

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
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 E-mail 213-974-4444 glegros@bos.lacounty.gov			
		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐

Event Description Performance - Ahmanson Theater
Provide Title/Explanation

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

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

Face Value of Each Ticket/Pass \$ 105

Date(s) 1 / 14 / 16

If no: Ahmanson Theater
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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>

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, Rancho Santa Fe, CA 92078	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 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	1-25-16 (Month, Day, Year)
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Comment:

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1. Agency Name		Date Stamp	California Form 802 For Official Use Only
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			
<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)			

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐

Event Description: LA Philharmonic performance
Provide Title/Explanation

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

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

Face Value of Each Ticket/Pass \$ 120

Date(s) 12 23 15

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.

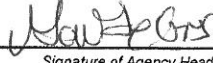
A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>

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, CA 90802	6	Per ticket policy 5.3 (i)
hosts performances for various community groups		

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	1-5-16 (Month, Day, Year)
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Comment:

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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	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
213-974-4444	glegros@bos.lacounty.gov	Date of Original Filing:	
		(Month, Day, Year)	

2. Function or Event InformationDoes the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass \$ 168

Event Description LA Philharmonic performance
Provide Title/Explanation

Date(s) 12 / 19 / 15

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

If no: LA Philharmonic

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
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		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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 Fe	2	Per ticket policy 5.3 (i)
meeting needs of hungry & homeless		

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.

	Gail LeGros	Ticket Administrator	1-5-16
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: