

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

A Public Document

<b>1. Agency Name</b>		Date Stamp	California Form <b>802</b> 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.lacbos.org		

**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) 2 / 12 / 15

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)

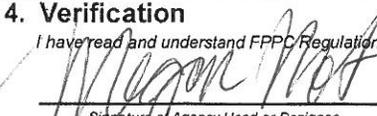
**3. Recipients**

• 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
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
Circle Painting Project	2	Per Ticket Policy 5.3 (i)

**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
2/11/15

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

Comment: \_\_\_\_\_

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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.lacbos.org	Date of Original Filing: <input type="text"/> (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): 2 / 12 / 15

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)

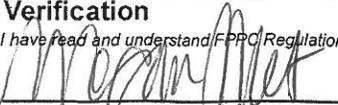
**3. Recipients**

• 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
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
Circle Painting Project	2	Per Ticket Policy 5.3 (i)

**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: 2/11/15

Comment:

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

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<b>1. Agency Name</b>		Date Stamp	California Form <b>802</b> For Official Use Only
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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.lacbos.org	Date of Original Filing: <input type="text"/> (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 \$ 168

Date(s) 2 / 18 / 15

If no: LA Phil Name of Source

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

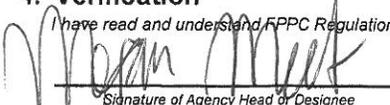
**3. Recipients**

• 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
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
Jack Crippen Multipurpose Senior Center	4	Per Ticket Policy 5.3 (i)

**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  2/11/15

Print Name 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, 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.lacbos.org	Date of Original Filing: <input type="text"/>	
		(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) 2 / 20 / 15

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)

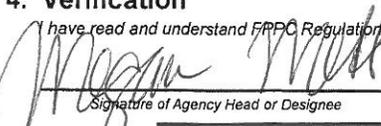
**3. Recipients**

• 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
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
Walnut Senior Center	2	Per Ticket Policy 5.3 (i)

**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 adminst.  2/11/15

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

Comment:

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

A Public Document

**1. Agency Name**

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

213-974-4111 | mmoret@bos.lacbos.org

Date Stamp

California Form **802**

For Official Use Only

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 Phil

Provide Title/Explanation

Face Value of Each Ticket/Pass \$ 168

Date(s) 2 / 13 / 15

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

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

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
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
Pomona Inland Valley MLK Project	4	Per Ticket Policy 5.3 (i)

**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

Signature of Agency Head or Designee

Megan Moret

Print Name

ticket admin

Title

2/11/15

(Month, Day, Year)

Comment: \_\_\_\_\_

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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.lacbos.org	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) 2 / 21 / 15

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
Board of Supervisors 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

**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 Admin

(Month, Day, Year): 2/11/15

Comment: \_\_\_\_\_

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

A Public Document

**1. Agency Name**

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: 213-974-4111 E-mail: mmoret@bos.lacbos.org

Date Stamp

**California Form 802**  
For Official Use Only

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 Phil  
 Provide Title/Explanation

Face Value of Each Ticket/Pass \$ 168  
 Date(s): 2 / 1 / 15

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)

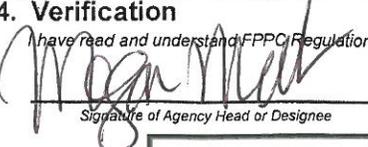
**3. Recipients**

• 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
Board of Supervisors 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"/> 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  
 Megan Moret Print Name  
 Ticket Admin Title  
 2/11/15 (Month, Day, Year)

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.lacbos.org	Date of Original Filing: <input type="text"/> (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) 2 / 10 / 15

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
Board of Supervisors 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 admin Date: 2/11/15

Comment:

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

A Public Document

**1. Agency Name**

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

213-974-4111 | mmoret@bos.lacbos.org

Date Stamp

**California Form 802**

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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 Phil

Face Value of Each Ticket/Pass \$ 168

Date(s) 2 / 6 / 15

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

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

If no: LA Phil

If 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
Board of Supervisors 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"/>
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 admin

(Month, Day, Year): 2/11/15

Comment: \_\_\_\_\_

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213-974-4111	mmoret@bos.lacbos.org	Date of Original Filing: <input type="text"/> (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) 2 / 8 / 15

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)

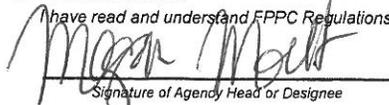
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A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Board of Supervisors Staff	2	Per Ticket Policy 5.3 (k)
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
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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

**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 admin

(Month, Day, Year): 2/11/15

Comment:

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Designated Agency Contact (Name, Title)			
Megan Moret, Ticket Administrator			
Area Code/Phone Number	E-mail		
213-974-4111	mmoret@bos.lacbos.org		

**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) 2 / 27 / 15

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)

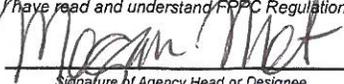
**3. Recipients**

• 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
Board of Supervisors 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>
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 admin
2/11/15

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

Comment: \_\_\_\_\_

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**1. Agency Name**

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: 213-974-4111 E-mail: mmoret@bos.lacbos.org

Date Stamp: \_\_\_\_\_

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 For Official Use Only

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 Phil  
 Provide Title/Explanation: \_\_\_\_\_

Face Value of Each Ticket/Pass \$: 168  
 Date(s): 2, 28, 15  
 Ticket(s)/Pass(es) provided by agency? Yes  No   
 Was ticket distribution made at the behest of agency official? No  Yes

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
Board of Supervisors 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:
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 admin  
 (Month, Day, Year): 2/11/15

Comment: \_\_\_\_\_

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

A Public Document

<b>1. Agency Name</b>		Date Stamp	California Form <b>802</b> 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.lacbos.org		

**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) 2 / 14 / 15

If no: LA Phil Name of Source

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

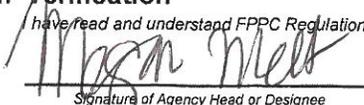
**3. Recipients**

• 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
Board of Supervisors 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

**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 admin
2/11/15

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

Comment: \_\_\_\_\_

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

A Public Document

**1. Agency Name**

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: 213-974-4111 E-mail: mmoret@bos.lacbos.org

Date Stamp: \_\_\_\_\_

**California Form 802**  
 For Official Use Only

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 Phil  
 Provide Title/Explanation: \_\_\_\_\_

Face Value of Each Ticket/Pass \$ 99  
 Date(s): 2 / 7 / 15

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
Board of Supervisors 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 admin (Month, Day, Year): 2/11/15

Comment: \_\_\_\_\_

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

A Public Document

1. Agency Name		Date Stamp	California Form <b>802</b> 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.lacbos.org	Date of Original Filing: <input type="text"/> (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) 2 / 3 / 15

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)

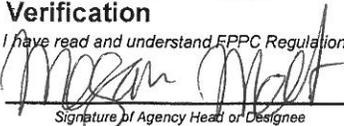
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A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Board of Supervisors Staff	4	Per Ticket Policy 5.3 (k)
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	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 Print Name Title (Month, Day, Year)

Comment: