Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Documen
1. Agency Name			Date Stamp	California 802
Los Angeles County				TOTAL
Division, Department, or Region (If Applicable)			For Official Use Only
Board of Supervisors, Fourth District				
Designated Agency Contact (Name, Title)				
Gail LeGros, Ticket Administrator			-	
Area Code/Phone Number E-mail			Amendment (Must p	provide explanation in Part 3.)
213-974-4444 don@lacbos.	org		Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information		(4)	- I	9.00
Does the agency have a ticket policy?	Yes⊠ No	Face Value o	of Each Ticket/Pass \$	9.00
Event Description County Fair Provide Title/Explain	anation	Date(s) 08	, 29 , 14	09 28 14
Ticket(s)/Pass(es) provided by agency?	Yes□ No	If no: Los An	ngeles County Fair Asso Name of So	A CONTRACTOR OF THE CONTRACTOR
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (i	Last, First)
B. Recipients • Use Section A to identify the agency's department or u	ınit. • Use Se	ection B to identify an Individu	ual. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	lic purpose made pursuant	TO John College College College College
Board of Supervisors staff member	10	Per ticket policy 5.3	(k)	
B. Name of Individual (Lest, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
		Ceremonial Role If checking "Ceremoni	Other describe below:	Income
		Ceremonial Role	Other I of the other describe below:	Income
C Name of Outside Organization	Number of			
(Include address and description)	Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	to the agency's policy
. Verification I have read and understand FPPC Regulations 18944.1 and	18942 have v	erified that the distribution set fr	orth should be in accordance with	h the requirements
Signature of Agency Head or Designee		Ticke	t Administrator	9-22-14 (Month, Day, Year)
Comment:			THE	(wonus, Day, reaf)

Agency Report of: Ceremonial Role Events and T	icket/Pass	Distributions		A Public Documen
1. Agency Name			Date Stamp	
Los Angeles County				Form 802
Division, Department, or Region (If Applica	able)		=	For Official Use Only
Board of Supervisors, Fourth District Designated Agency Contact (Name, Title)]	
Gail LeGros, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must p	provide explanation in Part 3.)
213-974-4444 don@lacbo	os.org		Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information	THE PARTY OF THE P		[7	
Does the agency have a ticket policy?	Yes⊠ No	Face Value	of Each Ticket/Pass \$	9.00
Event Description County Fair		Date(s) 08	/29 , 14	09 28 14
Provide Title/E	Explanation			
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: LOS AF	ngeles County Fair Ass	
Was ticket distribution made at the behest	t No⊠ Yes	п " [Name of 30	шсь
of agency official?	No Yes	If yes:	Official's Name (Last, First)
3. Recipients				
Use Section A to identify the agency's department	Number of	a king paking payar a fine fiyar by	No. 2 C. N. Mark State California	n Ngya Nghan da waa ni si ili na k
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the put	olic 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 follow	ing.
		Ceremonial Role If checking "Ceremon	Other describe below:	Income
		Ceremonial Role If checking "Ceremon	Other Other Other describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
. Verification I have read and understand FPPC Regulations 18944.1.2	and 18942. I have v	erified that the distribution set fo	orth above, is in accordance wit	h the requirements.
You To Gros Gail 1	LeGros	Ticke	et Administrator	9-22-14
Signature of Agency Head or Designee	Print Nan	ne	Title	(Month, Day, Year)
Comment:	Total Control of the		The second secon	Service of the servic

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California Q02
Los Angeles County				Form OUZ
Division, Department, or Region (If Applicable)			For Official Use Only
Board of Supervisors, Fourth District				
Designated Agency Contact (Name, Title)				
Gail LeGros, Ticket Administrator		The state of the s		
Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
213-974-4444 don@lacbos.	org		Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information			1	9.00
Does the agency have a ticket policy?	Yes⊠ No	Face Value o	of Each Ticket/Pass \$	9.00
Event Description County Fair Provide Title/Expl	anation	Date(s) 08	, 29 , 14	09 28 14
Ticket(s)/Pass(es) provided by agency?	Yes□ No	If no: Los An	geles County Fair Asso Name of Sou	
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (L	ast, First)
3. Recipients				
Use Section A to identify the agency's department or	7	ection B to identify an individu		
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	
Board of Supervisors staff member	10	Per ticket policy 5.3 ((k)	
B. Name of Individual	Number of Ticket(s)/		Identify one of the following	005
(Lest, First)	Pass(es)	Ceremonial Role	Other	Income
		If checking "Ceremoni	ial Role" or "Other" describe below:	
		Ceremonial Role If checking "Ceremoni	Other	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)		lic purpose made pursuant (o the agency's policy
. Verification				
 Verification I have read and understand FPPC Regulations 18<u>944.1 and</u> 	18942. I have v	erified that the distribution set fo	orth above, is in accordance with	the requirements.
You down Gail Le			t Administrator	9-22-14
Signature of Agency Head or Designee	Print Nan		Title	(Month, Day, Year)
Comment:				

Ceremonial Role Eve	ents and 110	Ket/Pass	Distributions		A Public Documen
1. Agency Name				Date Stamp	California 802
Los Angeles County					Form OUZ
Division, Department, or R	Region (If Applicable	e)		1	For Official Use Only
Board of Supervisors, Fou	rth District			1	
Designated Agency Conta		S 700		4	
Gail LeGros, Ticket Admin	istrator				
Area Code/Phone Number				Amendment (Must p	provide explanation in Part 3.)
213-974-4444	don@lacbos	.org		Date of Original Filing:	(Month, Day, Year)
2. Function or Event Inf	ormation		The state of the s		
Does the agency have a tid	cket policy?	Yes⊠ No	Face Value	of Each Ticket/Pass \$	9.00
Event Description County	Fair	***	Date(s) 08	, 29 , 14	09 28 14
Event Description	Provide Title/Exp	lanation			
Ticket(s)/Pass(es) provided	d by agency?	Yes No	If no: Los Ar	ngeles County Fair Ass	
Was ticket distribution mad			5	Name of So	urce
of agency official?	e at the benest	No⊠ Yes	If yes:	Official's Name (Last, First)
3. Recipients					
Use Section A to identify the ago	ency's department or	unit. • Use Se	ection B to identify an Individ	ual. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Depar	· · · · · · · · · · · · · · · · · · ·	Number of Ticket(s)/ Pass(es)	productions are the American	lic purpose made pursuant	CONTRACTOR AND ARREST TO A STATE OF
Board of Supervisors staff	member	10	Per ticket policy 5.3	(k)	
B. Name of Indivi	dual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ng:
,			Ceremonial Role If checking "Ceremon	Other ital Role" or "Other" describe below:	Income
			Ceremonial Role If checking "Ceremon	Other I lat Role" or "Other" describe below:	Income _
C. Name of Outside Org (include address and d		Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
I. Verification		<u> </u>	11		
I have read and understand FPPC Re	egulations 18 <u>944.1 and</u>	18942. I have v	erified that the distribution set fo	orth above, is in accordance wit	h the requirements.
Man La Cros	Gail Le	Gros	Ticke	t Administrator	9-22-14
Signature of Agency Head or Designature	nee	Print Nan	ne	Title	(Month, Day, Year)

Comment:					

