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

v	eremonial Role Events and Tick	Neurass	Distributions		A Public Documen
1.	Agency Name	Date Stamp	California 802		
	County of Los Angeles		Form OUZ		
	Division, Department, or Region (If Applicable)	4	For Official Use Only		
	Board of Supervisors, 4th District	1			
	Designated Agency Contact (Name, Title)	1			
	Gail LeGros, Ticket Administrator	Amendment (Must o	rovide explanation in Part 3.)		
1	Area Code/Phone Number E-mail				rovide explanation in Part 3.)
	213-974-4444 glegros@bos.	lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information			1	05
		Yes⊠ No	Face Value of	of Each Ticket/Pass \$ L	
	Event Description Performance -Ahmanson Theater Date(s)			14 16	
	16-20-04 Unit 100-047-05 (1) (20-0-7) Albido III (10-0-7)		Ahmai	nson Theater	
	Ticket(s)/Pass(es) provided by agency?	Yes No	× If no:	Name of So	urce
	Was ticket distribution made at the behest	No ✓ Yes	If yes:		
	of agency official?	ALCOHOL MOUNTS		Official's Name (I	ast, First)
3.	Recipients		n en		
	Use Section A to identify the agency's department or un	nit. • Use Se Number of	ction B to identify an Individu	ual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
1					and the figure of the control of the
	B. Name of Individual	Number of Ticket(s)/		Identify one of the followi	ng:
		Pass(es)	Communical Paris		
			Ceremonial Role If checking "Ceremonial"	Other describe below:	Income
			Ceremonial Role	Other islands of the control of the	Income
ſ					
,	C. Name of Outside Organization	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's noticy
	(include address and description)	Pass(es)			
	Silver Spur Elementary-5500 Ironwood,Rar	4	Per ticket policy 5.3(i	·)	aniantik kaniat esetiman periori assessa anian periori anno de manta terministra anian assessa anteriori anteri
Į			r cr tieket policy 5.5(i	<i>,</i>	
	fundraiser promote school's athletic dept				
		M. M			
	Verification have read and understand FPPC Regulations 18 <u>944.1 and 1</u>	8942. I have ve	erified that the distribution set for	orth above, is in accordance with	the requirements
	Gail LeG			t Administrator	1-25-16
	Signature of Agency Head or Designee	Print Nam		Title	(Month, Day, Year)
					, , , , , , , , , , , , , , , , , , , ,
•	Comment:				

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

Ceremonial Role Events and Tid	cket/Pass	Distributions		A Public Document
Agency Name			Date Stamp	California 202
County of Los Angeles				Form 002
Division, Department, or Region (If Applicable]	For Official Use Only		
Board of Supervisors, 4th District				
Designated Agency Contact (Name, Title)			1	
Gail LeGros	Gail LeGros			
Area Code/Phone Number F-mail				provide explanation in Part 3.)
213-974-4444 glegros@bo	s.lacounty.go	ov	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information			[1	20
Does the agency have a ticket policy?	Yes⊠ No		of Each Ticket/Pass \$ L	20
Event Description LA Philharmonic perfor Provide Title/Exp		Date(s) 12	23 15	
Ticket(s)/Pass(es) provided by agency?	Yes□ No	If no: LA Phi LA Phi	lharmonic Name of So	Urce
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (L	
3. Recipients • Use Section A to identify the agency's department or	unit allea Sa	ction B to identify an Individu	ual a Han Sortion C.to idea	
	Number of	STATE AND A STATE OF STATE AND	North Control of the	"NAME AND ADDRESS OF THE PARTY
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	to the agency's policy
B. Name of Individual	Number of Ticket(s)/		Identify one of the followi	ng:
	Pass(es)	Ceremonial Role	Other 🔲	
			ial Role" or "Other" describe below:	Income
			terioritaria de la companya de la c	
	4			
		Ceremonial Role	Other	Income
	Number of .		San tarahan da kan ang kanalan	and the second s
Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the publ	lic purpose made pursuant	to the agency's policy
	7 400(00)			
Long Beach Opera-507 Pacific Ave, Long	3 6	Per ticket policy 5.3 (i)	
hosts performances for various communit				
. Verification				
	I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set for Gail LeGros			
1/000-7-012			t Administrator	1-5-16
Signature of Agency Head or Designee	Print Nam	e	Title	(Month, Day, Year)
Comment:				
				FPPC Form 802 (4/12)
			PPC Toll-Free Helpline: 86	66/ASK-FPPC (866/275-7772)

Agency Report of:

Ceremonial Role Events and Ti	cket/Pass	s Distributions		A Public Documen
1. Agency Name	and the second of the second		Date Stamp	California Q02
County of Los Angeles				Form 802
Division, Department, or Region (If Applicab	ole)		4	For Official Use Only
Board of Supervisors, 4th District			1	
Designated Agency Contact (Name, Title)				
Gail LeGros	Gail LeGros			
Area Code/Phone Number E-mail			Amendment (Must p	provide explanation in Part 3.)
213-974-4444 glegros@bo	os.lacounty.g	ov	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 \$	68
Event Description LA Philharmonic performance	the contract of the second	The state of the s	.19 .15	
Event Description LA Philinarmonic period Provide Title/Ex		Date(s) 12		
Ticket(s)/Pass(es) provided by agency?	Yes□ No	If no: LA Phi	lharmonic Name of So	urce
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		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)	Describe the pub	lic purpose made pursuant	to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ng:
		Ceremonial Role	Other	Income
		If checking "Ceremon	ial Role" or "Other" describe below:	
		Ceremonial Role If checking "Ceremonial	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
Interfaith Food Ctr-11819 Burke St,Santa	Per ticket policy 5.3 (i)			
meeting needs of hungry & homeless				The state of the s
Verification				
I have read and understand FPPC Regulations 18944.1 an	d 18942. I have ve	erified that the distribution set fo	orth above, is in accordance with	h the requirements.
May Le (mor Gail Le			t Administrator	1-5-16
Signature of Agency Head or Designee	Print Nan		Title	(Month, Day, Year)
Comment				
Comment:			The state of the s	