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

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 ☑ No ☐
Event Description
Dodger Game

Face Value of Each Ticket/Pass S 36.00

Date(s)
09 01 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 ☑
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
(Number 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 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
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@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 ☑
Was ticket distribution made at the behest of agency official? No ☑ Yes ☐
Face Value of Each Ticket/Pass $36.00
Date(s) 09 02 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
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 19644.1 and 19642. I have verified that the distribution set forth above is in accordance with the requirements.

[Signature]
Gail LeGros
Ticket Administrator
Title 9-19-14

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

Date Stamp 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 ☑ No ❑

Event Description Dodger Game
Face Value of Each Ticket/Pass $36.00
Date(s) 09 03 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? Yes ☑ No ❑
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)/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>

<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>If checking “Ceremonial Role” or “Other” describe below:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<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 19364.1 and 18042. 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 ☐
Event Description Dodger Game
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 $36.00
Date(s) 09 05 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

B. Name of Individual
(See Note)
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
Pathways-srvs to terminally ill 2 Per ticket policy 5.3(i)
480 S. Allison Pkway, Lakewood, CA 80226

4. Verification
I have read and understand FPPC Regulations 19341 and 1842; I have verified that the distribution set forth above, is in accordance with the requirements.

Gail LeGros Ticket Administrator
Signature of Agency Head or Designee Print Name Title
9-19-14 (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

Date Stamp
California Form 802
For Official Use Only

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Face Value of Each Ticket/Pass $ 36.00
Event Description
Provide Title/Explanation
Dodger Game
Date(s) 09 07 14
Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
If no:
If yes:
Name of Source
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.

<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>

4. Verification
I have read and understand FPPC Regulations 19344.1 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: 9-19-14
(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 E-mail
213-974-4444 don@lacbos.org

2. Function or Event Information
Does the agency have a ticket policy? Yes No
Event Description
Face Value of Each Ticket/Pass $36.00
Date(s)
09 08 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.

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
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
Number of Ticket(s)/Pass(es)
Describe the public purpose made pursuant to the agency’s policy
Cerritos Optimist Club-11020 Artesia Blvd
Per ticket policy 5.3(i)
supports youth activities in Cerritos

4. Verification
I have read and understand FPPC Regulations 19444.1 and 19442. 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 9-19-14
[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
- **Email**
  - 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)**
  - 09 06 14
- **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [x]
- **Was ticket distribution made at the behest of agency official?** No [x] Yes [ ]

## 3. Recipients
- **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 (See 5.9b)
- **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 10344 and 19342. I have verified that the distribution set forth above is in accordance with the requirements.

- **Signature of Agency Head or Designee**
- **Print Name**
- **Title**
- **Date** (Month, Day, Year)

Comment: [ ]

FPPC Form 822 (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

Date Stamp

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Event Description: Dodgers Game
Face Value of Each Ticket/Pass $36.00
Date(s): 09 09 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 ☐
If yes: 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 19244.1 and 19240. 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: Date (Month, Day, Year) 9-19-14

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 [ ]
Face Value of Each Ticket/Pass $36.00
Date(s) 09 10 14
Event Description: Dodger Game
Ticket(s)/Pass(es) provided by agency?
Yes [ ] No [X]
If no:
Name of Source:
If yes:
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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(e)s</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>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(e)s</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>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(e)s</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 19644.1 and 19642. 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: 9-19-14
(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  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  No
   Face Value of Each Ticket/Pass $ 36.00
   Event Description  
   Dodger Game  
   Date(s)  
   09  22  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.

   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 19344.1 and 19342. 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

   Date (Month, Day, Year)  9-22-14

   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**

**Provide Title/Explanation**

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

- 36.00

**Date(s)**

- 09 23 14

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

- Yes [ ] No [x]

**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.**

<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>

**Use Section B to identify an 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>[Official's Name (Last, First)]</td>
<td></td>
<td>Other [ ]</td>
</tr>
<tr>
<td>[Official's Name (Last, First)]</td>
<td></td>
<td>Income [ ]</td>
</tr>
</tbody>
</table>

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

**Use Section C to identify an 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 19544.1 and 19549. I have verified that the distribution set forth above is in accordance with the requirements.

- **Signature of Agency Head or Designee:**
  - [Signature]

- **Print Name:**
  - [Name]

- **Title:**
  - [Title]

- **Date:**
  - 9-22-14

**Comment:**

[Comment]

FPPC Form 802 (4/12)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agencies 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 donlacbos.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
Date(s) 09 24 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)/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>

| Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Ceremonial Role ☐ Other ☐ Income ☐ 
|----------------------------------|-----------------------------|----------------------------------------------------------------|
|                                  |                             | Ceremonial Role ☐ Other ☐ Income ☐ 
|                                  |                             | Ceremonial Role ☐ Other ☐ Income ☐ 
|                                  |                             | Ceremonial Role ☐ Other ☐ Income ☐ |

4. Verification
I have read and understand FPPC Regulations 19441 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.

Gail LeGros Ticket Administrator 9-22-14
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    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
   Date(s) 09/27/14
   Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
   If no: 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
      (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremony Role [ ] Other [ ] Income [ ]
      If checking “Ceremony Role” or “Other” describe below:
      Ceremony Role [ ] Other [ ] Income [ ]
      If checking “Ceremony 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
   Date (Month, Day, Year)
   9-22-14

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 [X] No [ ]
   Face Value of Each Ticket/Pass $36.00
   Event Description: Dodger Game
   Date(s): 09/26/14
   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.

<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></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<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 [X] Other [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [X] Other [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income [ ]</td>
</tr>
</tbody>
</table>

<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>
<tbody>
<tr>
<td>Weingart/Lakewood YMCA-academic</td>
<td>2</td>
<td>Per ticket policy $3.50 (l)</td>
</tr>
<tr>
<td>enrichment-5835 E.Carson St, Lakewood</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
   I have read and understand FPPC Regulations 19344.1 and 19342. I have verified that the distribution set forth above is in accordance with the requirements.
   Signature of Agency Head or Designee
   Print Name
   Title
   Date: 9-22-14
   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 ☑ No ☐
   Event Description: Dodger Game
   Face Value of Each Ticket/Pass: $36.00
   Date(s): 09 26 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.

   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
      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

   Kevin Woyjeck Explorers for Life-Long Learners: 2
      Per ticket policy 5.3 (l)

   youth w/fire explorer prg-800 Marina Dr

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
   (Month, Day, Year): 9-22-14

Comment: [Comment]