Los Angeles County Division, Department, or Region (# 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 of Original Filings: (Month, Day, Year) Foundation Does the agency have a ticket policy? Yes No Date (s) 08 29 14 09 28 14 Date (s) 08 29 14 Date (s) 09 28 14 Date (s) 08 29 14 Date (s) 09 28 14 Date (s) 08 29 14 Date (s) 09 28 14 Date (s) 08 Date (s) 08 29 14 Date (s) 09 28 14 Date (s) 08 Date (s) 09 Date (s) 09 Date (s) 09 Date (s) 09 Date (s) 08 Date (s) 09 D	Agency Name			Data Stamp	California C.O.
Division, Department, or Region (if Applicable) Board of Supervisors, Fourth District				Date Stamp	California 802
Designated Agency Contact (Name, Title) Gail LeGros, Ticket Administrator Area Code/Phone Number 21:3-974-4444)		<u> </u>	For Official Use Only
Designated Agency Contact (Name, Title) Gail LeGros, Ticket Administrator Area Code/Phone Number 21:3-974-4444	Board of Supervisors Fourth District	MATERIAL STATE OF THE STATE OF			
Area Code/Phone Number				4	
Area Code/Phone Number	Gail LeGros, Ticket Administrator				
2. Function or Event Information Does the agency have a ticket policy? Yes No Description County Fair Event Description County Fair Provide Title-Explanation Ticket(s)/Pass(es) provided by agency? Yes No Description State (Last First) Was ticket distribution made at the behest of agency official? Was ticket distribution made at the behest of agency official? No Yes If no: Los Angeles County Fair Association Name of Agency Association Name of Agency Association Name of Agency Association No Yes If no: Los Angeles County Fair Association Name of Agency Association Name of Agency Association Name of Agency Association No Yes If no: Los Angeles County Fair Association Name of Agency Association Ticket(s) Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Ceremonal Role Other Income If checking Commonial Role Other Income If ch				Amendment (Must p	rovide explanation in Part 3.)
Does the agency have a ticket policy? Yes No Does the agency have a ticket policy? Yes No Does the agency have a ticket policy? No Does the agency have a ticket policy? Yes No Does the agency have a ticket policy from the provided by agency? Yes No Does the ticket policy from the policy provided by agency? Yes No Does the public purpose made pursuant to the agency's policy pass(es). 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(e) Pass(es). Board of Supervisors staff member 8 Per ticket policy 5.3 (k) B. Name of Individual Number of Incoming Technology Commonial Role Other Incoming Technology Commonial Role Other Incoming Technology Commonial Role Other Incoming Technology Tech	213-974-4444 don@lacbos.	org		Date of Original Filing:	(Month, Day, Year)
Event Description County Fair Event Description County Fair Provide Titlet-Explanation Ticket(s)/Pass(es) provided by agency? Yes No If no: Was ticket distribution made at the behest of agency official? 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 Tecket(s)/ Pass(es) Board of Supervisors staff member B Per ticket policy 5.3 (k) B. Name of Individual (Last, First) B. Name of Individual (Last, First) Ceremonial Role Other or Other describe below. Ceremonial Role Other Income if describe describe below. Ceremonial Role Other Income if describe below. Ceremonial Role Other Income Income Individual (Include address and description) Rumber of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy income if describe below. Ceremonial Role Other Income Incom				1	9.00
Ticket(s)/Pass(es) provided by agency? Yes No In no: Was ticket distribution made at the behest of agency official? No In yes: Official's Name (Lest, First) Recipients Use Section A to identify the agency's department or unit. Name of Agency, Department or Unit Ticket(s)/ Pass(es) Per ticket policy 5.3 (k) Board of Supervisors staff member B. Name of Individual (Lest, First) Number of Ticket(s)/ Pass(es) Ceremonial Role Other Income if the below: Ceremonial Role Other Income income in the below: Ceremonial Role Other Income in the		Yes≚ No		of Each Ticket/Pass \$ L	
Ticket(s)/Pass(es) provided by agency? Yes No In no: Was ticket distribution made at the behest of agency official? No In yes: Official's Name (Lest, First) Recipients Use Section A to identify the agency's department or unit. Name of Agency, Department or Unit Ticket(s)/ Pass(es) Per ticket policy 5.3 (k) Board of Supervisors staff member B. Name of Individual (Lest, First) Number of Ticket(s)/ Pass(es) Ceremonial Role Other Income if the below: Ceremonial Role Other Income income in the below: Ceremonial Role Other Income in the	Event Description	anotion	Date(s) 08	, 29 , 14	09 28 14
Was ticket distribution made at the behest of agency official? 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 Ticket(s)/Pass(es) Board of Supervisors staff member 8 Per ticket policy 5.3 (k) B. Name of Individual (see, ran) Income if the heading "Caremonial Role" or "Other" describe below: Ceremonial Role Other Income if the heading "Caremonial 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 in the heading "Caremonial Role" or "Other" describe below: C. Name of Outside Organization Ticket(s)/Pass(es) Pass(es) Verification Iname of Outside Organization (Include address and description) Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es).			Los Ar	ngeles County Fair Asso	ociation
Recipients Use Section A to identify the agency's department or unit. Use Section B to identify an individual. A. Name of Agency, Department or Unit Board of Supervisors staff member B. Name of Individual (Last First) Number of Ticket(s)/ Pass(es) B. Name of Individual (Last First) Ceremonial Role of Other describe below: Ceremonial Role of 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 if checking "Ceremonial Role" or "Other describe below: C. Name of Outside Organization (Include address and description) Verification Income Include address and description (Include address and description) Verification In A. Name of Outside Organization (Include address and description) Number of Ticket(s)/ Pass(es) Number of Outside Organization (Income Income	Ticket(s)/Pass(es) provided by agency?	Yes∐ No	X If no:	Name of So	urce
Necipients Use Section A to identify the agency's department or unit. Verification Name of Agency, Department or Unit A. Name of Agency, Department or Unit A. Name of Agency, Department or Unit A. Name of Supervisors staff member Board of Supervisors staff member B. Name of Individual (Last Fing) Ceremonial Role		No⊠ Yes	If yes:	Official's Name (ant Fimil
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.				Official's (Varie ()	Last, Flisty
A. Name of Agency, Department or Unit Number of Tickets)		unit. • Use Se	ction B to identify an Individ	ual. • Use Section C to iden	tify an outside organization.
Board of Supervisors staff member 8 Per ticket policy 5.3 (k) B. Name of Individual (Least First) 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) Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Verification I have read and understand FPPC Regulations 18344.1 and 18342. I have verified that the distribution set forth above, is in accordance with the requirements.		Number of Ticket(s)/	particular comparts of the discovery	Note that the second of the second of	CN394 THE RIGHT SERVED AND THE
B. Name of nutridudal (Lest, First) Ceremonial Role Other Income It checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income It checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income It checking "Ceremonial Role" or "Other" describe below: C. Name of Outside Organization (Include address and description) Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) 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.	Board of Supervisors staff member		Per ticket policy 5.3	(k)	
B. Name of Individual (Lest, First) Ceremonial Role Other Income I					
Ceremonial Role Other Income It checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income It checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income It checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income It checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income It checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income It checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income It checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income It checking "Ceremonial Role" or "Other Income It checking "Ceremonial Role" o	B. Name of Individual			Identify one of the follow	ng:
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 Pass(es).	(Lao), (199)	Pass(es)			
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 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.					Income L
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 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.			Ceremonial Role	Other	In
(include address and description) Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) 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.					monie [
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.			Describe the pub	ng ngangarang sanggar	
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.	(include address and description)				
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.					
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 9-22-14		18942. I have ve	erified that the distribution set fo	orth above, is in accordance wit	h the requirements.
1/2(11/20/100)	Mail Lo Gail Le	Gros	Ticke	t Administrator	9-22-14
	To the second se				

