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 (List Name/D.O.B.)
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 $ 19.00
Event Description County Fair
Date(s) 08 29 14 09 28 14
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If no: Los Angeles County Fair Association
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

<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 staff member</td>
<td>10</td>
<td>Per ticket policy 5.3 (k)</td>
</tr>
</tbody>
</table>

B. Name of individual
   (List Name/D.O.B.)
   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
Ticket Administrator
Print Name
9-22-14
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)
Gall 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 (If applicable, provide explanation in Part 2)
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 $19.00
   Event Description: County Fair
   Event Date(s):
   08 29 14
   09 28 14

   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no:
   Name of Source:
   Los Angeles County Fair Association

   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 staff member
      15
      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
      Gall LeGros
      Ticket Administrator
      9-22-14
      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
- 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 $**

#### Event Description
- County Fair

#### Date(s)
- 08 29 14

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

#### If no:
- Los Angeles County Fair Association

#### Name of Source
- [ ]

#### 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**

<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 staff member</td>
<td>10</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>
</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 19264.1 and 19262. 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 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**
     - County Fair
   - **Face Value of Each Ticket/Pass** $19.00
   - **Date(s)**
     - Month: 08, Day: 29, Year: 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):** 10
   - **Describe the 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 [ ]
   - **If checking "Ceremonial Role" or "Other" describe below:**

   **C. Name of Outside Organization**
   - **Number of Ticket(s)/Pass(es):**
   - **Describe the purpose made pursuant to the agency's policy**

4. **Verification**
   - I have read and understand FPPC Regulations 19441 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
   - **Print Name**
   - **Title**
   - **Date**

   **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 $19.00
Event Description: County Fair
Date(s) 08/29/14
Ticket(s)/Pass(es) provided by agency? [Yes] [No]  
If no: Los Angeles County Fair Association
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 staff member</td>
<td>8</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></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</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 19441 and 19442. 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: Fourth District
   - Designated Agency Contact: 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 □
   - Face Value of Each Ticket/Pass: $19.00
   - Event Description: County Fair
   - Date(s): 08-29-14 09-28-14
   - Ticket(s)/Pass(es) provided by agency? Yes □ No □
   - If no: Los Angeles County Fair Association
   - 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**
   - Board of Supervisors staff member
   - Number of Ticket(s)/Pass(es): 5
   - Per ticket policy 5.3 (k)

   **B. Name of Individual**
   - 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:
   - 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: Gail LeGros
   - Print Name: Ticket Administrator
   - Title: (Month, Day, Year) 9-22-14
   - 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
   E-mail
   213-974-4444

2. Function or Event Information
   Does the agency have a ticket policy? Yes[ ] No[ ]
   Event Description
   County Fair
   Face Value of Each Ticket/Pass $19.00
   Ticket(s)/Pass(ea) provided by agency? Yes[ ] No[ ]
   If no: Los Angeles County Fair Association
   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.

<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 staff member</td>
<td>15</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(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ceremonial Role[ ] Other[ ] Income[ ]</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ceremonial Role[ ] Other[ ] Income[ ]</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. 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 of Agency Head or Designee
   Gail LeGros
   Ticket Administrator
   9-22-14
   FPPC Form 802 (4/12)
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/775-7772)
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 $19.00
   Event Description County Fair
   Date(s) 08 29 14
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   If no: Los Angeles County Fair Association
   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>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 staff member</td>
<td>10</td>
<td>Per ticket policy 5.3 (k)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Give Name)</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>
<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(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 19344.1 and 19344.2. I have verified that the distribution set forth above is in accordance with the requirements.

Gail LeGros 9-22-14
Signature of Agency Head or Designee  Print Name  Title  (Month, Day, Year)

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] [No]
   Face Value of Each Ticket/Pass $19.00
   Event Description: County Fair
   Date(s): 08 29 14 09 28 14
   Ticket(s)/Pass(es) provided by agency? [Yes] [No]
   If no: Los Angeles County Fair Association
   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 staff member 6 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 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
   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 E-mail
213-974-4444 don@lacos.org

A Public Document
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 $ 19.00

Event Description County Fair
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If no: Los Angeles County Fair Association
Name of Source

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

<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 staff member</td>
<td>10</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></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</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 18245.1 and 18247. 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) 9-22-14

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Hotline: 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 [x] No [ ]
- **Face Value of Each Ticket/Pass $** 19.00
- **Date(s)** 08/29/14 09/28/14
- **Event Description** County Fair
- **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [x]
- **Official’s Name (Last, First)**

- **If yes:**
  - **Name of Source:**

- **If no:**
  - **Name of Source:**

#### 3. Recipients

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

- **Number of Ticket(s)/Pass(es):** 6
- **Describe the public purpose made pursuant to the agency’s policy:** 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 19444.1 and 19444.2. 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)** 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 $ [ ]
Event Description
County Fair
Date(s) 08 29 14
Ticket(s)/Pass(es) provided by agency? Yes [X] No [ ]
If no: Los Angeles County Fair Association
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 staff member 14 Per ticket policy 5.3 (k)

B. Name of Individual
(If any)
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 19241.1 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
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
Date Stamp

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Face Value of Each Ticket/Pass $19.00
Event Description County Fair
Date(s) 08-29-14 09-28-14
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If no: Los Angeles County Fair Association
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 staff member</td>
<td>5</td>
<td>Per ticket policy 5.3 (k)</td>
</tr>
</tbody>
</table>

