

A Public Document

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) | | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (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 ☐ Face Value of Each Ticket/Pass \$ 36

Event Description: Hollywood Bowl Date(s) 7 / 12 / 18
Provide Title/ Explanation

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

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

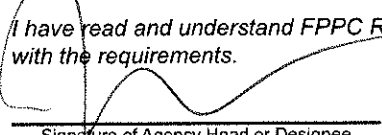
3. Recipients

• 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|----|----------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | |
| | | | |
| B. | Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| | Bresee Youth Center | 15 | 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 | 8/8/18 |
| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |

Comment: _____

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Event Description: Hollywood Bowl Date(s) 7 / 12 / 18
Provide Title/ Explanation

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

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|-------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| Clinica Romero | 14 | 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 Administrator
Title

8/8/18
(month, day, year)

Comment: _____

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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

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Event Description: Hollywood Bowl Date(s) 7 / 12 / 18
Provide Title/ Explanation

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Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
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| | | |
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| El Arca | 16 | 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 | 8/8/18 |
| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |

Comment: _____

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

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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.lacounty.gov | | Date Stamp | California Form 802 For Official Use Only |
| | | <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 ☐ Face Value of Each Ticket/Pass \$ 36
Event Description: Hollywood Bowl Date(s) 7 / 12 / 18
Provide Title/ Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Hollywood Bowl
Name of Source
Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: _____
Official's Name (Last, First)

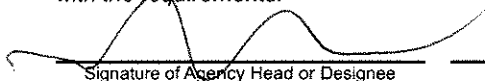
3. Recipients

• 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| | | | |
| | | | |
| B. | Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| | Homeboy Industries | 14 | 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 8/8/18
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____

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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 213.974.4111 | E-mail mmoret@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 ☐ Face Value of Each Ticket/Pass \$ 36

Event Description: Hollywood Bowl Date(s) 7 / 12 / 18
Provide Title/ Explanation

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

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|-------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | |
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| InnerCity Struggle | 14 | 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 | 8/8/18 |
| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |

Comment: _____

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2. Function or Event Information

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

• 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.

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Event Description: Hollywood Bowl Date(s) 7 / 12 / 18

Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Hollywood Bowl

Name of Source

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

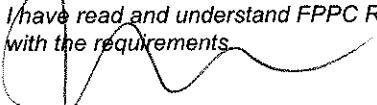
| A. | Name of Agency, Department or Unit | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy |
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| B. | Name of Individual (Last, First) | Number of Ticket(s)/ Passes | Identify one of the following: |
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| | | | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|----|----------------------------------------------------------------|-----------------------------|------------------------------------------------------------------|
| | Plaza Community Center | 20 | 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
 8/8/18

Signature of Agency Head or Designee
 Print Name
 Title
 (month, day, year)

Comment: _____

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Does the agency have a ticket policy? Yes ☐ No ☐ Face Value of Each Ticket/Pass \$ 36

Event Description: Hollywood Bowl Date(s) 7 / 19 / 18
Provide Title/ Explanation

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

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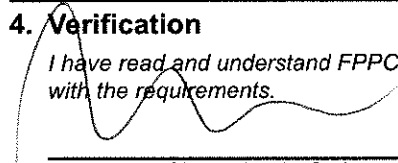
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| A. Name of Agency, Department or Unit | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy |
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| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| Ana Arroyo (Obregon Park Community Group) | 20 | Per Ticket Policy 5.3 (i) |
| | | |

4. Verification

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Event Description: Hollywood Bowl Date(s) 7 / 19 / 18
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Hollywood Bowl
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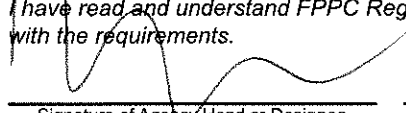
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| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| East LA Veterans Center | 22 | Per Ticket Policy 5.3 (i) |
| | | |

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.

| | | | |
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|  | Megan Moret | Ticket Administrator | 8/8/18 |
| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |

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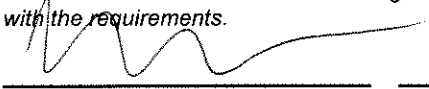
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| C. | Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| | East Los Angeles Rising | 16 | Per Ticket Policy 5.3 (i) |
| | | | |

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 Print Name Ticket Administrator 8/8/18
 _____ _____ _____ (month, day, year)

Comment: _____

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Provide Title/ Explanation

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| C. Name of Outside Organization (include address and description) | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| Eastmont Community Center | 17 | 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 | 8/8/18 |
| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |

Comment: _____

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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 ☐ Face Value of Each Ticket/Pass \$ 36

Event Description: Hollywood Bowl Date(s) 7 / 19 / 18
Provide Title/ Explanation

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

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

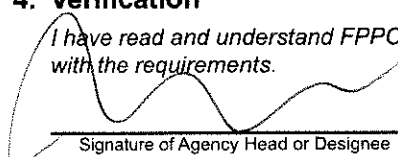
3. Recipients

• 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|-------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | |
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| El Sereno Senior Center | 14 | 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 | 8/8/18 |
| 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.lacounty.gov | | Date Stamp | California Form 802 For Official Use Only |
| <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 ☐ Face Value of Each Ticket/Pass \$ 36

Event Description: Hollywood Bowl Date(s) 7 / 19 / 18
Provide Title/ Explanation

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

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

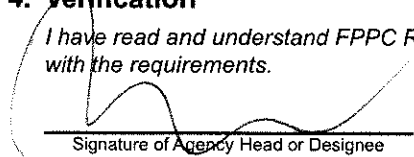
3. Recipients

• 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| | | | |
| | | | |
| B. | Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| | ELA Women's Center | 14 | 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 Print Name | Ticket Administrator Title | 8/8/18 (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 For Official Use Only |
| County of Los Angeles | | | |
| 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: _____ (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 ☐ Face Value of Each Ticket/Pass \$ 36

Event Description: Hollywood Bowl Date(s) 7 / 19 / 18

Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Hollywood Bowl

Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: _____

Official's Name (Last, First)

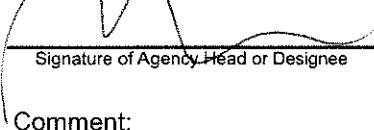
3. Recipients

• 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|-------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | |
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| Esperanza Senior Citizens | 14 | 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 | 8/8/18 |
| Signature of Agency Head or Designee | 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) | | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (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 ☐ Face Value of Each Ticket/Pass \$ 36

Event Description: Hollywood Bowl Date(s) 7 / 19 / 18
Provide Title/ Explanation

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

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

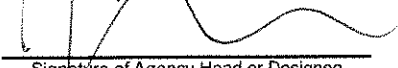
3. Recipients

• 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|-------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| Familia Unida | 14 | 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 | 8/8/18 |
| 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.lacounty.gov | | Date Stamp | California Form 802 For Official Use Only |
| | | <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 ☐ Face Value of Each Ticket/Pass \$ 36
Event Description: Hollywood Bowl Date(s) 7 / 19 / 18
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Hollywood Bowl
Name of Source
Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|-----------|-----------------------------------------------------------------------|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | |
| | | | |
| B. | Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| | Girls Today Women Tomorrow | 14 | 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 Print Name | Ticket Administrator Title | 8/8/18 (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) | | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (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 ☐ Face Value of Each Ticket/Pass \$ 36