Cerem	ionial Role Eve	ents and Tic	ket/Pass	Distributions		A Public Document
1. Ager	ncy Name				Date Stamp	California Q02
Los Ar	ngeles County					Form OUZ
Division	on, Department, or R	egion (If Applicable)		4	For Official Use Only
Board	of Supervisors, Fou	rth District	***		1	
Desig	nated Agency Conta	ct (Name, Title)				
Gail Le	eGros, Ticket Admin	istrator			G	
Area C	Code/Phone Number	E-mail			Amendment (Must p	rovide explanation in Part 3.)
213-97	74-4444	don@lacbos.	org		Date of Original Filing:	(Month, Day, Year)
2. Func	tion or Event Inf	ormation			[1	9.00
Does t	the agency have a tic	ket policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$	9.00
Event	Description County	Fair Provide Title/Expl	anation	Date(s) 08	, 29 , 14	09 28 14
Ticket((s)/Pass(es) provided	I by agency?	Yes□ No	If no: Los An	geles County Fair Asso Name of So	
	cket distribution mad- ency official?	e at the behest	No⊠ Yes	If yes:	Official's Name (I	ast, First)
3. Recip						
• Use Se	ection A to identify the age	ency's department or i		ction B to identify an individu	ual. • Use Section C to ident	tify an outside organization.
Α.	Name of Agency, Depart	ment or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
Board	of Supervisors staff	member	5	Per ticket policy 5.3	(k)	
В.	Name of Indivio	lual	Number of Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the followi	
					Other Land Role" or "Other" describe below:	Income L
				Ceremonial Role If checking "Ceremoni	Other Al Role" or "Other" describe below:	Income
C.	Name of Outside Org (include address and d		Number of Ticket(s)/ Pass(es)	Describe the publ	lc purpose made pursuant	to the agency's policy
. Verific		110				
I have rea	ed and understand FPPC Re			erified that the distribution set fo	rth above, is in accordance with	the requirements.
Mc	where	Gail Le	Gros	Ticket	t Administrator	9-22-14
Sigi	nature of Agency Head or Design	nee	Print Nam	ne	Title	(Month, Day, Year)
Comm	ent:					

Ceremonial Role Events and Tic	ket/Pass	s Distributions		A Public Document
1. Agency Name			Date Stamp	California Ong
Los Angeles County				Form 802
Division, Department, or Region (If Applicable	e)			For Official Use Only
Board of Supervisors, Fourth District	Value Wage			
Designated Agency Contact (Name, Title)				
Gail LeGros, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
213-974-4444 don@lacbos	.org		Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information		•	1	9.00
Does the agency have a ticket policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$	9.00
Event Description County Fair Provide Title/Expl	lanation	Date(s) 08	29 , 14	09 28 14
Ticket(s)/Pass(es) provided by agency?	Yes□ No	If no: Los An	geles County Fair Asso Name of Sou	
Was ticket distribution made at the behest of agency official?	No⊠ Yes	s If yes:	Official's Name (L	ast, First)
3. Recipients				
Use Section A to identify the agency's department or A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	self-participal and self-year	ial. • Use Section C to ident	CASSACTISE OF SELECTION OF SELE
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	ng
		Ceremonial Role If checking "Ceremoni	Other Other Other describe below:	Income
		Ceremonial Role If checking "Ceremoni	Otheral Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	lc purpose made pursuant i	to the agency's policy
l. Verification I have read and understand FPPC Regulations 18 <u>944.1 and</u>	18942. I have vi	edified that the distribution set for	ofh shove is in econdance with	the requirements
Harle Cons Gail Le			t Administrator	9-22-14
Signature of Agency Head or Designee	Print Nan		Title	(Month, Day, Year)
			Selection of the Select	
Comment:	The service selection of			

	JILOUI GOG	Distributions		A Public Documer
Agency Name			Date Stamp	California 802
Los Angeles County				roilli
Division, Department, or Region (If Applicable	le)		1	For Official Use Only
Board of Supervisors, Fourth District			1	
Designated Agency Contact (Name, Title)	***************************************		j	
Gail LeGros, Ticket Administrator				
Area Code/Phone Number E-mail			1	provide explanation in Part 3.)
213-974-4444 don@lacbos	s.org		Date of Original Filing	(Month, Day, Year)
Function or Event Information				19.00
Does the agency have a ticket policy?	Yes⊠ No		of Each Ticket/Pass \$	19.00
Event Description County Fair Provide Title/Exp	Vanation	Date(s) 08	, 29 , 14	09 28 14
Ticket(s)/Pass(es) provided by agency?	Yes□ No	los An	ngeles County Fair Ass	ociation
rional(b)ri ass(cs) provided by agency:	res No	17 110.	Name of S	ource
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	0/5:: #- N	4 15: 0
			Official's Name	(Last, First)
Recipients • Use Section A to identify the agency's department or	unit. • Use Se	ction B to identify an Individu	ual. • Use Section C to ide	ntify an outside organization
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	A CONTRACTOR OF THE STATE OF	lic purpose made pursuan	10 gNs (Perforal Ness All) 10 4 P
Board of Supervisors staff member	10	Per ticket policy 5.3	(k)	
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ding:
	T usa(sa)	Ceremonial Role	Other Interest of the other othe	Income
		Ceremonial Role If checking "Ceremoni	Other I lial Role" or "Other" describe below:	Income [
Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)		lic purpose made pursuan	to the agency's policy
/erification				
	d 18942. I have ve	erified that the distribution set fo	orth above, is in accordance wi	th the requirements.
have read and understand FPPC Regulations 18944.1 and			a a green recoverable	
have read and understand FPPC Regulations 18944.1 and Gail Le			t Administrator	9-22-14

