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
   Face Value of Each Ticket/Pass
   $36.00

   Does the agency have a ticket policy? Yes [x] No [ ]

   Event Description
   Dodger Game

   Date(s)
   05 08 14

   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]

   If no:
   Name of Source

   If yes:
   Los Angeles Dodgers

   Name of Agency official
   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)

      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
   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

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
   If yes: Los Angeles Dodgers
   Was ticket distribution made at the behest of agency official? [Yes] [No]
   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  5-30-14
   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   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 10 14
   If no: Los Angeles Dodgers
   Name of Source
   If yes: 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   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 19544.1 and 19542. I have verified that the distribution set forth above is in accordance with the requirements.

   Signature of Agency Head or Designee   Print Name   Title
   Gail LeGros   Ticket Administrator

   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

2. Function or Event Information
   Does the agency have a ticket policy? Yes [X] No [ ]
   Event Description: Dodger Game
   Face Value of Each Ticket/Pass $36.00
   Date(s): 05 11 14
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
   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 | 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 [ ]
   Ceremonial Role [ ] 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 19441 and 1942. 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)
**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**

<table>
<thead>
<tr>
<th>California Form 802</th>
</tr>
</thead>
<tbody>
<tr>
<td>For Official Use Only</td>
</tr>
</tbody>
</table>

**Amendment**
(Must provide explanation in Part 1) Date of Original Filing: (Month, Day, Year)

---

**Function or Event Information**

Does the agency have a ticket policy? **Yes**

**Event Description**
Dodger Game

Face Value of Each Ticket/Pass $36.00

Date(s)
05 12 14

Ticket(s)/Pass(es) provided by agency? **Yes**

If no: Los Angeles Dodgers

Name of Source

Was ticket distribution made at the behest of agency official? **No**

If yes:

Official's Name (Last, First)

---

**Recipients**

**A. Name of Agency, Department or Unit**

<table>
<thead>
<tr>
<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>
</tr>
</tbody>
</table>

**B. Name of Individual**

<table>
<thead>
<tr>
<th>Number of Ticket(s)/ Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ceremonial Role</td>
</tr>
</tbody>
</table>

If checking "Ceremonial Role" or "Other" describe below:

Ceremonial Role

Income

**C. Name of Outside Organization**

<table>
<thead>
<tr>
<th>Number of Ticket(s)/ Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>

---

**Verification**

I have read and understand FPPC Regulations 18941 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: Gail LeGros

Title: Ticket Administrator

(Month, Day, Year) 5-30-14

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 E-mail
   213-974-4444 don@lacbos.org

   Date Stamp California Form 802
   (For Official Use Only)

2. Function or Event Information
   Does the agency have a ticket policy? Yes [x] No [ ]

   Face Value of Each Ticket/Pass $36.00

   Event Description Dodger Game
   Date(s) 05 13 14

   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]

   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:

   | Gail LeGros | Ceremonial Role [ ] Other [ ] Income [ ]

   If checking “Ceremonial Role” or “Other” describe below:

   | Ticket Administrator | 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: [Signature]

   Print Name: Gail LeGros

   Title: Ticket Administrator

   Date: 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  
**E-mail**: don@lacbos.org

### 2. Function or Event Information

- **Does the agency have a ticket policy?** Yes [x] No [ ]
- **Event Description**: Dodger Game
- **Face Value of Each Ticket/Pass**: $36.00
- **Date(s)**: 05/13/14

**Ticket(s)/Pass(es) provided by agency?**
- **Yes** [ ] **No** [x]

**Was ticket distribution made at the behest of agency official?**
- **Yes** [x] **No** [ ]

### 3. Recipients

- **A. Name of Agency, Department or Unit**
  - **Number of Ticket(s)/Pass(es)**: 2
  - **Describe the public purpose made pursuant to the agency's policy**
    - Per ticket policy 5.3(k)

- **B. Name of Individual**
  - **Number of Ticket(s)/Pass(es)**
  - **Identify one of the following**: Ceremonial Role [x] Other [ ] Income [ ]

- **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**: [Signature]  
**Print Name**: Gail LeGros  
**Title**: Ticket Administrator  
**Date**: 05-30-14
### 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@lacity.org

**Data Stamp**

**California Form 802**
For Official Use Only

**Amendment** (Must provide explanation in Part 3)

**Date of Original Filing**

(Month, Day, Year)

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**2. Function or Event Information**

**Does the agency have a ticket policy?**
Yes [X] No [☐]

**Face Value of Each Ticket/Pass**
$36.00

**Event Description**
Dodger Game

**Provide Title/Explaination**

**Ticket(s)/Pass(es) provided by agency?**
Yes [☐] No [X]

**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**

<table>
<thead>
<tr>
<th>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>

**B. Name of Individual**

<table>
<thead>
<tr>
<th>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>
</tbody>
</table>

If checking "Ceremonial Role" or "Other" describe below:

<table>
<thead>
<tr>
<th>Ceremonial Role [☐] Other [☐] Income [☐]</th>
</tr>
</thead>
</table>

If checking "Ceremonial Role" or "Other" describe below:

---

**C. Name of Outside Organization**

<table>
<thead>
<tr>
<th>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 18944.1 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.

**Signature Agency Head or Designee**
Gail LeGros
Ticket Administrator

**Print Name**

**Title**

**Date (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
   E-mail: don@lacbos.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes [x] No [ ]
   Event Description: Dodger Game
   Face Value of Each Ticket/Pass $36.00
   Date(s): 05 26 14
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   Yes: [ ] No: [ ]
   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
      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 [ ]
      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 18242. 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) 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 [x] 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 [x]
   Date(s) 05 27 14
   If no:
   Name of Source
   Los Angeles Dodgers
   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 19344 and 19342. 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)
   5-30-14

Comment: [ ]

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
- 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
- Face Value of Each Ticket/Pass $36.00
- Date(s): 05/28/14
- Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
- If no: Los Angeles Dodgers
- Was ticket distribution made at the behest of agency official? No ☐ Yes ☑

**3. Recipients**
- **A. Name of Agency, Department or Unit**
  - Number of Ticket(s)/Pass(es): 2
  - Describe the public purpose made pursuant to the agency's policy: 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 ☐
    - Ceremonial Role ☐ 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 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: 5-30-14
- Comment:

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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

A Public Document
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 X No

Event Description Dodger Game

Face Value of Each Ticket/Pass $36.00

Date(s) 05 29 14

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: 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

<table>
<thead>
<tr>
<th>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>

B. Name of individual (Last, First)  Number of Ticket(s)/ Pass(es)  Identify one of the following:

<table>
<thead>
<tr>
<th>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>Gail LeGros</td>
<td></td>
<td>Ceremonial Role  Other  Income</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>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 18941 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: (Month, Day, Year)

Comment: 5-30-14

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

   Date Stamp
   California Form 802
   For Official Use Only
   Amendment (Must provide explanation in Part 3)
   Date of Original Filing:

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description
   Dodger Game
   Date(s)
   05 30 14
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Event Description
   If no:
   Name of Source
   Los Angeles Dodgers
   Official’s Name (Last, First)
   Face Value of Each Ticket/Pass
   $36.00

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

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 888/ASK-FPPC (888/275-7772)