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

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

Provide Title/Explanation

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

If no: Los Angeles Dodgers

Name of Source

If yes: [ ]

Official's Name (Last, First)

Face Value of Each Ticket/Pass $36.00

Date(s) 08 01 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 (Last, First) Number of Ticket(s)/ Pass(es) Identify one of the following:

Ceremonial Role [x] Other [ ] Income [ ]

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

Ceremonial Role [x] 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 8-29-14

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

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): 08/02/14
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Los Angeles Dodgers
   Name of Source:
   Official's Name (Last, First)
   Was ticket distribution made at the behest of agency official? No ☑ 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:
      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 18944.2. 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: 8-29-14
   (Month, Day, Year)
   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
   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 [x]
   Face Value of Each Ticket/Pass $36.00
   Event Description [ ]
   Dodger Game
   Provide Title/Explanation
   Date(s) 08 03 14
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   If no: Los Angeles Dodgers
   Name of Source
   If yes: Los Angeles Dodgers
   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:

   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 19844.1 and 19842. 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
   Date (Month, Day, Year) 8-29-14

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
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
Face Value of Each Ticket/Pass $36.00
Date(s) 08/04/14
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

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>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

C. Name of Outside Organization (Include address and description)

<table>
<thead>
<tr>
<th>Name of Outside Organization</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 19944.1 and 19942. 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
Date (Month, Day, Year) 8-29-14

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 213-974-4444
   Email don@lacobos.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
   Date(s) 08 05 14
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   If no: Los Angeles Dodgers
   Name of Source
   Official's Name (Last, First)
   Was ticket distribution made at the behest of agency official?
   No [x] 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 (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:

   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
   Date: 8-29-14

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 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) 08 15 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.

<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>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></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>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Name of Outside Organization</td>
<td>Number of Ticket(s)/ Pass(es)</td>
<td>Describe the public purpose made pursuant to the agency’s policy</td>
</tr>
<tr>
<td>(Include address and description)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
I have read and understand FPPC Regulations 18244.1 and 18242. I have verified that the distribution set forth above is in accordance with the requirements.

[Signature]
Gail LeGros
Ticket Administrator
8-29-14

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

2. Function or Event Information

Does the agency have a ticket policy? Yes ☑ No

Event Description Dodger Game

Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑

Face Value of Each Ticket/Pass $36.00

Date(s) 08 16 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 19284.1 and 19242. I have verified that the distribution set forth above is in accordance with the requirements.

Gail LeGros
Ticket Administrator 8-29-14

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
   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
   Face Value of Each Ticket/Pass $36.00
   Date(s) 08/17/14
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If no: Los Angeles Dodgers
   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.

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes(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
   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:

   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 8-29-14
   Signature of Agency Head or Designee: Gail LeGros
   Print Name: Ticket Administrator
   Title: 8-29-14
   (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

### 2. Function or Event Information

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

- [x] Yes
- [ ] No

**Event Description**

Dodger Game

**Provide Title/Explanation:**

**Face Value of Each Ticket/Pass**

$36.00

**Date(s):**

08 19 14

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

- [ ] Yes
- [x] 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

<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>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</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role</td>
</tr>
</tbody>
</table>

#### 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 18244.1 and 18242.1. I have verified that the distribution set forth above is in accordance with the requirements.

**Signature of Agency Head or Designee:**

Gail LeGros

**Title:**

Ticket Administrator

**Print Name:**

**Date:**

8-29-14

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
   - **Face Value of Each Ticket/Pass** $ 36.00
   - **Date(s)** 08 20 14
   - **Ticket(s)/Pass(es) provided by agency?** Yes □ No ✓
   - **If yes:**
     **Name of Source:** Los Angeles Dodgers
     **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 (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:

   - **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:**
   8-29-14

   **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@labos.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

Face Value of Each Ticket/Pass $36.00

Date(s)
08 21 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 ☑

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 19341 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
Ticket Administrator

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
   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@lacsos.org

   Date Stamp: California Form 802 (4/12)
   Date of Original Filing: (Month, Day, Year)

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]
   If no:
   Name of Source:
   Official's Name (Last, First)
   Date(s):
   Los Angeles Dodgers
   Was ticket distribution made at the behest of agency official? No [x] 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:
      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 18244.1 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: 8-29-14
   (Month, Day, Year)

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
   Division, Department, or Region (If Applicable)
   Board of Supervisors, Fourth District
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   Area Code/Phone Number
   213-974-4444
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   Date Stamp
   California Form 802
   For Official Use Only

2. Function or Event Information
   Face Value of Each Ticket/Pass $36.00
   Date(s) 08 23 14
   If no:
   Name of Source
   Los Angeles Dodgers
   Official’s Name (Last, First)
   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:

   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
   Title
   Print Name
   Ticket Administrator
   Date (Month, Day, Year)
   8-29-14

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 ☐

   Event Description: Dodger Game

   Provide Title/Explanation

   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

   Face Value of Each Ticket/Pass $36.00

   Date(s)
   08 24 14

   Was ticket distribution made at the behest of agency official? No ☐ 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:
      Board of Supervisors Employee

      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:
      (Leave blank)

      Number of Ticket(s)/Pass(es) (Leave blank)

      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) (Leave blank)

      Describe the public purpose made pursuant to the agency’s policy (Leave blank)

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: 8-29-14

   (Month, Day, Year)

   Comment: 