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 of Original Filing: (Month, Provide explain to the provide explain to th	blic Documer	A Pub	ions	Distribu	KeuPass	ts and 11c	remonial Role Even		
Division, Department, or Region (If Applicable) For Division, Department, or Region (If Applicable) Board of Supervisors, Fourth District	ifornia 802	Date Stamp Califo					Agency Name		
Board of Supervisors, Fourth District Designated Agency Contact (Name, Title) Gail LeGros, Ticket Administrator Area Code/Phone Number	onn oc						os Angeles County		
Designated Agency Contact (Name, Title) Gail LeGros, Ticket Administrator Area Code/Phone Number E-mail 213-974-4444 don@lacbos.org Date of Original Filling: (Month, County Fair Event Description Provide TitlerExplanation Ticket(s)/Pass(es) provided by agency? Yes No If no: Los Angeles County Fair Association Was ticket distribution made at the behest of agency official? Official's Name (Last, First) Recipients Use Section A to identify the agency's department or unit. Ous Section B to identify an individual. Ous Section C to identify an outsi A. Name of Agency, Department or Unit Number of Ticket(s) Board of Supervisors staff member G Per ticket policy 5.3 (k) B. Name of Individual (Last, First) Ceremonial Role Other If checking Tennancial Role Other If check	or Official Use Only	For							
Gail LeGros, Ticket Administrator Area Code/Phone Number E-mail 213-974-4444						District	Board of Supervisors, Fourth		
Area Code/Phone Number E-mail						Name, Title)	Designated Agency Contact (
213-974-4444 2. Function or Event Information Does the agency have a ticket policy? Event Description Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official? Recipients Use Section A to identify the agency's department or unit. A. Name of Agency, Department or Unit. Board of Supervisors staff member Board of Supervisors staff member B. Name of Individual (Last, First) Number of Ticket(s)/Pass(es) Recipients Use Section A to identify the agency's department or unit. Number of Ticket(s)/Pass(es) Recipients Use Section A to identify the agency adepartment or unit. Number of Ticket(s)/Pass(es) Board of Supervisors staff member A. Name of Individual (Last, First) Recipients Ceremonial Role Other Inchecking Ceremonial Rol		C Amandmant ((4)				rator	Gail LeGros, Ticket Administi		
2. Function or Event Information Does the agency have a ticket policy? Yes No Date(s) Event Description County Fair Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No Date(s) Was ticket distribution made at the behest of agency official? Recipients Use Section A to identify the agency's department or unit. A. Name of Agency, Department or Unit Pass(es) Board of Supervisors staff member B. Name of Individual (seat, First) Number of Ticket(s)/ Pass(es) B. Name of Individual (seat, First) Number of Ticket(s)/ Pass(es) Ceremonial Role Other Secribe below: C. Name of Outside Organization Number of Ticket(s)/ Describe the public purpose made pursuant to the agency of the following: Ceremonial Role Other Ceremonial Role Other Ceremonial Role Other Ticket(s)/ Describe the public purpose made pursuant to the agency of the following: Ceremonial Role Other Ceremonial Role Other Ceremonial Role Other Ceremonial Role Other Ticket(s)/ Describe the public purpose made pursuant to the agency of the following: Ceremonial Role Other Ceremon	anation in Part 3.)			***************************************					
Does the agency have a ticket policy? Event Description County Fair Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No If no: No If no: Los Angeles County Fair Association Name of Source Was ticket distribution made at the behest of agency official? Recipients • Use Section A to identify the agency's department or unit. Number of Ticket(s)/ Pass(es) Board of Supervisors staff member B. Name of Individual Ceremonial Role Other Interception It checking 'Ceremonial Role Other' describe below: Number of Ticket(s)/ Pass(es) Ceremonial Role Other Interception Ceremonial Role Other Interception Number of Ticket(s)/ Ticket(s)/ Ticket(s)/ Describe the public purpose made pursuant to the agency of the following: Ceremonial Role Other Interception Ceremonial Role Other Interception Number of Ticket(s)/ Ticket(s)/ Describe the public purpose made pursuant to the agency of the following: Ceremonial Role Other Interception Number of Ticket(s)/ Ticket(s)/ Describe the public purpose made pursuant to the agency of the following: Ceremonial Role Other Other describe below: Ceremonial Role Other Other of the following: Ceremonial Role Other	, Day, Year)	Date of Original Filing: (Month, E	Date o		org.	don@lacbos.	213-974-4444		
Does the agency have a ticket policy? Event Description County Fair Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No If no: Los Angeles County Fair Association Was ticket distribution made at the behest of agency official? No If no: Los Angeles County Fair Association Name of Source If yes: Official's Name (Last, First) Recipients Use Section A to identify the agency's department or unit. Use Section B to identify an individual. A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Board of Supervisors staff member B. Name of Individual (Last, First) Number of Ticket(s)/ Pass(es) Recipients Ceremonial Role Other describe below: Ceremonial Role Other Last First Other describe below:		19.00							
Ticket(s)/Pass(es) provided by agency? Yes No If no: Los Angeles County Fair Association Name of Source No If yes: Official's Name (Last, First) Recipients Use Section A to identify the agency's department or unit. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Board of Supervisors staff member Name of Individual (seal, First) Number of Ticket(s)/ Pass(es) Ceremonial Role Other If checking "Coremonial Role" or "Other" describe below: Ceremonial Role Other If checking "Coremonial Role" or "Other" describe below: Ceremonial Role Other If checking "Coremonial Role" or "Other" describe below: Ceremonial Role Other		f Each Ticket/Pass \$			YesŬ No				
Was ticket distribution made at the behest of agency official? No Yes If yes: Official's Name (Last, First) Recipients Use Section A to identify the agency's department or unit. Name of Agency, Department or Unit Number of Ticket(s) Pass(es) Board of Supervisors staff member Other Individual (Last, First) Number of Ticket(s) Pass(es) Recipients Use Section B to identify an individual. Other individual Number of Ticket(s) Pass(es) Recipients Use Section B to identify an individual. Other individual Identify one of the following: Ceremonial Role Other Individual If yes: Official's Name (Last, First) Number of Ticket(s) Pass(es) Ceremonial Role Other Individual If yes: Official's Name (Last, First) Number of Ticket(s) Identify one of the following: Ceremonial Role Other Individual If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Individual If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Individual If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Individual If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Individual If checking "Ceremonial Role" or "Other" describe below:	28 14	, 29 , 14 09 , 2	e(s) 08 /29	Da	anation		Event Description County Fa		
Was ticket distribution made at the behest of agency official? No Yes If yes: Official's Name (Last, First) Recipients Use Section A to identify the agency's department or unit. Number of Ticket(s)/ Pass(es) Board of Supervisors staff member Number of Ticket(s)/ Pass(es) B. Name of Individual (Last, First) Number of Ticket(s)/ Pass(es) Recipients Official's Name (Last, First) Number of Ticket(s)/ Pass(es) Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: C. Name of Outside Organization Number of Ticket(s)/ Describe the public purpose made pursuant to the agency of described below: Number of Ticket(s)/ Describe the public purpose made pursuant to the agency of described below: Number of Ticket(s)/ Describe the public purpose made pursuant to the agency of described below: Number of Ticket(s)/ Describe the public purpose made pursuant to the agency of described below:			Los Angeles C	⊠ lfr	Yes No	y agency?	Ficket(s)/Pass(es) provided by		
Use Section A to identify the agency's department or unit.			s;	☐ If y	No⊠ Yes	t the behest			
A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es)	side organization	al a Use Section C to identify an outsid	an individual a lis	ction R to identi	unit a Use Se	s denartment or	20 (1) [12 (1) [1 (1) [1] [1 (1) [1] [1 (1) [1] [1 (1) [1] [1] [1 (1) [1] [1] [1] [1] [1] [1 (1) [1] [1] [1] [1] [1] [1] [1] [
B. Name of Individual Number of Ticket(s)/ Pass(es) Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Other If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Other If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Ot	en de temperatura de la composición de	vision of the physical plant is the first of	Productive March 20	STORY STATE	Number of Ticket(s)/	Tagaricky rockers	🚅 - Company (1994) - Section (1994)		
B. Name of Individual (Last, First) Ticket(s)/ Pass(es) Identify one of the following: Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Othe		k)	licy 5.3 (k)	Per ticket p	6	ember	Board of Supervisors staff me		
C. Name of Outside Organization Number of Ticket(s) Describe the public purpose made pursuant to the ager	Income [Other	onial Role 🔲 💢		Ticket(s)/				
Name of Outside Organization Ticket(s)/ Describe the public purpose made pursuant to the ager	Income	- (A-000) (A-000)	ABOTO APOTO ASSESSMENT OF THE STATE OF THE S						
	ency's policy			Desc	Ticket(s)/				
						- An oliv			
Verification				JE-J II	140040 15	-li 100 1 1 1 - 1			
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 require	9-22-14			runea inal the dis			Tave read and understand FPPC Regul		
Signature of Agency Head or Designee Print Name Title	(Month, Day, Year)		Trence / total	e			Signature of Agency Head or Designee		

