

**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, First District | | | |
| Designated Agency Contact (Name, Title) | | | |
| Megan Moret, Ticket Administrator | | | |
| Area Code/Phone Number | E-mail | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) | |
| 213.974.4111 | mmoret@bos.lacounty.gov | Date of Original Filing: _____ (Month, Day, Year) | |

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description: LA Phil Provide Title/Explanation

Face Value of Each Ticket/Pass \$ 168

Date(s) 10 / 1 / 2016

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

If no: LA Phil Name of Source

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

If yes: _____ Official's Name (Last, First)

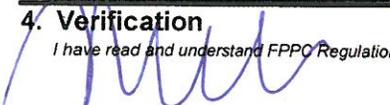
3. Recipients

• 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 |
|---|------------------------------|--|
| Staff | 4 | 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 <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 |
| | | |
| | | |

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:  Megan Moret

Print Name: Megan Moret

Title: Ticket Administrator

(Month, Day, Year): 10.12.16

Comment: _____

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| Megan Moret, Ticket Administrator | | | |
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| 213.974.4111 | mmoret@bos.lacounty.gov | Date of Original Filing: <input type="text"/> | |
| | | (Month, Day, Year) | |

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$

Event Description Date(s)

Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Official's Name (Last, First)

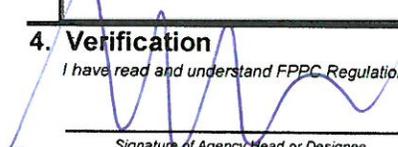
3. Recipients
 • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

| A. Name of Agency, Department or Unit | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy |
|---------------------------------------|------------------------------|--|
| Staff | 4 | Per Ticket Policy 5.3 (k) |
| | | |

| B. Name of Individual <small>(Last, First)</small> | 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 <small>(include address and description)</small> | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy |
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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.

| | | | |
|--|--|---|---------------------------------------|
|  | <input type="text" value="Megan Moret"/> | <input type="text" value="Ticket Administrator"/> | <input type="text" value="10.12.16"/> |
| <small>Signature of Agency Head or Designee</small> | <small>Print Name</small> | <small>Title</small> | <small>(Month, Day, Year)</small> |

Comment:

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| Board of Supervisors, First District | | | |
| Designated Agency Contact (Name, Title) | | | |
| Megan Moret, Ticket Administrator | | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: <input style="width: 100px;" type="text"/> (Month, Day, Year) | |
| Area Code/Phone Number | E-mail | | |
| 213.974.4111 | mmoret@bos.lacounty.gov | | |

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$

Event Description Date(s) / / / /

Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: *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 |
|---|------------------------------|--|
| Staff | 4 | 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> |
| | | |
| 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 |
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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.

| | | | |
|--------------------------------------|-------------|----------------------|--------------------|
| | Megan Moret | Ticket Administrator | 10.12.16 |
| Signature of Agency Head or Designee | Print Name | Title | (Month, Day, Year) |

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| Designated Agency Contact (Name, Title) | | | |
| Megan Moret, Ticket Administrator | | | |
| Area Code/Phone Number | E-mail | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) | |
| 213.974.4111 | mmoret@bos.lacounty.gov | Date of Original Filing: _____ <small>(Month, Day, Year)</small> | |

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description: LA Phil Provide Title/Explanation

Face Value of Each Ticket/Pass \$ 99

Date(s) 10 / 7 / 2016

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

If no: LA Phil 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 |
|---------------------------------------|------------------------------|--|
| Staff | 2 | 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 <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 |
|---|------------------------------|--|
| | | |
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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.

| | | | |
|---|---|--|--|
| | Megan Moret | Ticket Administrator | 10.12.16 |
| <small>Signature of Agency Head or Designee</small> | <small>Print Name</small> | <small>Title</small> | <small>(Month, Day, Year)</small> |

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| Designated Agency Contact (Name, Title) | | | |
| Megan Moret, Ticket Administrator | | | |
| Area Code/Phone Number | E-mail | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) | |
| 213.974.4111 | mmoret@bos.lacounty.gov | Date of Original Filing: _____ (Month, Day, Year) | |

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description: LA Phil Face Value of Each Ticket/Pass \$ 168
Provide Title/Explanation

Date(s): 10 / 8 / 2016

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

If no: LA Phil 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 |
|--|------------------------------|--|
| Staff | 2 | 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 <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 |
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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.

