Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   County of Los Angeles
   Division, Department, or Region (if Applicable)
   Board of Supervisors, 4th District
   Designated Agency Contact (Name, Title)
   Gail LeGros, Ticket Administrator
   Area Code/Phone Number: 213-974-4444
   E-mail: glegros@bos.lacounty.gov

2. Function or Event Information
   Does the agency have a ticket policy? Yes X No □
   Face Value of Each Ticket/Pass $105
   Event Description: Performance - Ahmanson Theater
   Date(s): 1/14/16
   Ticket(s)/Pass(es) provided by agency? Yes □ No □
   If no: Ahmanson Theater
   Name of Source
   Official’s Name (Last, First)
   Was ticket distribution made at the behest of agency official? No □ Yes X

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
   [Blank]
   [Blank]

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

   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
   Silver Spur Elementary-5500 Ironwood,Red X 4 Per ticket policy 5.3(i)
   fundraiser promote school’s athletic dept

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18945. I have verified that the distribution set forth above is in accordance with the requirements.

   Signature of Agency Head or Designee
   Print Name
   Ticket Administrator
   Title
   (Month, Day, Year)

Comment:
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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   County of Los Angeles
   Division, Department, or Region (If Applicable)
   Board of Supervisors, 4th District
   Designated Agency Contact (Name, Title)
   Gail LeGros
   Area Code/Phone Number: 213-974-4444
   E-mail: glegros@bos.lacounty.gov

2. Function or Event Information
   Does the agency have a ticket policy? Yes [X] No [ ]
   Face Value of Each Ticket/Pass $120
   Event Description: LA Philharmonic performance
   Date(s): 12 23 15
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
   If no: LA Philharmonic
   Name of Source:
   If yes: [ ]
   Official's Name (Last, First)

3. Recipients
   * Use Section A to identify the agency's department or unit.
   * Use Section B to identify an individual.
   * Use Section C to identify an outside organization.

   A. Name of Agency, Department or Unit
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy

   B. Name of Individual (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
      Long Beach Opera-507 Pacific Ave, Long Beach
      Per ticket policy 5.3 (i)
      hosts performances for various communities

4. Verification
   I have read and understand FPPC Regulations 19944.1 and 18945. 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: 1-5-16
   (Month, Day, Year)
   Comment: 

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
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Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
County of Los Angeles
Division, Department, or Region (If Applicable)
Board of Supervisors, 4th District
Designated Agency Contact (Name, Title)
Gail LeGros
Area Code/Phone Number  E-mail
213-974-4444  glegros@bos.lacounty.gov

2. Function or Event Information
Does the agency have a ticket policy?  Yes X  No
Event Description  LA Philharmonic performance
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency?  Yes  No
Face Value of Each Ticket/Pass $168
Date(s)  12  19  15
If no: LA Philharmonic
Name of Source
Official's Name (Last, First)
Was ticket distribution made at the behest of agency official?  No X  Yes

3. Recipients
* Use Section A to identify the agency's department or unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit  Number of Ticket(s)/Pass(es)  Describe the public purpose made pursuant to the agency's policy

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:
Interfaith Food Ctr-11819 Burke St Santa 2  Per ticket policy 5.3 (i)
meeting needs of hungry & homeless

4. Verification
I have read and understand FPPC Regulations 18944.1 and 18945. I have verified that the distribution set forth above is in accordance with the requirements.

Signature of Agency Head or Designee  Print Name  Title  Print Form
Gail LeGros  1-5-16
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)