Ceremonial Role Event	s and Ticket/Pas	s Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
Los Angeles County				
Division, Department, or Region	on (if Applicable)			For Official Use Only
Board of Supervisors, Fourth (District			
Designated Agency Contact (A	lame, Title)]	
Gail LeGros, Ticket Administra	itor		Amendment (Must pro	uido evalanction in Cost 2)
Area Code/Phone Number	E-mail	(Amendment (wast pio	vide explanation in Part 3.)
213-974-4444	don@lacbos.org	· An Aran	Date of Original Filing:	(Month, Day, Year)
Ticket(s)/Pass(es) provided by Was ticket distribution made at of agency official?	Provide Title/Explanation agency? Yes N	Date(s) 08	of Each Ticket/Pass \$ L	се
3. RecipientsUse Section A to identify the agency?	s department or unit. • Use S	Section B to identify an individ	ual. • Use Section C to identify	y an outside organizatîon.
A. Name of Agency, Departmen	t or Unit Number o Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant to	o the agency's policy
Board of Supervisors staff me	mber 10	Per ticket policy 5.3	(k)	

		Ceremonial Role Other Income Income It 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
	44.1 and 18942. I have yo Gail LeGros	erified that the distribution set forth above, is in accordance with the requirements. Ticket Administrator 9-22-14

Print Name

Number of Ticket(s)/ Pass(es)

Name of Individual (Last, First)

Signature of Agency Head or Designee

Comment:

B.

(Month, Day, Year)

Income ___

Identify one of the following:

Other 🔲

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

Ceremonial Role

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
Los Angeles County				Form OUZ
Division, Department, or Region (If Applicable	e)		4	For Official Use Only
Board of Supervisors, Fourth District			1	
Designated Agency Contact (Name, Title)				
Gail LeGros, Ticket Administrator		The state of the s		<u> </u>
Area Code/Phone Number E-mail			Amendment (Must)	provide explanation in Part 3.)
213-974-4444 don@lacbos.	org		Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information				
Does the agency have a ticket policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$	19.00
Event Description County Fair Provide Title/Expl	anation	Date(s) 08	, 29 , 14	09 28 14
Ticket(s)/Pass(es) provided by agency?	Yes No	✓ If no: Los Ar	ngeles County Fair Ass Name of Sc	
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 Se	ction B to identify an individu	ual. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuani	t to the agency's policy
Board of Supervisors staff member	6	Per ticket policy 5.3	(k)	
R Name of Individual	Number of			
B. Name of Individual (Lest, First)	Ticket(s)/ Pass(es)		Identify one of the follow	ing:
		Ceremonial Role If checking "Ceremon	Other Other Other describe below:	Income 🔲
		Ceremonial Role If checking "Ceremon	Other ial Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
l. Verification	40040.44	- 35 - 44 - 14 - 37 - 14 - 37		
I have read and understand FPPC Regulations 18944.1 and				
Signature of Agency Head or Designee	Print Nan		t Administrator	9-22-14
Signature of Agency mead of Designee	rnn van		Title	(Month, Day, Year)
Comment:				

Agency Report of: Ceremonial Role Events and Ti	cket/Pass	s Distributions		A Public Documen
1. Agency Name			Date Stamp	
Los Angeles County				Form 802
Division, Department, or Region (If Application)	ole)		1	For Official Use Only
Board of Supervisors, Fourth District Designated Agency Contact (Name, Title)				
Gail LeGros, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must)	provide explanation in Part 3.)
213-974-4444 don@lacbo	s.org		Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information			1	
Does the agency have a ticket policy?	Yes No	Face Value	of Each Ticket/Pass \$	9.00
Event Description County Fair		Date(s) 08	, 29 , 14	09 28 14
Provide Title/Ex	planation			
Ticket(s)/Pass(es) provided by agency?	Yes□ No	If no: Los Ar	ngeles County Fair Ass	
Was ticket distribution made at the behest	······································	п Г	Name of Sc	urce
of agency official?	No⊠ Yes	If yes:	Official's Name (Last, First)
3. Recipients				
Use Section A to identify the agency's department of	runit. • Use Se	ection B to identify an Individ	ual. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
Board of Supervisors staff member	14	Per ticket policy 5.3	(k)	
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
		Ceremonial Role If checking "Ceremon	Other Other Other describe below:	Income
		Ceremonial Role If checking "Ceremon	Other Isla Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	F 855 (E5)			and supplying the plants of the supplying th
 Verification I have read and understand FPPC Regulations 18944.1 are 	d 18942. I have ve	erified that the distribution set fo	orth above, is in accordance wit	h the requirements.
Mandella Gail L			t Administrator	9-22-14
Signature of Agency Head or Designee	Print Nam		Title	(Month, Day, Year)
-				
Comment:				

Ce	eremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	Los Angeles County				Folili
•	Division, Department, or Region (If Applicable)			For Official Use Only
	Board of Supervisors, Fourth District		30 AC 40		
	Designated Agency Contact (Name, Title)				
	Gail LeGros, Ticket Administrator				
	Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
	213-974-4444 don@lacbos	.org		Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information			11	9.00
	Does the agency have a ticket policy?	Yes⊠ No		of Each Ticket/Pass \$	5.00
	Event Description County Fair		Date(s) 08	, 29 , 14	09 28 14
	Provide Title/Exp	lanation		geles County Fair Asso	ciation
	Ticket(s)/Pass(es) provided by agency?	Yes No	If no: Los An	Name of Sou	
	Was ticket distribution made at the behest	No⊠ Yes	If yes:		
	of agency official?	110 = 163	u ii yes.	Official's Name (L	ast, First)
3.	Recipients • Use Section A to identify the agency's department or	unit. • Use Se	ction B to identify an Individu	ial a Use Section C to ident	ify an outside organization
,	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Company of the Company	lic purpose made pursuant	Nancy House Early 1997
	Board of Supervisors staff member	5	Per ticket policy 5.3	(k)	
	B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the following	0 9
		P ass(es)	Ceremonial Role If checking "Ceremon	Other Other Other describe below:	Income
			Ceremonial Role If checking "Ceremon	Other all Role" or "Other" describe below:	Income
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	Verification have read and understand FPPC Regulations 18944.1 and Gail Le			orth above, is in accordance with t Administrator	the requirements. 9-22-14
	Signature of Agency Head or Designee	Print Nan		Title	(Month, Day, Year)