Event Description: Hollywood Bowl Date(s) 7 / 19 / 18
Provide Title/ Explanation

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

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

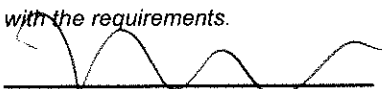
3. Recipients

• 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|----|----------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | |
| | | | |
| | | | |
| B. | Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| | Hollenbeck PAL | 14 | 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 | 8/8/18 |
| Signature of Agency Head or Designee | 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) | | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (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 ☐ Face Value of Each Ticket/Pass \$ 36

Event Description: Hollywood Bowl Date(s) 7 / 19 / 18
Provide Title/ Explanation

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

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

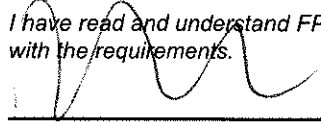
3. Recipients

• 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|----|----------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | |
| | | | |
| B. | Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| | I Heart ELA (I Love ELA) | 14 | 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 | 8/8/18 |
| Signature of Agency Head or Designee | 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) | | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (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 ☐ Face Value of Each Ticket/Pass \$ 36

Event Description: Hollywood Bowl Date(s) 7 / 19 / 18
Provide Title/ Explanation

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

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

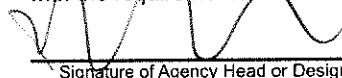
3. Recipients

• 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|-------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| Jovenes, Inc. | 14 | 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
 Print Name
 Ticket Administrator
 Title
 8/8/18
 (month, day, year)

Comment: _____

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

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| | | | |
|-----------------------------------------------------------------------------------------|-----------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| 1. Agency Name County of Los Angeles | | Date Stamp | California Form 802 For Official Use Only |
| Division, Department, or Region (if applicable) 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: _____ (month, day, year) | |
| Area Code/Phone Number 213.974.4111 | E-mail mmoret@bos.lacounty.gov | | |

2. Function or Event Information

Does the agency have a ticket policy? Yes ☐ No ☐ Face Value of Each Ticket/Pass \$ 36

Event Description: Hollywood Bowl Date(s) 7 / 19 / 18
Provide Title/ Explanation

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

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

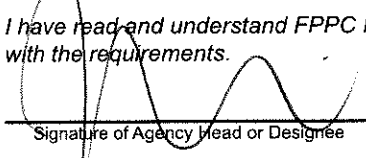
3. Recipients

• 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|-------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| Latino Equality Alliance | 14 | 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 | 8/8/18 |
| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |

Comment: _____

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

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| | | | |
|------------------------------------------------------------------------------------------------|------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| 1. Agency Name County of Los Angeles | | Date Stamp | California Form 802 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 213.974.4111 | E-mail mmoret@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 ☐ Face Value of Each Ticket/Pass \$ 36

Event Description: Hollywood Bowl Date(s) 7 / 19 / 18
Provide Title/ Explanation

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

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

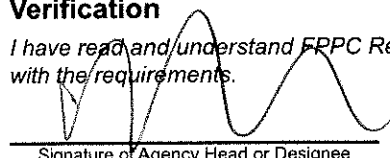
3. Recipients

• 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|-------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | |
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| Legacy LA | 14 | 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 Print Name | Ticket Administrator Title | 8/8/18 (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 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 ☐ Face Value of Each Ticket/Pass \$ 36

Event Description: Hollywood Bowl Date(s) 7 / 19 / 18
Provide Title/ Explanation

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

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

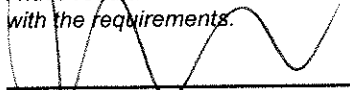
3. Recipients

• 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|----|----------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | |
| | | | |
| B. | Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| | New Economics for Women | 14 | 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 Administrator
Title

8/8/18
(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 For Official Use Only |
| County of Los Angeles | | | |
| 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: _____ (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 ☐ Face Value of Each Ticket/Pass \$ 36

Event Description: Hollywood Bowl Date(s) 7 / 19 / 18
Provide Title/ Explanation

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

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|-------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | |
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| Pico Union Project | 14 | 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 | 8/8/18 |
| 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 | | Date Stamp | California Form 802 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 213.974.4111 | E-mail mmoret@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 ☐ Face Value of Each Ticket/Pass \$ 36

Event Description: Hollywood Bowl Date(s) 7 / 19 / 18
Provide Title/ Explanation

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

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|----|----------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | |
| | | | |
| B. | Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| | Proyecto Pastoral | 14 | 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 | 8/8/18 |
| 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 | | 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 ☐ Face Value of Each Ticket/Pass \$ 36

Event Description: Hollywood Bowl Date(s) 7 / 19 / 18

Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Hollywood Bowl

Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: _____

Official's Name (Last, First)

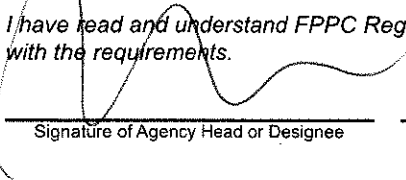
3. Recipients

• 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|-------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | |
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| SALEF | 14 | 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 | 8/8/18 |
| 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.lacounty.gov | | Date Stamp | California Form 802 For Official Use Only |
| | | <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 ☐ Face Value of Each Ticket/Pass \$ 36
Event Description: Hollywood Bowl Date(s) 7 / 19 / 18
Provide Title/ Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Hollywood Bowl
Name of Source
Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|-----------|-----------------------------------------------------------------------|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | |
| | | | |
| B. | Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| | Self-Help Graphics | 14 | 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 Print Name | Ticket Administrator Title | 8/8/18 (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) | | <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 ☐ Face Value of Each Ticket/Pass \$ 36

Event Description: Hollywood Bowl Date(s) 7 / 19 / 18
Provide Title/ Explanation

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

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

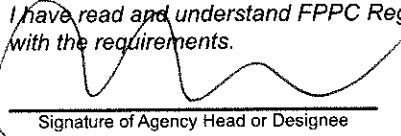
3. Recipients

• 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|----|----------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | |
| | | | |
| B. | Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| | WINTER | 14 | 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
 Print Name
 Ticket Administrator
 Title
 8/8/18
 (month, day, year)

Comment: _____

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

A Public Document

| | | | |
|------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| 1. Agency Name County of Los Angeles | | Date Stamp | California Form 802 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 213.974.4111 | E-mail mmoret@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 ☐ Face Value of Each Ticket/Pass \$ 36

Event Description: Hollywood Bowl Date(s) 9 / 20 / 18
Provide Title/ Explanation

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

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

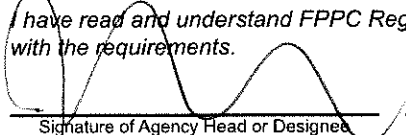
| A. Name of Agency, Department or Unit | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|---------------------------------------|-----------------------------|------------------------------------------------------------------|
| | | |
| | | |
| | | |

| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|-------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------|
| Ability First | 13 | 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

Ticket Administrator
Title

8/8/18
(month, day, year)

Comment: _____

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

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| | | | |
|-----------------------------------------------------------------------------------------|-----------------------------------|-------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| 1. Agency Name County of Los Angeles | | Date Stamp | California Form 802 For Official Use Only |
| Division, Department, or Region (if applicable) 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: _____ (month, day, year) | |
| Area Code/Phone Number 213.974.4111 | E-mail mmoret@bos.lacounty.gov | | |

2. Function or Event Information

Does the agency have a ticket policy? Yes ☐ No ☐ Face Value of Each Ticket/Pass \$ 36

Event Description: Hollywood Bowl Date(s) 9 / 20 / 18
Provide Title/ Explanation

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

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|-------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| Alma Family Services | 14 | 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 | 8/8/18 |
| | 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) | | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (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 ☐ Face Value of Each Ticket/Pass \$ 36

Event Description: Hollywood Bowl Date(s) 9 / 20 / 18
Provide Title/ Explanation

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

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

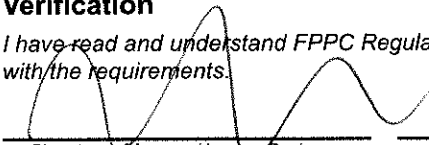
3. Recipients

• 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|-------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | |
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| Barrio Action Youth & Family Center | 14 | 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 | 8/8/18 |
| 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 | | Date Stamp | California Form 802 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 213.974.4111 | E-mail mmoret@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 ☐ Face Value of Each Ticket/Pass \$ 36

Event Description: Hollywood Bowl Date(s) 9 / 20 / 18
Provide Title/ Explanation

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

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

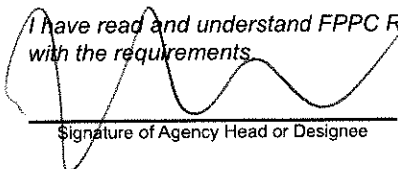
3. Recipients

• 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|-----------|-----------------------------------------------------------------------|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | |
| | | | |
| B. | Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| | Belvedere Middle School | 14 | 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 | 8/8/18 |
| 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 | | Date Stamp | California Form 802 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 213.974.4111 | E-mail mmoret@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 ☐ Face Value of Each Ticket/Pass \$ 36
Event Description: Hollywood Bowl Date(s) 9 / 20 / 18
Provide Title/ Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Hollywood Bowl
Name of Source
Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: _____
Official's Name (Last, First)

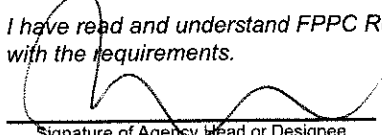
3. Recipients

• 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|-------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| Boyle Heights Arts Conservancy | 14 | 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 8/8/18
Signature of Agency Head or Designee 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) | | <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 ☐ Face Value of Each Ticket/Pass \$ 36

Event Description: Hollywood Bowl Date(s) 9 / 20 / 18
Provide Title/ Explanation

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

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

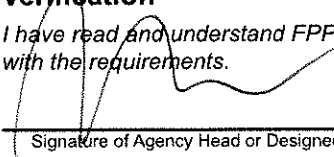
3. Recipients

• 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|-------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | |
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| Boyle Heights Beat | 14 | 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 | 8/8/18 |
| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |

Comment: _____

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

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| | | | |
|------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| 1. Agency Name County of Los Angeles | | Date Stamp | California Form 802 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 213.974.4111 | E-mail mmoret@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 ☐ Face Value of Each Ticket/Pass \$ 36

Event Description: Hollywood Bowl Date(s) 9 / 20 / 18
Provide Title/ Explanation

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

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|-------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | |
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| Boyle Heights Technology Youth Source Center | 14 | 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 Administrator
Title

8/8/18
(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) | | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (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 ☐ Face Value of Each Ticket/Pass \$ 36

Event Description: Hollywood Bowl Date(s) 9 / 20 / 18
Provide Title/ Explanation

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

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

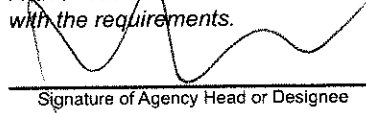
3. Recipients

• 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|----|----------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | |
| | | | |
| | | | |
| B. | Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| | Bravo Medical Magnet High School | 14 | 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
 Print Name
 Ticket Administrator
 Title
 8/8/18
 (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) | | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (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 ☐ Face Value of Each Ticket/Pass \$ 36

Event Description: Hollywood Bowl Date(s) 9 / 20 / 18
Provide Title/ Explanation

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

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|----|----------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | |
| | | | |
| B. | Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| | Bravo Medical Magnet High School | 13 | 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
 Print Name
 Ticket Administrator
 Title
 8/8/18
 (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 For Official Use Only |
| County of Los Angeles | | | |
| 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: _____ (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 ☐ Face Value of Each Ticket/Pass \$ 36

Event Description: Hollywood Bowl Date(s) 9 / 20 / 18
Provide Title/ Explanation

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

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

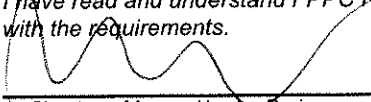
3. Recipients

• 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|-------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| Casa Cultural Saybrook | 13 | 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 Administrator
Title

8/8/18
(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.lacounty.gov

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 ☐ Face Value of Each Ticket/Pass \$ 36

Event Description: Hollywood Bowl Date(s) 9 / 20 / 18

Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|----|----------------------------------------------------------------|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | |
| | | | |
| B. | Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| | CHIRLA | 13 | 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
Print Name

Ticket Administrator
Title

8/8/18
(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 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: _____ <small>(month, day, year)</small> | |
| 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 ☐ Face Value of Each Ticket/Pass \$ 36

Event Description: Hollywood Bowl Date(s) 9 / 20 / 18
Provide Title/ Explanation

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

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|----|----------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | |
| | | | |
| B. | Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| | D.E.S.I. (Designated exceptional Services for Independence) | 13 | 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 Administrator
Title

8/8/18
(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 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 ☐ Face Value of Each Ticket/Pass \$ 36

Event Description: Hollywood Bowl Date(s) 9 / 20 / 18
Provide Title/ Explanation

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

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

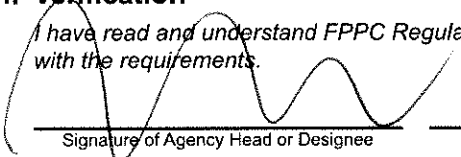
3. Recipients

• 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|-------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | |
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| Eagle Rock Center for the Arts | 13 | 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
 8/8/18

Signature of Agency Head or Designee
 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 |
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| 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: _____ (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 ☐ Face Value of Each Ticket/Pass \$ 36

Event Description: Hollywood Bowl Date(s) 9 / 20 / 18
Provide Title/ Explanation

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

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

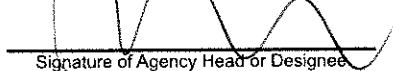
3. Recipients

• 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|-------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | |
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| Eastman Elementary | 13 | 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
 8/8/18
Signature of Agency Head or Designee
Print Name
Title
(month, day, year)

Comment: _____

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

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|-------------------------------------------------|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
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| 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 ☐ Face Value of Each Ticket/Pass \$ 36

Event Description: Hollywood Bowl Date(s) 9 / 20 / 18

Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Hollywood Bowl

Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: _____

Official's Name (Last, First)

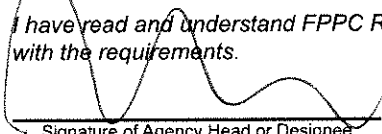
3. Recipients

• 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|-------------------------------------------------------------------|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | |
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| El Sereno Middle School | 13 | 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
 8/8/18