B. Name of Individual (Last, First)

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

4. Verification
I have read and understand FPPC Regulations 19244.1 and 19942. 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 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
   □ 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 ☐
   Face Value of Each Ticket/Pass $19.00
   Event Description: County Fair
   Date(s): 08 29 14 09 28 14
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Los Angeles County Fair Association
   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.
   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 staff member</td>
<td>4</td>
</tr>
</tbody>
</table>

   Name of Individual (Last, First)

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

   Name of Outside Organization
   (Include address and description)

<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>

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 Date: 9-22-14
Print Name: Ticket Administrator 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)
   Gall LeGros, Ticket Administrator
   Area Code/Phone Number    E-mail    Date of Original Filing:
   213-974-4444    don@lacbos.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes No
   Event Description    County Fair
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes No
   If no: Los Angeles County Fair Association
   Name of Source
   If yes: Official's Name (Last, First)
   Face Value of Each Ticket/Pass $19.00
   Date(s) 08 29 14 09 28 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 staff member    6    Per ticket policy 5.3 (k)

B. Name of individual
   Number of Ticket(s)/Pass(es)
   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
   Print Name: Ticket Administrator
   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 ☒ No ☐
   Face Value of Each Ticket/Pass $19.00
   Event Description County Fair
   Date(s) 08 29 14 09 28 14
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Los Angeles County Fair Association
   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
   Board of Supervisors staff member 8 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 ☐
   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 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) 9-22-14
   Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 888/ASK-FPPC (888/275-7772)
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 [x] No [☐]
   Face Value of Each Ticket/Pass $ 19.00
   Event Description County Fair
   Date(s) 08 29 14
   Ticket(s)/Pass(es) provided by agency? Yes [☐] No [x]
   If no: Los Angeles County Fair Association
   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 staff member 10 Per ticket policy 5.3 (k)

   B. Name of Individual First Name Last Name 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 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) 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  E-mail
213-974-4444  don@lacbos.org

Date Stamp California Form 802
For Official Use Only

Amendment  (Must provide explanation in Part 2.)

Date of Original Filing:  (Month, Day, Year)

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

Event Description  County Fair

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

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

Face Value of Each Ticket/Pass $ 19.00

Date(s)  08 29 14  09 28 14

If no:  Los Angeles County Fair Association

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 staff member</td>
<td>14</td>
<td>Per ticket policy 5.3 (k)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (First Name)</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>

<table>
<thead>
<tr>
<th>C. 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 19244.1 and 19242. 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 ☒ No ☐
Face Value of Each Ticket/Pass $ 19.00
Event Description County Fair
Provide Title/Explanation
Date(s) 08 29 14 09 28 14
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Los Angeles County Fair Association
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>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 staff member</td>
<td>3</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(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 &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. 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></td>
<td></td>
<td></td>
</tr>
</tbody>
</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 of Agency Head or Designee]
Gail LeGros Ticket Administrator
Print Name Title 9-22-14
(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

Amendment (Must provide explanation in Part 2)

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 $19.00

Event Description County Fair

Date(s) 08 29 14

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

If no: Los Angeles County Fair Association

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

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 staff member 20 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:

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: Gail LeGros
Print Name: Ticket Administrator
Title: (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 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 [X] No [ ]

Face Value of Each Ticket/Pass $19.00

Event Description County Fair

If no: Los Angeles County Fair Association

Name of Source

If yes:

Official's Name (Last, First)

Date(s)
08 29 14
09 28 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

* 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 staff member</td>
<td>4</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(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>Other [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income [ ]</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>C. 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></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Verification
I have read and understand FPPC Regulations 19944.1 and 19942.1 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) 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 E-mail
   213-974-4444 don@lacbos.org

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description County Fair
   Provide Title/Explanation
   Ticket(s)/Pass(ea) provided by agency? Yes ☐ No ☑
   If no: Los Angeles County Fair Association
   Name of Source
   Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
   If yes: Official’s Name (Last, First)
   Face Value of Each Ticket/Pass $19.00
   Date(s) 08 29 14 09 28 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)
      Board of Supervisors staff member 4 Per ticket policy 5.3 (k)

   B. Name of Individual 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 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 9-22-14
   Printer’s 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  No
   Face Value of Each Ticket/Pass $19.00
   Event Description County Fair
   Date(s) 08 29 14 09 28 14
   Ticket(s)/Pass(es) provided by agency?  Yes  No
   If no: Los Angeles County Fair Association
   Name of Source
   Was ticket distribution made at the behest of agency official?  No  Yes
   If 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 staff member 6  Per ticket policy 5.3 (k)

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

4. Verification
   I have read and understand FPPC Regulations 19244.1 and 19842. 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: 213-974-4444
   E-mail: don@lacbos.org
   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 $ [ ]
   Event Description: County Fair
   Date(s): 08 29 14 09 28 14
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
   If no: Los Angeles County Fair Association
   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.
   Name of Agency, Department or Unit: [ ]
   Number of Ticket(s)/Pass(es): 6
   Describe the public purpose made pursuant to the agency's policy:
   Per ticket policy 5.3 (k)

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: 9-22-14
   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: County Fair
   Face Value of Each Ticket/Pass $19.00
   Date(s) 08 29 14 09 28 14
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: Los Angeles County Fair Association
   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 staff member 6 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: Gail LeGros Ticket Administrator
   Print Name: Title: 9-22-14
   (Month, Day, Year)

   Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)