Ceremonial Role Events and Tic	ket/Pass	s Distributions		A Public Document	
1. Agency Name			Date Stamp	California 802	
Los Angeles County				Form OUZ	
Division, Department, or Region (If Applicable)		1	For Official Use Only	
Board of Supervisors, Fourth District	W. C		1		
Designated Agency Contact (Name, Title)			1		
Gail LeGros, Ticket Administrator	· · · · · · · · · · · · · · · · · · ·				
Area Code/Phone Number E-mail			Amendment (Must provide explanation in Part 3.)		
213-974-4444 don@lacbos.	org		Date of Original Filing:	(Month, Day, Year)	
2. Function or Event Information			Į.		
Does the agency have a ticket policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$	9.00	
Event Description County Fair Provide Title/Explain	anation	Date(s) 08	, 29 , 14	09 28 14	
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: Los Ar	ngeles County Fair Asso Name of So		
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (I	Last, First)	
3. Recipients					
Use Section A to identify the agency's department or to	The second second	ection B to identify an individu	ual. • Use Section C to ident	tify an outside organization.	
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
Board of Supervisors staff member	4	Per ticket policy 5.3	(k)		
B. Name of Individual	Number of Ticket(s)/		Identify one of the followi	ng:	
(Last, First)	Pass(es)	Ceremonial Role	Other I	Income 🔲	
		Ceremonial Role If checking "Ceremoni	Other Interpretation of the control	Income 🗌	
C Name of Outside Organization	Number of .				
(include address and description)	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
I. Verification I have read and understand FPPC Regulations 18 <u>944.1 and</u>	18942 have	erified that the distribution and f	odh shove is in secondaria.	h the maniferment	
Sail Lec			t Administrator	9-22-14	
Signature of Agency Head or Designee	Print Nan		Title		
Signature of Figure 1 and the Budghoo	r iiin iyan		rn/e	(Month, Day, Year)	
Comment:					

Agency Report of: Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Documen
1. Agency Name			Date Stamp	T
Los Angeles County				Form OUZ
Division, Department, or Region (If Applicable	e)		1	For Official Use Only
Board of Supervisors, Fourth District Designated Agency Contact (Name, Title)				
Gail LeGros, Ticket Administrator		Manager Committee of the Committee of th		
Area Code/Phone Number E-mail	10.50		Amendment (Must p	rovide explanation in Part 3.)
213-974-4444 don@lacbos.	org		Date of Original Filing:	(Month Day Voor)
2. Function or Event Information				(Month, Day, Year)
Does the agency have a ticket policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$	9.00
Event Description County Fair Provide Title/Expl.		Date(s) 08	29 14	09 28 14
Ticket(s)/Pass(es) provided by agency?	Yes No	✓ If no: Los Ar	ngeles County Fair Asso Name of So	
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (I	
3. Recipients			The second secon	
Use Section A to identify the agency's department or	unit. • Use Se			tify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
Board of Supervisors staff member	6	Per ticket policy 5.3	(k)	
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng
		Ceremonial Role If checking "Ceremon	Other ial Role" or "Other" describe below:	Income
		Ceremonial Role If checking "Ceremon	Other Intermedial Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	T.			
. Verification	<u> </u>	<u> </u>		
I have read and understand FPPC Regulations 18944.1 and	18942. I have ve	erified that the distribution set fo	orth above, is in accordance with	h the requirements.
Massecros Gail Lea	Gros	Ticke	t Administrator	9-22-14
Signature of Agency Head or Designee	Print Nam	ee L	Title	(Month, Day, Year)
Comment:				

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Documen
1. Agency Name			Date Stamp	California 802
Los Angeles County				
Division, Department, or Region (If Applicable)			For Official Use Only
Board of Supervisors, Fourth District			1	
Designated Agency Contact (Name, Title)	-			
Gail LeGros, Ticket Administrator			T	
Area Code/Phone Number E-mail			Amendment (Must p	ovide explanation in Part 3.)
213-974-4444 don@lacbos.c	org		Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information				
Does the agency have a ticket policy?	Yes⊠ No	Face Value o	of Each Ticket/Pass \$	9.00
Event Description County Fair		Date(s) 08	, 29 14	09 28 14
Event Description County Fair Provide Title/Expla	anation			
Ticket(s)/Pass(es) provided by agency?	ngeles County Fair Asso Name of Sou			
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (L	ast, First)
3. Recipients				
Use Section A to identify the agency's department or u	unit. • Use Se		ual. • Use Section C to ident	
A. Name of Agency, Department or Unit Ticket(s)/ Pass(es)			olic purpose made pursuant	
Board of Supervisors staff member	8	Per ticket policy 5.3	(k)	
B. Name of Individual	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon	Identify one of the following Other Other Idea (1997)	ng:
		Ceremonial Role If checking "Ceremon	Other Interest of the control of the	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)		lic purpose made pursuant i	
l. Verification				
I have read and understand FPPC Regulations 18944.1 and Gail Lec		Ticke	orth above, is in accordance with at Administrator	9-22-14 (Month, Day, Year)
Comment:			THE	(wonus, Day, real)

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California Q02
Los Angeles County				Form OUZ
Division, Department, or Region (If Applicable	e)		1	For Official Use Only
Board of Supervisors, Fourth District				
Designated Agency Contact (Name, Title)			4	
Gail LeGros, Ticket Administrator		A 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>	
Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
213-974-4444 don@lacbos.	org		Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information			1	9.00
Does the agency have a ticket policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$	5.00
Event Description County Fair Provide Title/Expl	anation	Date(s) 08	29 14	09 28 14
Ticket(s)/Pass(es) provided by agency?	Yes□ No	If no: Los Ar	ngeles County Fair Asso Name of So	
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (i	Last, First)
Recipients Use Section A to identify the agency's department or	unit allea Sa	etien D to identify an individu	rel . Has Castian O.A. Ma	
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	CATCOMISCONIA CANADA	lic purpose made pursuant	TARRY TEACH TO FLAN IN THE SEC.
Board of Supervisors staff member	10	Per ticket policy 5.3	(k)	
B. Name of Individual	Number of Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the followi	ng:
		Ceremonial Role If checking "Ceremoni	Other Other Other describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
 Verification I have read and understand FPPC Regulations 18944.1 and 	18942 have u	erified that the distribution and fo	with shows is in assertions.	
Hay to Gre Gail Lea			t Administrator	9-22-14
Signature of Agency Head or Designee	Print Nan	ne	Title	(Month, Day, Year)
Comment				

Comment: L

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
1. Agency Name		and the control of th	Date Stamp	California 802
Los Angeles County				Form OUZ
Division, Department, or Region (If Applicable)			For Official Use Only
Board of Supervisors, Fourth District				
Designated Agency Contact (Name, Title)				
Gail LeGros, Ticket Administrator				7
Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
213-974-4444 don@lacbos.	org		Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information			i.	
Does the agency have a ticket policy?	Yes⊠ No	Face Value o	of Each Ticket/Pass \$	9.00
Event Description County Fair		Date(s) 08	,29 ,14	09 28 14
Provide Title/Expla	anation			
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: Los An	ngeles County Fair Asso	
Was ticket distribution made at the behest	No⊠ Yes	n	Name of Sou	MG =
of agency official?	No@ Yes	If yes:	Official's Name (L	ast, First)
3. Recipients				
Use Section A to identify the agency's department or it	ınit. • Use Se	ction B to identify an individu	ual. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
Board of Supervisors staff member	14	Per ticket policy 5.3	(k)	
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the followly	
		Ceremonial Role If checking "Ceremon	Other Lial Role" or "Other" describe below:	Income L
		Ceremonial Role	Other Other Other describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)		lic purpose made pursuant (to the agency's policy
4. Verification				
I have read and understand FPPC Regulations 18944.1 and Gail Lec			orth above, is in accordance with t Administrator	the requirements. 9-22-14
Signature of Agency Head or Designee	Print Nan		Title	
	7 111/1401		ring	(Month, Day, Year)