Signature of Agency Head or Designee
 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) | | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (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 ☐ Face Value of Each Ticket/Pass \$ 36

Event Description: Hollywood Bowl Date(s) 9 / 20 / 18
Provide Title/ Explanation

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

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|----|----------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | |
| | | | |
| B. | Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| | Garfield High School | 13 | 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
 Print Name
 Ticket Administrator
 Title
 8/8/18
 (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 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 213.974.4111 | E-mail mmoret@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 ☐ Face Value of Each Ticket/Pass \$ 36

Event Description: Hollywood Bowl Date(s) 9 / 20 / 18
Provide Title/ Explanation

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

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

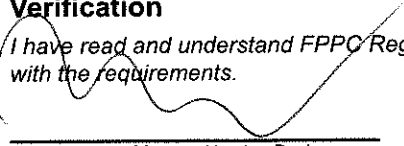
3. Recipients

• 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|-------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | |
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| Griffith Middle School | 13 | 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 | 8/8/18 |
| 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 | | 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) | | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (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 ☐ Face Value of Each Ticket/Pass \$ 36

Event Description: Hollywood Bowl Date(s) 9 / 20 / 18
Provide Title/ Explanation

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

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

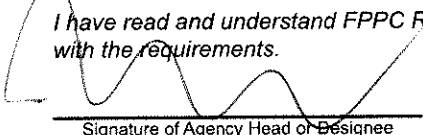
3. Recipients

• 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|----|----------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | |
| | | | |
| B. | Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| | Hilda L. Solis Learning Academy | 13 | 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
 Print Name
 Ticket Administrator
 Title
 8/8/18
 (month, day, year)

Comment: _____

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

A Public Document

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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) | | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (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 ☐ Face Value of Each Ticket/Pass \$ 36

Event Description: Hollywood Bowl Date(s) 9 / 20 / 18
Provide Title/ Explanation

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

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

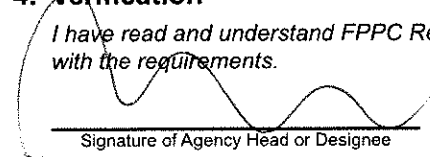
3. Recipients

• 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|-------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | |
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| Las Fotos Project | 13 | 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 | 8/8/18 |
| Signature of Agency Head or Designee | 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) | | <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 ☐ Face Value of Each Ticket/Pass \$ 36

Event Description: Hollywood Bowl Date(s) 9 / 20 / 18
Provide Title/ Explanation

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

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|-------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | |
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| Murchison Elementary School | 8 | 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 | 8/8/18 |
| Signature of Agency Head or Designee | 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) | | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (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 ☐ Face Value of Each Ticket/Pass \$ 36

Event Description: Hollywood Bowl Date(s) 9 / 20 / 18
Provide Title/ Explanation

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

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|-------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| Neighborhood Music School | 13 | 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
 Print Name
 Ticket Administrator
 Title
 8/8/18
 (month, day, year)

Comment: _____

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

A Public Document

| | | | |
|-----------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| 1. Agency Name County of Los Angeles | | Date Stamp | California Form 802 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 213.974.4111 | E-mail mmoret@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 ☐ Face Value of Each Ticket/Pass \$ 36

Event Description: Hollywood Bowl Date(s) 9 / 20 / 18
Provide Title/ Explanation

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

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

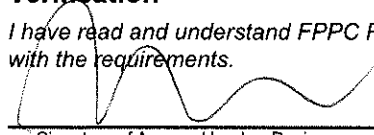
3. Recipients

• 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|-------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| Roosevelt HS | 13 | 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
 Print Name
 Ticket Administrator
 Title
 8/8/18
 (month, day, year)

Comment: _____

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

A Public Document

| | | | |
|-----------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| 1. Agency Name County of Los Angeles | | Date Stamp | California Form 802 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 213.974.4111 | E-mail mmoret@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 ☐ Face Value of Each Ticket/Pass \$ 36

Event Description: Hollywood Bowl Date(s) 9 / 20 / 18
Provide Title/ Explanation

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

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

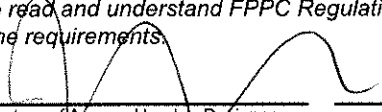
| A. Name of Agency, Department or Unit | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|---------------------------------------|-----------------------------|------------------------------------------------------------------|
| | | |
| | | |

| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|-------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------|
| Rowan E.S. | 13 | 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 | 8/8/18 |
| 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 | | 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) | | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (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 ☐ Face Value of Each Ticket/Pass \$ 36

Event Description: Hollywood Bowl Date(s) 7 / 17 / 18
Provide Title/ Explanation

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

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

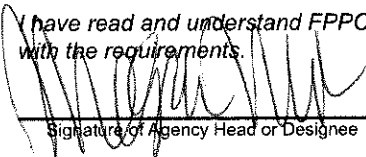
3. Recipients

• 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|-------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | |
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| Vietnamese Community of Pomona Valley | 15 | 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

Ticket Administrator
Print Name

8/8/18
Title

Comment: _____
(month, day, year)

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) | | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (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 ☐ Face Value of Each Ticket/Pass \$ 36

Event Description: Hollywood Bowl Date(s) 7 / 17 / 18
Provide Title/ Explanation

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

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|-------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| Boys & Girls Club of Pomona Valley | 20 | 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 Print Name | _____ Ticket Administrator Title | _____ 8/8/18 (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.lacounty.gov | | Date Stamp | California Form 802 For Official Use Only <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 ☐ Face Value of Each Ticket/Pass \$ 36
Event Description: Hollywood Bowl Date(s) 7 / 17 / 18
Provide Title/ Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Hollywood Bowl
Name of Source
Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|-----------|-----------------------------------------------------------------------|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | |
| | | | |
| B. | Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| | CLASP | 15 | 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 | 8/8/18 |
| 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 | | 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) | | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (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 ☐ Face Value of Each Ticket/Pass \$ 36

Event Description: Hollywood Bowl Date(s) 7 / 17 / 18
Provide Title/ Explanation

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

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|----|----------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | |
| | | | |
| B. | Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| | Pomona Youth Orchestra | 20 | 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 | 8/8/18 |
| | 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 | | Date Stamp | California Form 802 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 213.974.4111 | E-mail mmoret@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 ☐ Face Value of Each Ticket/Pass \$ 36

Event Description: Hollywood Bowl Date(s) 7 / 17 / 18
Provide Title/ Explanation

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

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|-----------|-----------------------------------------------------------------------|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | |
| | | | |
| B. | Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| | dA Center for the Arts | 8 | 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 | 8/8/18 |
| Signature of Agency Head or Designee | 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) | | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (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 ☐ Face Value of Each Ticket/Pass \$ 36

Event Description: Hollywood Bowl Date(s) 7 / 17 / 18 _____
Provide Title/ Explanation

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

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

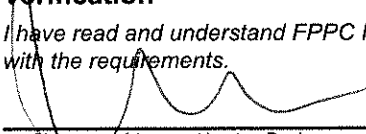
| A. Name of Agency, Department or Unit | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|---------------------------------------|-----------------------------|------------------------------------------------------------------|
| | | |
| | | |
| | | |

| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|-------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------|
| Pomona Public Library Foundation | 52 | 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 | 8/8/18 |
| 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

