.
(M) Le (m) Gail Le			t Administrator	5-30-14
Signature of Agency Head or Designee	Print Nan	ne	Tille	(Month, Day, Year)
Comment				

Ceremonial Role Events and Tid	cket/Pass	Distributions		A Public Documen	
1. Agency Name			Date Stamp	California QA2	
Los Angeles County				Form OUZ	
Division, Department, or Region (If Applicable	(e)		4	For Official Use Only	
Board of Supervisors, Fourth District			1		
Designated Agency Contact (Name, Title)					
Gail LeGros, Ticket Administrator	The second secon		<u> </u>		
Area Code/Phone NumberE-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					
Does the agency have a ticket policy?	Yes⊠ No	Face Value	of Each Ticket/Pass \$	6.00	
Event Description Dodger Game	28 , 14				
Ticket(s)/Pass(es) provided by agency?	Yes No	Date(s) 05	ngeles Dodgers Name of So	Urra	
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (i		
3. Recipients					
Use Section A to identify the agency's department or	unit. • Use Se	ection B to identify an Individ	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 follow	ng:	
		Ceremonial Role If checking "Ceremon	Other ial Role" or "Other" describe below:	Income	
		Ceremonial Role If checking "Ceremon	other laid Role" or "Other" describe below:	Income	
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	llc purpose made pursuant	to the agency's policy	
I. Verification I have read and understand FPPC Regulations 18944.1 and	d 18942. I have ve	erified that the distribution set fo	orth above, is in accordance with	h the requirements.	
Man Je Gras Gail Le			t Administrator	5-30-14	
Signature of Agency Head or Designee	Print Nam	ne	Title	(Month, Day, Year)	
Comment: L					

Ceremonial Role Events and Tio	ket/Pass	s Distributions		A Public Documen
1. Agency Name	Agency Name			
Los Angeles County				California 802
Division, Department, or Region (If Applicable	9)		4	For Official Use Only
Board of Supervisors, Fourth District			1	
Designated Agency Contact (Name, Title)			_	
Gail LeGros, Ticket Administrator			Amendment (Must p	rovido evalanction in Cost 2.1
Area Code/Phone Number E-mail			,	OVICE EXPLANATION IN PARTS.)
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		of Each Ticket/Pass \$ L	6.00
Event Description Dodger Game Provide Title/Exp.	lanation	Date(s) 05	, 29 , 14	
Ticket(s)/Pass(es) provided by agency?		If no: Los Ar	ngeles Dodgers Name of Soi	<i>Irce</i>
Was ticket distribution made at the behest of agency official?	No⊠ Yes	s If yes:	Official's Name (L	ast, 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 ident	ify 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)	Ceremonial Role If checking "Ceremon	Identify one of the following Other Interested to the Interested to the Identity of the Identity of the Identity of the Identity of Identi	ng:
		Ceremonial Role If checking "Ceremoni	Other	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)		lic purpose made pursuant (o the agency's policy
Verification I have read and understand FPPC Regulations 18944.1 and	18942. I have v	erified that the distribution set fo	orth above, is in accordance with	<u>the re</u> quirements.
Signature of Agency Head or Designee Gail Le	Gros Print Nan		t Administrator	5-30-14 (Month, Day, Year)
Comment:		Sample Control of the	The state of the s	

Ceremonial Role Events and Tic	Ketrass	Sustributions		A Public Documen
1. Agency Name			Date Stamp	California 802
Los Angeles County				TOTAL -
Division, Department, or Region (If Applicable	e)		=	For Official Use Only
Board of Supervisors, Fourth District				
Designated Agency Contact (Name, Title)				
Gail LeGros, Ticket Administrator			Amandment (Must am	Dide ovalendies is Ord 23
Area Code/Phone Number E-mail			Amendment (Must provide explanation in Part 3.)	
213-974-4444 don@lacbos.org			Date of Original Filing:	(Month, Day, Year)
E. Function or Event Information Does the agency have a ticket policy?	Yes⊠ No	□ Face Value	of Each Ticket/Pass \$	5.00
Event Description Dodger Game Provide Title/Expl	W.,. W.	Date(s) 05	,30 ,14	
Ticket(s)/Pass(es) provided by agency?	Yes□ No	_ I os Ar	ngeles Dodgers	rce
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (La	
. Recipients				
Use Section A to identify the agency's department or				
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)		olic purpose made pursuant t	
Board of Supervisors Employee	2	Per ticket policy 5.3(k)		
	Number of		41.00	
B. Name of Individual (Lest, First)	Ticket(s)/ Pass(es)	Identify one of the following:		
		Ceremonial Role If checking "Ceremon	Other	Income
		Ceremonial Role If checking "Ceremon	Other Diagram of the Control of the	Income
C. Name of Outside Organization	Number of Ticket(s)/	Deposition the puri	illc purpose made pursuant to	
(include address and description)	Pass(es)		no parpose made parsuant a	Title agency's policy
Verification I have read and understand FPPC Regulations 18944.1 and		arified that the distribution set for	orth above, is in accordance with t	ihe requirements.
Moute Cos Gail Lea			t Administrator	5-30-14
Signature of Agency Head or Designee	Print Nam		Title	(Month, Day, Year)