C	eremonial Role Events	and Tic	ket/Pass	Distributi	ons		A Public Document	
1.	Agency Name					Date Stamp	California 802	
	Los Angeles County						T OITH	
	Division, Department, or Region	(If Applicable	*)				For Official Use Only	
	Board of Supervisors, Fourth Di	strict						
	Designated Agency Contact (Nat	me, Title)						
	Gail LeGros, Ticket Administrate	or						
	Area Code/Phone Number E-				Amendment (Must provide explanation in Part 3.)			
	213-974-4444 dd	on@lacbos.	org			Date of Original Filing	(Month, Day, Year)	
2.	Function or Event Informa	ition						
	Does the agency have a ticket po	olicy?	Yes⊠ No	Face	Value o	of Each Ticket/Pass \$	19.00	
	Event Description County Fair			Date	(s) 08	, 29 , 14	09 28 14	
	Pri	ovide Title/Expl	anation	Date Date				
	Ticket(s)/Pass(es) provided by a	gency?	Yes No	If no	Los An	geles County Fair As		
	Man tiplest distribution made at th	n babaat	[Name of S	iource	
	Was ticket distribution made at the of agency official?	ie benest	No⊠ Yes	If yes	s:	Official's Name	(Last, First)	
2	Recipients							
J.	Use Section A to identify the agency's compared to the section A to identify the agency's compared to the section A to identify the agency's compared to the section A to identify the agency's compared to the section A to identify the agency's compared to the section A to identify the agency's compared to the section A to identify the agency's compared to the section A to identify the agency's compared to the section A to identify the agency's compared to the section A to identify the agency's compared to the section A to identify the agency's compared to the section A to identify the agency's compared to the section A to identify the agency's compared to the section A to identify the agency's compared to the section A to identify the agency's compared to the section A to identify the agency's compared to the section A to identify the agency at the agency at the section A to identify the agency at the agenc	iepartment or i	unit. • Use Se	ction B to identify	an individu	ial. • Use Section C to ide	entify an outside organization.	
	A. Name of Agency, Department of	SALA CHAR	Number of Ticket(s)/	10 X 105	11.7	lic purpose made pursua	 * 10.5% TAY between 1 to 10.0% 	
			Pass(es)					
	Board of Supervisors staff mem	ber	3	Per ticket po	licy 5 3 ((k)		
				l er treket po				
							*	
	R Name of Individual		Number of					
	B. Name of Individual		Ticket(s)/ Pass(es)			Identify one of the follow	wing:	
				Ceremo	nial Role	Other _	Income	
				If checkii	ng "Ceremoni	al Role" or "Other" describe below	5	
				Ceremo	nial Role	Other 🔲	Income	
				1 900 00 000	1000	al Role" or "Other" describe below		
			Number of		127			
	Name of Outside Organizat (include address and descrip		Ticket(s)/ Pass(es)	Describ		ic purpose made pursuar		
			r ass(es).			all the training and the first state of	Journal of the American	
				The state of the s				
1.	Verification		<u> </u>					
	i have read and understand FPPC Regulation	ns 18 <u>944.1 and</u>	18942. I have ve	erified that the distrit	uti <u>on set fo</u>	orth above, is in accordance w	vith the requirements.	
	Had Le Cros	Gail Le				t Administrator	9-22-14	
,	Signature of Agency Head or Designee	_	Print Nan	ne	L	Title	(Month, Day, Year)	
	Comment:						EDDC Form 900 (4/40)	
					F	PPC Toll-Free Helpline;	FPPC Form 802 (4/12) 866/ASK-FPPC (866/275-7772)	

Ceremonial Role Events and Tic	ket/Pass	Distributions	·	A Public Documer
. Agency Name Los Angeles County		3000	Date Stamp	California 802
Division, Department, or Region (If Applicable	1			For Official Use Only
	·/			
Board of Supervisors, Fourth District Designated Agency Contact (Name, Title)				
		78.300		
Gail LeGros, Ticket Administrator Area Code/Phone Number E-mail			Amendment (Musi	t provide explanation in Part 3.)
Area Code/Phone Number E-mail don@lacbos.	ora		Date of Original Filing	_] :
. Function or Event Information				(Month, Day, Year)
Does the agency have a ticket policy?	Yes⊠ No	Face Value o	f Each Ticket/Pass \$	19.00
Event Description County Fair Provide Title/Explo		Date(s) 08	, 29 , 14	09 28 14
Ticket(s)/Pass(es) provided by agency?	Yes□ No	If no: Los An	geles County Fair As	
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Name of S Official's Name	
Recipients				*****
Use Section A to identify the agency's department or its section A to identify the agency's department or its section.		ection B to identify an individu	al. • Use Section C to ide	entify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	ic purpose made pursuar	nt 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 follow	wing:
		Ceremonial Role	Other at Role" or "Other" describe below	Income
		Ceremonial Role	Other all Role" or "Other" describe below.	Income [
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	lc purpose made pursuan	nt to the agency's policy

4. Verification

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nth, Day, Ye
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Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document	
1. Agency Name			Date Stamp	California 802	
Los Angeles County				Form OUZ	
Division, Department, or Region (If Applicable	e)			For Official Use Only	
Board of Supervisors, Fourth District	1 Suppose				
Designated Agency Contact (Name, Title)]		
Gail LeGros, Ticket Administrator					
Area Code/Phone Number E-mail			Must p	rovide explanation in Part 3.)	
213-974-4444 don@lacbos	.org		Date of Original Filing:	(Month, Day, Year)	
2. Function or Event Information			1	9.00	
Does the agency have a ticket policy?	Yes⊠ No		of Each Ticket/Pass \$	9.00	
Event Description County Fair		Date(s) 08	,29 ,14	09 28 14	
Provide Title/Exp	lanation		ngeles County Fair Asso	ociation	
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: LOS AT	Name of So		
Was ticket distribution made at the behest	No⊠ Yes	П "			
of agency official?	NOE Tes	If yes:	Official's Name (I	Last, First)	
Recipients Use Section A to identify the agency's department or	unit allea Sa	action B to identify an Individu	uel - Hee Section C to ideas		
A. Name of Agency, Department or Unit	Number of	A STORGER CANAL E SHOULD AND MA	lic purpose made pursuant	TO A 444 Comment of the state o	
Pass(es) Name of Agency, Department or Unit Ticket(s)/ Pass(es)			inc purpose made pursuant	to the agency's policy	
Board of Supervisors staff member	4	Per ticket policy 5.3	(k)		
	News				
B. Name of Individual (Lest, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:	
	1	Ceremonial Role	Other	Income	
		If checking "Ceremon	ial Role" or "Other" describe below:		
			-		
		Ceremonial Role If checking "Ceremon.	Other ial Role" or "Other" describe below:	Income	
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy	
			V		
Verification		-11			
I have read and understand FPPC Regulations 18944.1 and			orth above, is in accordance with t Administrator		
Signature of Agency Head or Designee	Print Nan			9-22-14	
Signature of Agency Head of Designee	Printivan	ne	Title	(Month, Day, Year)	

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Documen		
1. Agency Name			Date Stamp	California 802		
Los Angeles County				TOIM		
Division, Department, or Region (If Applicable))			For Official Use Only		
Board of Supervisors, Fourth District						
Designated Agency Contact (Name, Title)						
Gail LeGros, Ticket Administrator		Ch. H. C.	<u></u>			
Area Code/Phone Number E-mail			Amendment (Must pr	ovide explanation in Part 3.)		
213-974-4444 don@lacbos.	org		Date of Original Filing:	(Month, Day, Year)		
2. Function or Event Information			1,0			
Does the agency have a ticket policy?	Yes No	Face Value of	of Each Ticket/Pass \$	9.00		
Event Description County Fair Provide Title/Expl.	anotion	Date(s) 08	, 29 , 14	09 28 14		
Ticket(s)/Pass(es) provided by agency?	igeles County Fair Asso	ciation				
Name of Source						
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	f yes: Official's Name (Last, First)			
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.						
10 April 1987 1987 1987	No. 2 July 1820 St. British Co.	N.594 (1947) protein 2011 (1947)				
A. Name of Agency, Department or Unit Number of Ticket(s)/. Pass(es)		Describe the pub	lic purpose made pursuant f	o the agency's policy		
Board of Supervisors staff member	4	Per ticket policy 5.3	(k)			
B. Name of Individual	Number of Ticket(s)/		Identify one of the followin	igr.		
	Pass(es)	Ceremonial Role If checking "Ceremoni	Other I	Income		
		Ceremonial Role If checking "Ceremoni	Other	Income		
C. Name of Outside Organization (Include address and description) Number of Ticket(s)/ Pass(es) Descri			lic purpose made pursuant to	o the agency's policy		
l. Verification	<u></u>					
I have read and understand FPPC Regulations 18944.1 and Gail Lec			orth above, is in accordance with t Administrator	the requirements. 9-22-14		
Signature of Agency Head or Designee	Print Nam	ne	Title	(Month, Day, Year)		
Comment:						

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document		
1. Agency Name			Date Stamp	California Q02		
Los Angeles County				Form OUZ		
Division, Department, or Region (If Applicable)		4	For Official Use Only		
Board of Supervisors, Fourth District						
Designated Agency Contact (Name, Title)		THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.				
Gail LeGros, Ticket Administrator						
Area Code/Phone Number E-mail				Amendment (Must provide explanation in Part 3.)		
213-974-4444 don@lacbos.	Date of Original Filing:	(Month, Day, Year)				
2. Function or Event Information			1			
Does the agency have a ticket policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$	9.00		
Event Description County Fair		Date(s) 08	,29 ,14	09 28 14		
Provide Title/Expl	anation					
Ticket(s)/Pass(es) provided by agency?	Yes□ No	If no: Los Ar	ngeles County Fair Asso Name of Soc			
Was ticket distribution made at the behest	No⊠ Yes	☐ If yes:				
of agency official?			Official's Name (L	ast, First)		
3. Recipients						
Use Section A to identify the agency's department or		ction B to identify an Individ	ual. • Use Section C to ident	ify an outside organization.		
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy		
Board of Supervisors staff member	6	Per ticket policy 5.3	(k)			
B. Name of Individual	Number of Ticket(s)/		Identify one of the following	ng:		
	Pass(es)	Ceremonial Role	Other			
		1000 10 000 000	ial Role" or "Other" describe below:	Income		
		Ceremonial Role If checking "Ceremon	Other island Other describe below:	Income		
C. Name of Outside Organization (include address and description)				Describe the public purpose made pursuant to the agency's policy		
-				9		
1. Verification	A. s. Australia					
I have read and understand FPPC Regulations 18944.1 and						
May Leas Gail Le			t Administrator	9-22-14		
Signature of Agency Head or Designee	Print Nan	ne	Title	(Month, Day, Year)		
Comment:		outi areasana, a				

C	eremonial Role Events and Tic	:ket/Pass	Distributions		A Public Document	
1.	Agency Name			Date Stamp	California 802	
	Los Angeles County	os Angeles County				
	Division, Department, or Region (If Applicable	e)			For Official Use Only	
	Board of Supervisors, Fourth District					
	Designated Agency Contact (Name, Title)	esignated Agency Contact (Name, Title)				
	Gail LeGros, Ticket Administrator					
	Area Code/Phone Number E-mail					
	213-974-4444 don@lacbos	.org		Date of Original Filing:	(Month, Day, Year)	
2.	Function or Event Information			1	9.00	
	Does the agency have a ticket policy?	Yes⊠ No	Face Value	of Each Ticket/Pass \$ 💾	9.00	
	Event Description County Fair Provide Title/Exp	lanation	Date(s) 08	, 29 , 14	09 28 14	
	Ticket(s)/Pass(es) provided by agency?	Yes□ No	✓ If no: Los Ar	ngeles County Fair Asso Name of So		
	Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (L	.ast, First)	
3	Recipients	V.		,		
٥.	Use Section A to identify the agency's department or	unit. • Use Se	ction B to identify an Individ	ual. • Use Section C to ident	ify an outside organization.	
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pul	olic 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				
	(Lest, First)	Ticket(s)/ Pass(es)		Identify one of the followi	ng:	
			Ceremonial Role If checking "Ceremon	Other Inial Role" or "Other" describe below:	Income	
			Ceremonial Role	Other	Income	
Γ			If checking "Ceremon	ial Role" or "Other" describe below:		
Ļ	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			
1.	Verification	1	41.			
1	have read and understand FPPC Regulations 18944.1 and		erified that the distribution set f	orth above, is in accordance with	the requirements.	
	Hartens Gail Le	Ticke	et Administrator	9-22-14		
,	Signature of Agency Head or Designee	Print Nan	ne	Title	(Month, Day, Year)	
	Comment:					

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California Q02
Los Angeles County				Form OUZ
Division, Department, or Region (If Applicable	e)		<u>-</u>	For Official Use Only
Board of Supervisors, Fourth District				
Designated Agency Contact (Name, Title)				
Gail LeGros, Ticket Administrator	Gail LeGros, Ticket Administrator			
Area Code/Phone Number E-mail			Amendment (Must provide explanation in Part 3.)	
213-974-4444 don@lacbos.org			Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information				
Does the agency have a ticket policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$	9.00
Event Description County Fair Provide Title/Expl		Date(s) 08	,29 ,14	09 28 14
Ticket(s)/Pass(es) provided by agency?	Yes□ No	If no: Los Ar	ngeles County Fair Asso Name of So	
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 Se	ection B to identify an Individ	ual. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
Board of Supervisors staff member	6	Per ticket policy 5.3	(k)	
B. Name of Individual (Lest, First)	Number of Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the follow	ing:
		THE RESERVE AND ADDRESS OF THE PROPERTY OF THE	ial Role" or "Other" describe below:	
		Ceremonial Role If checking "Ceremon	Other Other Other describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
. Verification	110010	adfead that the distribution of	dh ahasa la la	
LA NA C	nave read and understand FPPC Regulations 18 <u>944.1 and 18942. I have verified that the distribution set to the light of th</u>			
Signature of Agency Head or Designee	Print Nan		t Administrator	9-22-14
Signature of Agency need of Designee	Print Nan	ne .	Title	(Month, Day, Year)
Comment:				