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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) | | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (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 ☐ Face Value of Each Ticket/Pass \$ 36

Event Description: Hollywood Bowl Date(s) 7 / 17 / 18

Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Hollywood Bowl

Name of Source

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|-------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | |
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| Middletree Tutoring Center | 20 | 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 | 8/8/18 |
| Signature of Agency Head or Designee | 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) | | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (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 ☐ Face Value of Each Ticket/Pass \$ 36

Event Description: Hollywood Bowl Date(s) 8 / 14 / 18
Provide Title/ Explanation

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

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

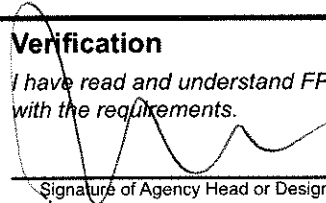
3. Recipients

• 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|-------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | |
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| Proyecto Del Barrio | 10 | 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 | 8/8/18 |
| 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

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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) | | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small> | |
| 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 ☐ Face Value of Each Ticket/Pass \$ 36

Event Description: Hollywood Bowl Date(s) 8 / 14 / 18
Provide Title/ Explanation

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

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

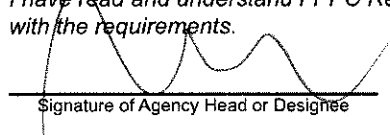
3. Recipients

• 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|----|----------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | |
| | | | |
| B. | Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| | Foothill Learning Alliance | 10 | 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 | 8/8/18 |
| 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.lacounty.gov | | Date Stamp | California Form 802 For Official Use Only |
| | | <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 ☐ Face Value of Each Ticket/Pass \$ 36
Event Description: Hollywood Bowl Date(s) 8 / 14 / 18
Provide Title/ Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Hollywood Bowl
Name of Source
Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|-----------|-----------------------------------------------------------------------|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | |
| | | | |
| B. | Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| | Azusa Learning Foundation | 6 | 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 8/8/18
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 | | Date Stamp | California Form 802 For Official Use Only |
| Division, Department, or Region (if applicable) 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: _____ (month, day, year) | |
| Area Code/Phone Number 213.974.4111 | E-mail mmoret@bos.lacounty.gov | | |

2. Function or Event Information

Does the agency have a ticket policy? Yes ☐ No ☐ Face Value of Each Ticket/Pass \$ 36

Event Description: Hollywood Bowl Date(s) 8 / 14 / 18
Provide Title/ Explanation

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

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

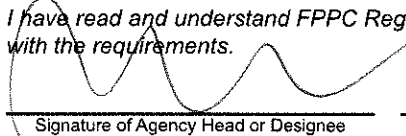
3. Recipients

• 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|-------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| Foothill AIDS Project | 6 | 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
 Print Name
 Ticket Administrator
 Title
 8/8/18
 (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 |
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| Board of Supervisors, First District | | | |
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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 ☐ Face Value of Each Ticket/Pass \$ 36

Event Description: Hollywood Bowl Date(s) 8 / 14 / 18
Provide Title/ Explanation

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

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

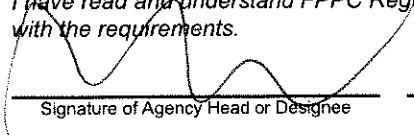
3. Recipients

• 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|-------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | |
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| Trinity Youth Services - Foster Care | 6 | 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 | 8/8/18 |
| Signature of Agency Head or Designee | 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 |
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| 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: _____ <small>(month, day, year)</small> | |
| 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 ☐ Face Value of Each Ticket/Pass \$ 36

Event Description: Hollywood Bowl Date(s) 8 / 14 / 18
Provide Title/ Explanation

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

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

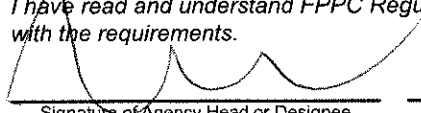
3. Recipients

• 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|----|----------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | |
| | | | |
| B. | Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| | Project 29:11 | 6 | 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 Administrator

Title

8/8/18

(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 For Official Use Only |
| County of Los Angeles | | | |
| 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: _____ (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 ☐ Face Value of Each Ticket/Pass \$ 36

Event Description: Hollywood Bowl Date(s) 8 / 14 / 18
Provide Title/ Explanation

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

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

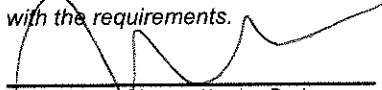
3. Recipients

• 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|-------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | |
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| Angels Who Care | 6 | 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 _____ 8/8/18
Signature of Agency Head or Designee 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 |
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| 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: _____ (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 ☐ Face Value of Each Ticket/Pass \$ 36

Event Description: Hollywood Bowl Date(s) 8 / 14 / 18
Provide Title/ Explanation

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

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|----|----------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | |
| | | | |
| B. | Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| | St. Ambrose Episcopal Church | 10 | 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 Print Name Ticket Administrator Title 8/8/18
 (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 |
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| 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: _____ (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 ☐ Face Value of Each Ticket/Pass \$ 36

Event Description: Hollywood Bowl Date(s) 8 / 14 / 18
Provide Title/ Explanation

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

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

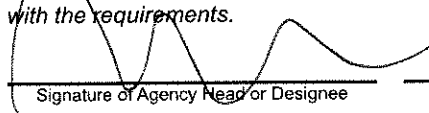
3. Recipients

• 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|-------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | |
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| Kennedy Austin Foundation | 10 | 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 Print Name Ticket Administrator 8/8/18
(month, day, year)

Comment: _____

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

A Public Document

| | | | |
|------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| 1. Agency Name County of Los Angeles | | Date Stamp | California Form 802 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 213.974.4111 | E-mail mmoret@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 ☐ Face Value of Each Ticket/Pass \$ 36

Event Description: Hollywood Bowl Date(s) 8 / 14 / 18
Provide Title/ Explanation

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

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

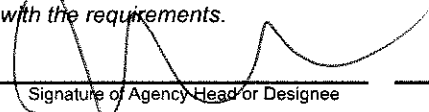
| A. Name of Agency, Department or Unit | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|---------------------------------------|-----------------------------|------------------------------------------------------------------|
| | | |
| | | |

| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|-------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------|
| Latino Roundtable | 10 | 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 | 8/8/18 |
| <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 |
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| Board of Supervisors, First District | | | |
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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 ☐ Face Value of Each Ticket/Pass \$ 36

Event Description: Hollywood Bowl Date(s) 8 / 14 / 18
Provide Title/ Explanation

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

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|-------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| Volunteers of America | 10 | 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 | 8/8/18 |
| 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

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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) | | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (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 ☐ Face Value of Each Ticket/Pass \$ 36

Event Description: Hollywood Bowl Date(s) 8 / 14 / 18
Provide Title/ Explanation

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

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

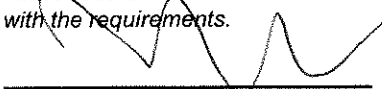
| A. Name of Agency, Department or Unit | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|---------------------------------------|-----------------------------|------------------------------------------------------------------|
| | | |
| | | |
| | | |

| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|-------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------|
| West Covina Youth Council | 10 | 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 | 8/8/18 |
| Signature of Agency Head or Designee | 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 |
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| 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: _____ (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 ☐ Face Value of Each Ticket/Pass \$ 36