Megan Moret
 Ticket Administrator
 10.12.16
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: _____

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| Designated Agency Contact (Name, Title) | | | |
| Megan Moret, Ticket Administrator | | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small> | |
| Area Code/Phone Number | E-mail | | |
| 213.974.4111 | mmoret@bos.lacounty.gov | | |

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description: LA Phil 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 \$ 99

Date(s) 10 / 9 / 2016

If no: LA Phil Name of Source

If yes: _____ Official's Name (Last, First)

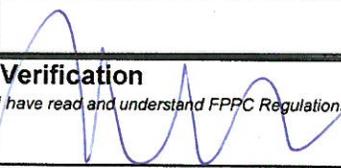
3. Recipients

• 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 |
|---|------------------------------|--|
| Staff | 2 | Per Ticket Policy 5.3 (k) |
| | | |
| B. Name of Individual <small>(Last, First)</small> | 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 <small>(Include address and description)</small> | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy |
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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.

| | | | |
|---|---------------------------|-----------------------------|-----------------------------------|
|  | <u>Megan Moret</u> | <u>Ticket Administrator</u> | <u>10.12.16</u> |
| <small>Signature of Agency Head or Designee</small> | <small>Print Name</small> | <small>Title</small> | <small>(Month, Day, Year)</small> |

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| Megan Moret, Ticket Administrator | | | |
| Area Code/Phone Number | E-mail | | |
| 213.974.4111 | mmoret@bos.lacounty.gov | | |

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description: LA Phil 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 \$ 168

Date(s) 10 / 13 / 2016

If no: LA Phil 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 |
|---|------------------------------|---|
| Staff | 2 | 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: |
| | | 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 |
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| | | | |
|---|---------------------------|----------------------|-----------------------------------|
|  | Megan Moret | Ticket Administrator | 10.12.16 |
| <small>Signature of Agency Head or Designee</small> | <small>Print Name</small> | <small>Title</small> | <small>(Month, Day, Year)</small> |

Comment: _____

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| Megan Moret, Ticket Administrator | | | |
| Area Code/Phone Number | E-mail | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) | |
| 213.974.4111 | mmoret@bos.lacounty.gov | Date of Original Filing: _____ (Month, Day, Year) | |

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description: LA Phil Face Value of Each Ticket/Pass \$ 99

Provide Title/Explanation

Date(s): 10 / 15 / 2016

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

If no: LA Phil 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 |
|---|------------------------------|---|
| Staff | 2 | 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: |
| | | 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 |
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| | | |

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 | Megan Moret | Ticket Administrator | 10.12.16 |
| | Print Name | Title | (Month, Day, Year) |

Comment: _____

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2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description: LA Phil 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 \$ 168

Date(s) 10 / 18 / 2016

If no: LA Phil Name of Source

If yes: _____ Official's Name (Last, First)

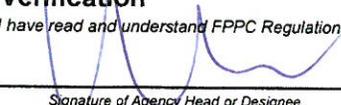
3. Recipients

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| A. Name of Agency, Department or Unit | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy |
|---|------------------------------|--|
| Staff | 4 | 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 <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> |
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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.

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|---|---------------------------|----------------------|-----------------------------------|
|  | Megan Moret | Ticket Administrator | 10.12.16 |
| <small>Signature of Agency Head or Designee</small> | <small>Print Name</small> | <small>Title</small> | <small>(Month, Day, Year)</small> |

Comment: _____

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2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description: Provide Title/Explanation

Face Value of Each Ticket/Pass \$

Date(s)

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

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

If no: 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 |
|---|------------------------------|--|
| Staff | 2 | 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 <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> |
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| 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 |
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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.

| | | | |
|---|--|---|---------------------------------------|
| | <input type="text" value="Megan Moret"/> | <input type="text" value="Ticket Administrator"/> | <input type="text" value="10.12.16"/> |
| <small>Signature of Agency Head or Designee</small> | <small>Print Name</small> | <small>Title</small> | <small>(Month, Day, Year)</small> |

Comment:

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| Designated Agency Contact (Name, Title) | | | |
| Megan Moret, Ticket Administrator | | | |
| Area Code/Phone Number | E-mail | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) | |
| 213.974.4111 | mmoret@bos.lacounty.gov | 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 \$ 168

Event Description LA Phil Date(s) 10 / 21 / 2016 / /
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: LA Phil
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 |
|---|------------------------------|--|
| Staff | 2 | 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> |
| | | |
| 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.

| | | | |
|---|---|--|--|
|  | Megan Moret | Ticket Administrator | 10.12.16 |
| <small>Signature of Agency Head or Designee</small> | <small>Print Name</small> | <small>Title</small> | <small>(Month, Day, Year)</small> |

Comment:

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

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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) | | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year) | |
| Board of Supervisors, First District | | | |
| Designated Agency Contact (Name, Title) | | | |
| Megan Moret, Ticket Administrator | | | |
| Area Code/Phone Number | E-mail | | |
| 213.974.4111 | mmoret@bos.lacounty.gov | | |

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description: LA Phil Provide Title/Explanation

Face Value of Each Ticket/Pass \$ 168

Date(s) 10 / 22 / 2016

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

If no: LA Phil Name of Source

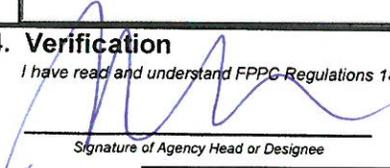
Was ticket distribution made at the behest of agency official? No Yes