Event Description: Hollywood Bowl Date(s) 8 / 14 / 18
Provide Title/ Explanation

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

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

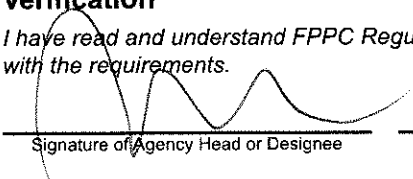
3. Recipients

• 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|-------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | |
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| YWCA | 10 | 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 | 8/8/18 |
| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |

Comment: _____

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

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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 ☐ Face Value of Each Ticket/Pass \$ 36

Event Description: Hollywood Bowl Date(s) 8 / 14 / 18

Provide Title/Explanation

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

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

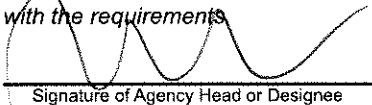
3. Recipients

• 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|-------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | |
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| Garey High School | 10 | 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 | 8/8/18 |
| <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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| 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 ☐ Face Value of Each Ticket/Pass \$ 36

Event Description: Hollywood Bowl Date(s) 8 / 14 / 18
Provide Title/ Explanation

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

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

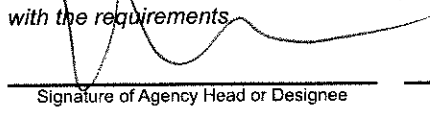
3. Recipients

• 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|----|----------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | |
| | | | |
| B. | Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| | Pomona Historic Society | 10 | 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 Print Name Ticket Administrator 8/8/18
(month, day, year)

Comment: _____

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

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| Designated Agency Contact (Name, Title) | | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (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 ☐ Face Value of Each Ticket/Pass \$ 36

Event Description: Hollywood Bowl Date(s) 8 / 14 / 18
Provide Title/ Explanation

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

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

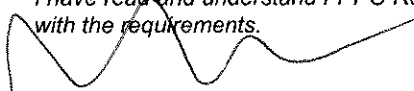
3. Recipients

• 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|-------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | |
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| Washington Park Senior Center | 20 | 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 | 8/8/18 |
| 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 | | 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) | | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (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 ☐ Face Value of Each Ticket/Pass \$ 36

Event Description: Hollywood Bowl Date(s) 8 / 14 / 18
Provide Title/ Explanation

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

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|----|----------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | |
| | | | |
| B. | Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| | National Negroe Women's Association | 10 | 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
 Print Name
 Ticket Administrator
 Title
 8/8/18
 (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 For Official Use Only |
| County of Los Angeles | | | |
| 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: _____ (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 ☐ Face Value of Each Ticket/Pass \$ 36

Event Description: Hollywood Bowl Date(s) 8 / 14 / 18
Provide Title/ Explanation

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

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

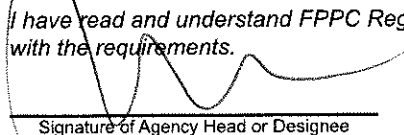
3. Recipients

• 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|-------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | |
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| Azusa Senior Center | 40 | 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 | 8/8/18 |
| 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.lacounty.gov

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 ☐ Face Value of Each Ticket/Pass \$ 36

Event Description: Hollywood Bowl Date(s) 8 / 14 / 18

Provide Title/ Explanation

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

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|----|----------------------------------------------------------------|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | |
| | | | |
| B. | Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| | Walnut Senior Center | 40 | 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

Print Name

Ticket Administrator

Title

8/8/18

(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 For Official Use Only |
| County of Los Angeles | | | |
| 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: _____ (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 ☐ Face Value of Each Ticket/Pass \$ 36

Event Description: Hollywood Bowl Date(s) 8 / 14 / 18
Provide Title/ Explanation

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

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

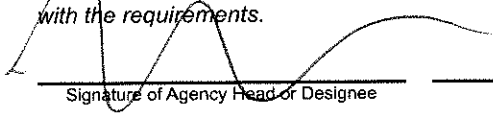
3. Recipients

• 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|-------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| Blaisdell Senior Center | 20 | 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 | 8/8/18 |
| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |

Comment: _____

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

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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.lacounty.gov | | Date Stamp | California Form 802 For Official Use Only <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 ☐ Face Value of Each Ticket/Pass \$ 36
Event Description: Hollywood Bowl Date(s) 8 / 14 / 18
Provide Title/ Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Hollywood Bowl
Name of Source
Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|-----------|-----------------------------------------------------------------------|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | |
| | | | |
| B. | Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| | Filipino Association | 10 | 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 | 8/8/18 |
| Signature of Agency Head or Designee | 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 |
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| 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 ☐ Face Value of Each Ticket/Pass \$ 36

Event Description: Hollywood Bowl Date(s) 8 / 14 / 18
Provide Title/ Explanation

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

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

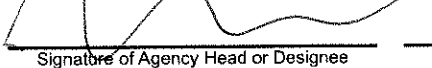
3. Recipients

• 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|-------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | |
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| NAACP SGV Chapter | 10 | 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 Administrator
Title

8/8/18
(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.lacounty.gov | | Date Stamp California Form 802 For Official Use Only <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 ☐ Face Value of Each Ticket/Pass \$ 36
Event Description: Hollywood Bowl Date(s) 9 / 13 / 18
Provide Title/ Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Hollywood Bowl
Name of Source
Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|-----------|-----------------------------------------------------------------------|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | |
| | | | |
| B. | Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| | Pathfinder | 20 | 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 8/8/18
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 | | Date Stamp | California Form 802 For Official Use Only |
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| 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 ☐ Face Value of Each Ticket/Pass \$ 36

Event Description: Hollywood Bowl Date(s) 9 / 13 / 18
Provide Title/ Explanation

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

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

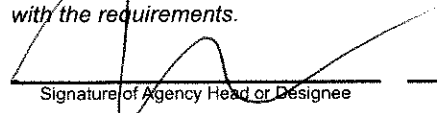
3. Recipients

• 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|-------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| God's Pantry | 6 | 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
 Print Name
 Ticket Administrator
 Title
 8/8/18
 (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.lacounty.gov | | Date Stamp | <div style="border: 1px solid black; padding: 5px;"> California Form 802 For Official Use Only </div> <div> <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) </div> <div> Date of Original Filing: _____ <small>(month, day, year)</small> </div> |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

2. Function or Event Information

Does the agency have a ticket policy? Yes ☐ No ☐ Face Value of Each Ticket/Pass \$ 36

Event Description: Hollywood Bowl Date(s) 9 / 13 / 18
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|-------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | |
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| House of Ruth | 10 | 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 Print Name | Ticket Administrator Title | 8/8/18 (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.lacounty.gov | | Date Stamp | California Form 802 For Official Use Only |
| | | <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 ☐ Face Value of Each Ticket/Pass \$ 36
Event Description: Hollywood Bowl Date(s) 9 / 13 / 18
Provide Title/ Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Hollywood Bowl
Name of Source
Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: _____
Official's Name (Last, First)

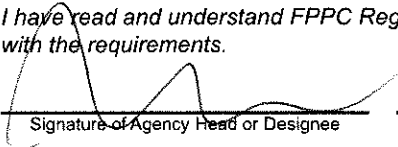
3. Recipients

• 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|-----------|-----------------------------------------------------------------------|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | |
| | | | |
| B. | Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| | Islamic Center of Claremont | 20 | 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 8/8/18
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 | | 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) | | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (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 ☐ Face Value of Each Ticket/Pass \$ 36

Event Description: Hollywood Bowl Date(s) 9 / 13 / 18
Provide Title/ Explanation

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

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|-------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| Just Us 4 Youth | 10 | 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 | 8/8/18 |
| 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.lacounty.gov

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 ☐ Face Value of Each Ticket/Pass \$ 36

Event Description: Hollywood Bowl Date(s) 9 / 13 / 18
Provide Title/ Explanation

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

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|----|----------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | |
| | | | |
| B. | Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| | NAACP Pomona Valley Chapter | 10 | 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
Print Name

Ticket Administrator
Title

8/8/18
(month, day, year)

Comment: _____

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

A Public Document

| | | | |
|-----------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| 1. Agency Name County of Los Angeles | | Date Stamp | California Form 802 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 213.974.4111 | E-mail mmoret@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 ☐ Face Value of Each Ticket/Pass \$ 36

Event Description: Hollywood Bowl Date(s) 9 / 13 / 18
Provide Title/ Explanation

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

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

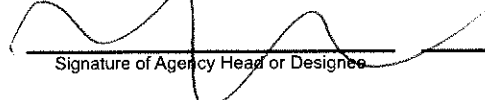
3. Recipients

• 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|-------------------------------------------------------------------|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | |
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| Trinity United Methodist Church | 10 | 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 | 8/8/18 |
| 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 | | 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) | | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (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 ☐ Face Value of Each Ticket/Pass \$ 36

Event Description: Hollywood Bowl Date(s) 9 / 13 / 18
Provide Title/ Explanation

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

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

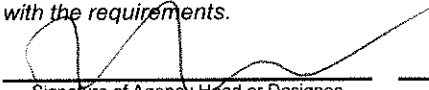
3. Recipients

• 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|----|----------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | |
| | | | |
| B. | Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| | Prototypes | 20 | 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 | 8/8/18 |
| 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.lacounty.gov | | Date Stamp <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year) | California Form 802 For Official Use Only |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|

2. Function or Event Information

Does the agency have a ticket policy? Yes ☐ No ☐ Face Value of Each Ticket/Pass \$ 36
Event Description: Hollywood Bowl Date(s) 9 / 13 / 18
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Hollywood Bowl
Name of Source
Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|-----------|--------------------------------------------------------------------------|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | |
| | | | |
| B. | Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| | Inland Valley Hope Partners | 11 | 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 Print Name | Ticket Administrator Title | 8/8/18 (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 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: _____ <small>(month, day, year)</small> | |
| 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 ☐ Face Value of Each Ticket/Pass \$ 36

Event Description: Hollywood Bowl Date(s) 9 / 13 / 18
Provide Title/ Explanation

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

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

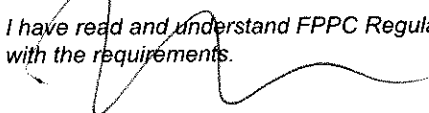
3. Recipients

• 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|----|----------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | |
| | | | |
| B. | Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| | The Parents Place | 20 | 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 | 8/8/18 |
| 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 | | 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 ☐ Face Value of Each Ticket/Pass \$ 36

Event Description: Hollywood Bowl Date(s) 9 / 13 / 18
Provide Title/ Explanation

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

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|-------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| Trinity Youth Services-Foster Care | 10 | 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
 8/8/18
Signature of Agency Head or Designee
Print Name
Title
(month, day, year)

Comment: _____

A Public Document

2. Function or Event Information

3. Recipients

| | | | |
|-----------|---------------------------------------------------------------------------|------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A. | Name of Agency, Department or Unit | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| | | | |
| | | | |
| B. | Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| | Foothill Families | 6 | Per Ticket Policy 5.3 (i) |
| | | | |

Comment: _____

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 213.974.4111 | E-mail mmoret@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 ☐ Face Value of Each Ticket/Pass \$ 36

Event Description: Hollywood Bowl Date(s) 9 / 13 / 18
Provide Title/ Explanation

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

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

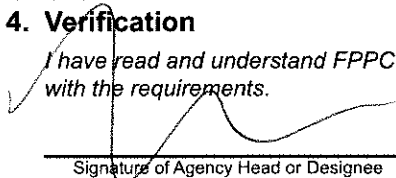
3. Recipients

• 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|-------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| Masonic Center for youth & Families | 6 | 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 | 8/8/18 |
| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |

Comment: _____

A Public Document

2. Function or Event Information

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

4. Verification

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

A Public Document

| | | | |
|------------------------------------------------------------------------------------------------|------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 1. Agency Name County of Los Angeles | | Date Stamp | California Form 802 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 213.974.4111 | E-mail mmoret@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 ☐ Face Value of Each Ticket/Pass \$ 36

Event Description: Hollywood Bowl Date(s) 9 / 13 / 18
Provide Title/ Explanation

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

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|-------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| Optimist Club | 9 | 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
 Print Name
 Ticket Administrator
 Title
 8/8/18
 (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 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 ☐ Face Value of Each Ticket/Pass \$ 36

Event Description: Hollywood Bowl Date(s) 9 / 13 / 18
Provide Title/ Explanation

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

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

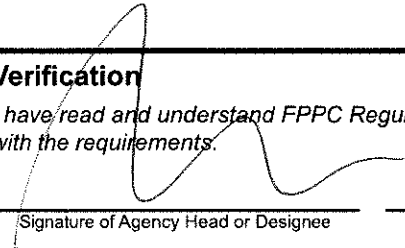
3. Recipients

• 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|-------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| Options for learning | 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 Ticket Administrator 8/8/18
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.lacounty.gov | | Date Stamp | California Form 802 For Official Use Only |
| | | <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 ☐ Face Value of Each Ticket/Pass \$ 36
Event Description: Hollywood Bowl Date(s) 9 / 13 / 18
Provide Title/ Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Hollywood Bowl
Name of Source
Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: _____
Official's Name (Last, First)

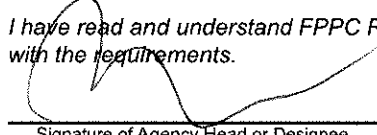
3. Recipients

• 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|-----------|-----------------------------------------------------------------------|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | |
| | | | |
| B. | Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| | NCADD (National Council on Alcoholism & Drug Dependence) | 5 | 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 8/8/18
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 | | Date Stamp | California Form 802 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 213.974.4111 | E-mail mmoret@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 ☐ Face Value of Each Ticket/Pass \$ 36

Event Description: Hollywood Bowl Date(s) 9 / 13 / 18
Provide Title/ Explanation

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

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

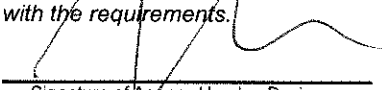
3. Recipients

• 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|-------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| Palomares Senior Center | 20 | 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
 Print Name
 Ticket Administrator
 Title
 8/8/18
 (month, day, year)

Comment: _____

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

A Public Document

| | | | |
|-----------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| 1. Agency Name County of Los Angeles | | Date Stamp | California Form 802 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 213.974.4111 | E-mail mmoret@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 ☐ Face Value of Each Ticket/Pass \$ 36

Event Description: Hollywood Bowl Date(s) 9 / 13 / 18
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|-------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| We Run Pomona | 20 | 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 Print Name: Megan Moret Ticket Administrator: 8/8/18
(month, day, year)

Comment: _____

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

A Public Document

| | | | |
|-----------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 1. Agency Name County of Los Angeles | | Date Stamp | California Form 802 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 213.974.4111 | E-mail mmoret@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 ☐ Face Value of Each Ticket/Pass \$ 36

Event Description: Hollywood Bowl Date(s) 9 / 13 / 18
Provide Title/Explanation

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

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

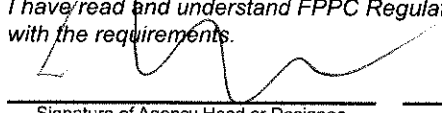
3. Recipients

• 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|-------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| Azusa Beautiful | 20 | 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
 Print Name
 Ticket Administrator
 Title
 8/8/18
 (month, day, year)

Comment: _____

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

A Public Document

| | | | |
|-----------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| 1. Agency Name County of Los Angeles | | Date Stamp | California Form 802 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 213.974.4111 | E-mail mmoret@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 ☐ Face Value of Each Ticket/Pass \$ 36

Event Description: Hollywood Bowl Date(s) 9 / 13 / 18
Provide Title/ Explanation

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

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|-------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | |
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| Pomona Lyons Club | 20 | 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
 8/8/18
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 | | Date Stamp | California Form 802 For Official Use Only |
| Division, Department, or Region (if applicable) 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: _____ (month, day, year) | |
| Area Code/Phone Number 213.974.4111 | E-mail mmoret@bos.lacounty.gov | | |

2. Function or Event Information

Does the agency have a ticket policy? Yes ☐ No ☐ Face Value of Each Ticket/Pass \$ 36

Event Description: Hollywood Bowl Date(s) 9 / 13 / 18
Provide Title/ Explanation

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

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

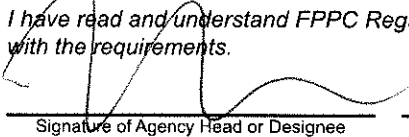
3. Recipients

• 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|-------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| Joslyn Senior Center | 40 | 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
 Print Name
 Ticket Administrator
 Title
 8/8/18
 (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.lacounty.gov | | Date Stamp <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year) | California Form 802 For Official Use Only |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|

2. Function or Event Information

Does the agency have a ticket policy? Yes ☐ No ☐ Face Value of Each Ticket/Pass \$ 36
Event Description: Hollywood Bowl Date(s) 9 / 13 / 18
Provide Title/ Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Hollywood Bowl
Name of Source
Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: _____
Official's Name (Last, First)

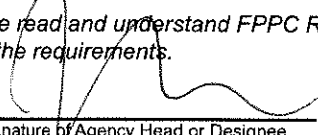
3. Recipients

• 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|--------------------------------------------------------------------------|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | |
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| Gladstone High School | 10 | 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 8/8/18
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 | | 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 ☐ Face Value of Each Ticket/Pass \$ 36

Event Description: Hollywood Bowl Date(s) 9 / 13 / 18
Provide Title/ Explanation

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

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

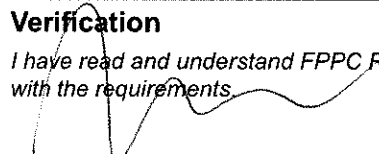
3. Recipients

• 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|-------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | |
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| Planned Parenthood | 7 | 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 | 8/8/18 |
| 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 | | 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) | | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (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 ☐ Face Value of Each Ticket/Pass \$ 36

Event Description: Hollywood Bowl Date(s) 7 / 12 / 18
Provide Title/ Explanation

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

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

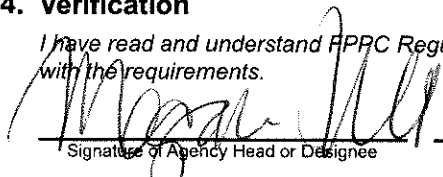
3. Recipients

• 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|-------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| SBCC Thrive LA (I Heart SELA) | 20 | 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

Ticket Administrator
Title

8/8/18
(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.lacounty.gov | | Date Stamp | California Form 802 For Official Use Only |
| | | <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 ☐ Face Value of Each Ticket/Pass \$ 36
Event Description: Hollywood Bowl Date(s) 7 / 12 / 18
Provide Title/ Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Hollywood Bowl
Name of Source
Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|-----------|-----------------------------------------------------------------------|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | |
| | | | |
| B. | Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| | Hub Cities | 20 | 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 8/8/18
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 | | Date Stamp | California Form 802 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 213.974.4111 | E-mail mmoret@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 ☐ Face Value of Each Ticket/Pass \$ 36

Event Description: Hollywood Bowl Date(s) 7 / 12 / 18
Provide Title/ Explanation

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

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

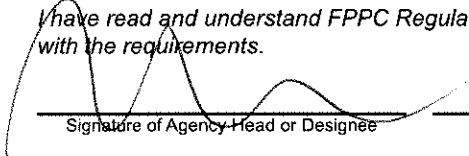
3. Recipients

* 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|-------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | |
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| City of South Gate Senior Center | 30 | 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 | 8/8/18 |
| 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.lacounty.gov | | Date Stamp <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year) | California Form 802 For Official Use Only |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|

2. Function or Event Information

Does the agency have a ticket policy? Yes ☐ No ☐ Face Value of Each Ticket/Pass \$ 36
Event Description: Hollywood Bowl Date(s) 7 / 12 / 18
Provide Title/ Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: Hollywood Bowl
Name of Source
Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ If yes: _____
Official's Name (Last, First)

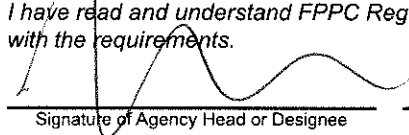
3. Recipients

• 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|-----------|-----------------------------------------------------------------------|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | |
| | | | |
| | | | |
| B. | Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| | City of Bell Senior Center | 20 | 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 8/8/18
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

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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.lacounty.gov | | Date Stamp | California Form 802 For Official Use Only |
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2. Function or Event Information

Does the agency have a ticket policy? Yes ☐ No ☐ Face Value of Each Ticket/Pass \$ 36

Event Description: Hollywood Bowl Date(s) 7 / 12 / 18
Provide Title/ Explanation

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

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

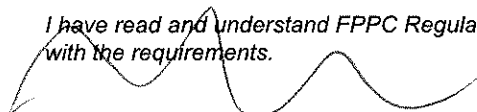
3. Recipients

• 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|-------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | |
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| VA CBOC | 20 | 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 8/8/18
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 | | Date Stamp | California Form 802 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 213.974.4111 | E-mail mmoret@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 ☐ Face Value of Each Ticket/Pass \$ 36

Event Description: Hollywood Bowl Date(s) 7 / 12 / 18
Provide Title/ Explanation

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

Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|-------------------------------------------------------------------|-----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | |
| | | |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| UFW | 30 | 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 | 8/8/18 |
| Signature of Agency Head or Designee | Print Name | Title | (month, day, year) |

Comment: _____