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 |
|---|------------------------------|---|
| Staff | 2 | 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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: |
| | | 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 |
| | | |
| | | |

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: 
 Print Name: Megan Moret
 Title: Ticket Administrator
 Date: 10.12.16 (Month, Day, Year)

Comment: _____

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

A Public Document

| | | | |
|---|-------------------------|--|----------------------------|
| 1. Agency Name | | Date Stamp | California Form 802 |
| County of Los Angeles | | | For Official Use Only |
| Division, Department, or Region (If Applicable) | | | |
| Board of Supervisors, First District | | | |
| Designated Agency Contact (Name, Title) | | | |
| Megan Moret, Ticket Administrator | | | |
| Area Code/Phone Number | E-mail | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) | |
| 213.974.4111 | mmoret@bos.lacounty.gov | Date of Original Filing: _____ (Month, Day, Year) | |

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description: LA Phil Provide Title/Explanation

Face Value of Each Ticket/Pass \$ 99

Date(s) 10 / 23 / 2016

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

If no: LA Phil 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 |
|---|------------------------------|--|
| Staff | 4 | 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 <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 |
| | | |
| | | |

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: Megan Moret Ticket Administrator 10.12.16

Print Name Title (Month, Day, Year)

Comment: _____

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

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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, First District | | | |
| Designated Agency Contact (Name, Title) | | | |
| Megan Moret, Ticket Administrator | | | |
| Area Code/Phone Number | E-mail | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) | |
| 213.974.4111 | mmoret@bos.lacounty.gov | Date of Original Filing: _____ (Month, Day, Year) | |

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description: LA Phil 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 \$ 99

Date(s) 10 / 26 / 2016

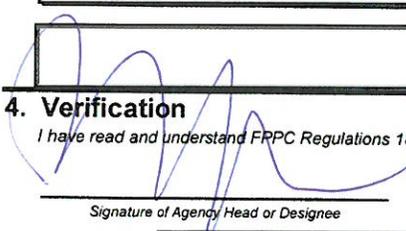
If no: LA Phil Name of Source

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 |
|---|------------------------------|--|
| Staff | 4 | 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 <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 |
| | | |
| | | |

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.

| | | | |
|--|---------------------------|----------------------|-----------------------------------|
|  | Megan Moret | Ticket Administrator | 10.12.16 |
| <small>Signature of Agency Head or Designee</small> | <small>Print Name</small> | <small>Title</small> | <small>(Month, Day, Year)</small> |

Comment: _____

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

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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, First District | | | |
| Designated Agency Contact (Name, Title) | | | |
| Megan Moret, Ticket Administrator | | | |
| Area Code/Phone Number | E-mail | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) | |
| 213.974.4111 | mmoret@bos.lacounty.gov | Date of Original Filing: _____ (Month, Day, Year) | |

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description: LA Phil 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 \$ 99

Date(s) 10, 28, 2016

If no: LA Phil Name of Source

If yes: _____ Official's Name (Last, First)

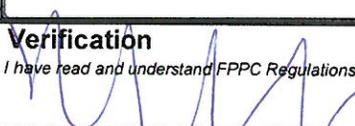
3. Recipients

• 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 |
|---|------------------------------|--|
| Staff | 4 | 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 <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 |
| | | |
| | | |

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.

| | | | |
|---|---------------------------|----------------------|-----------------------------------|
|  | Megan Moret | Ticket Administrator | 10.12.16 |
| <small>Signature of Agency Head or Designee</small> | <small>Print Name</small> | <small>Title</small> | <small>(Month, Day, Year)</small> |

Comment: _____

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

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| | | | |
|---|-------------------------|--|----------------------------|
| 1. Agency Name | | Date Stamp | California Form 802 |
| County of Los Angeles | | | For Official Use Only |
| Division, Department, or Region (If Applicable) | | | |
| Board of Supervisors, First District | | | |
| Designated Agency Contact (Name, Title) | | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: <input type="text"/> (Month, Day, Year) | |
| Megan Moret, Ticket Administrator | | | |
| Area Code/Phone Number | E-mail | | |
| 213.974.4111 | mmoret@bos.lacounty.gov | | |

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description: Provide Title/Explanation

Face Value of Each Ticket/Pass \$

Date(s)

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

If no: 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 |
|---|------------------------------|--|
| Staff | 4 | 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 <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 |
| | | |
| | | |

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.

| | | | |
|---|--|---|---------------------------------------|
| | <input type="text" value="Megan Moret"/> | <input type="text" value="Ticket Administrator"/> | <input type="text" value="10.12.16"/> |
| <small>Signature of Agency Head or Designee</small> | <small>Print Name</small> | <small>Title</small> | <small>(Month, Day, Year)</small> |

Comment: