Comment: _

- '	gency Report of. eremonial Role Even	ts and Ticket/F	ass Distr	ibutions	A	Public Document
1.	Agency Name				Date Stamp	California 802
	County of Los Angeles					Form OUZ
	Division, Department, or Reg	ion (if applicable)	**		1	For Official Use Only
	Board of Supervisors, First I	District				
	Designated Agency Contact	'Name, Title)				*
	Megan Moret, Ticket Admini	strator			Amondment (Med F	rovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			Amendment (wastr	rovide Explanation in Part 3.)
	213.974.4111	mmoret@bos.lacou	unty.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation		<u> </u>	200	
	Does the agency have a ticl	ket policy? Yes	□ No □ F	ace Value of	Each Ticket/Pass \$ 36) ************************************
	Event Description: Hollywoo	d Bowl	C	Date(s)	, 12 , 18	
		Provide Title/ Expla	nation			, , , , , ,
	Ticket(s)/Pass(es) provided	by agency? Yes	□ No 🗵 🍴	f no: <u>Hollywoo</u>	Name of Source	
	Was ticket distribution made	at the behest Voc.	J No⊠ ^{II}	f yes:		
	of agency official?	163		,	Official's Name (Last, First)	
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
	B. Name of Indi	The state of the s	Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:
				ľ	onial Role Other on "Other" des	
		9,000		1	onial Role Other ing "Ceremonial Role" or "Other" des	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's		suant to the agency's policy
	24th Street Theatre Compa	iny	14	Per Ticket Po	olicy 5.3 (i)	
	Verification Nave read and understand FP with the requirements.		.1 and 18942. I		hat the distribution set fo	rth above, is in accordance 8/8/18
	Signature of Agency Head or Design		int Name		Title	(month, day, year)

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

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

A Public Document
California 802
For Official Use Only

Amendment (Must Provide Explanation in Part 3.)

Division, Department, or Region (if applicable)				, 5, 5,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Board of Supervisors, First District				
Designated Agency Contact (Name, Title)				
Megan Moret, Ticket Administrator			☐ Amendment (Must Pr	ovide Explanation in Part 3.)
Area Code/Phone Number E-mail				2., a.
213.974.4111 mmoret@bos.lacou	nty.gov		Date of Original Filing:	(month, day, year)
2. Function or Event Information			20	
Does the agency have a ticket policy? Yes] No [] F	ace Value of I	Each Ticket/Pass \$ 36	
Event Description: Hollywood Bowl	Г	Date(s)/	12 / 18	1 1
Provide Title/ Explan	ation			
Ticket(s)/Pass(es) provided by agency? Yes] No⊠ I	f no: Hollywoo		
	P	f yes:	Name of Source	
Was ticket distribution made at the behest Yes	J No⊠ '	ı yes	Official's Name (Last, First)	
of agency official?				
3. Recipients				
• Use Section A to identify the agency's department or unit.	Use Section B to	identify an individ	ual. • Use Section C to identi	ify an outside organization.
	Number	1, 5, 5, 5		ay diga mengerahan kang dan Asil mengelah keme
A. Name of Agency, Department or Unit	of Ticket(s)/ Passes	Describe the	e public purpose made purs	suant to the agency's policy
	Number			
B. Name of Individual (Last, First)	of Ticket(s)/ Passes		Identify one of the fo	ollowing:
(Lates) / Hely	1 83363	Carem	nonial Role Other	Income [
			ring "Ceremonial Role" or "Other" des	•
				Income [
			nonial Role Other Other or "Other" des	
	Number			
C. Name of Outside Organization (include address and description)	of Ticket(s)/	Describe th	e public purpose made purs	suant to the agency's policy
	Passes	Per Ticket P	olicy 5.3 (i)	
Bresee Youth Center	15	l el lioket i	oney 5.5 (i)	
	<u> </u>			
4. Verification				
I have read and understand FPPC Regulations 18944.	.1 and 18942.	I have verified	that the distribution set fo	orth above, is in accordance
with the requirements.				
Meg	an Moret		Ticket Administrator	8/8/18
1.7	rint Name		Title	(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District **Designated Agency Contact (Name, Title)** Megan Moret, Ticket Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: _ 213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 36 Does the agency have a ticket policy? Yes ☐ No ☐ Date(s) 7 / 12 / Event Description: Hollywood Bowl Provide Title/ Explanation If no: Hollywood Bowl Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛛 Name of Source Was ticket distribution made at the behest Yes ☐ No ☑ If yes: _ Official's Name (Last, First) of agency official? 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. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ **Passes** Number Name of Individual В. identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Income Other \square If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other 🔲 Income ___ If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes Per Ticket Policy 5.3 (i) Clinica Romero 14

4.	Verification			
	I have read and understand FPPC Regula	ations 18944.1 and 18942. I have	verified that the distribution set forth a	bove, is in accordance
Λ	with the requirements.			
/		Megan Moret	Ticket Administrator	8/8/18
	Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

C	eremonial Role I	Events and Ticket	/Pass Distr	ibutions		A Public Document
1,	Agency Name				Date Stamp	California 802
	County of Los Angele	s				
	Division, Department,	or Region (if applicable)				For Official Use Only
	Board of Supervisors,	First District				
	Designated Agency Co	ontact (Name,Title)				
	Megan Moret, Ticket /	Administrator		-	Amendment (Mus	t Provide Explanation in Part 3.)
	Area Code/Phone Num	ber E-mail			Amendment (mus	i i Tovide Explanation in Fait 3.)
	213.974.4111	mmoret@bos.lac	ounty.gov		Date of Original Filing	(month, day, year)
2.	Function or Event	Information		- Security		
	Does the agency have	e a ticket policy? Ye	s□ No□ 「	Face Value of Ea	ach Ticket/Pass \$.	36
	Event Description: Ho			Date(s)/_	12 _/ 18	1 1
		Provide Title/ Ex	planation	f no: Hollywood		
	Ticket(s)/Pass(es) pro	ovided by agency? Ye	s□ No⊠ I	T NO: LIGHT WOOD	Name of Source	
	Was ticket distribution	made at the behest Ye	s□ No⊠	f yes:	Official's Name (Last, Firs	<i>t</i>)
	of agency official?				Cinciara (Vario (Last,) ins	.,
3.	Recipients	· · · · · · · · · · · · · · · · · · ·				
	•	the agency's department or unit.	• Use Section B to	identify an individua	I. • Use Section C to ide	entify an outside organization.
	A. Name of Agend	cy, Department or Unit	Number of Ticket(s)/	Describe the	ublic purpose made p	ursuant to the agency's policy
	Α		Passes		- white pair poor made p	

			Number			
		e of Individual Last, First)	of Ticket(s)/ Passes	d Nation	Identify one of the	a following:
				Ceremon	ial Role Other	Income E
		•		1	"Ceremonial Role" or "Other"	
				Ceremon	ial Role 🔲 Other	Income [
				If checking	"Ceremonial Role" or "Other"	describe below:
	No. and Add		Number			
		itside Organization ess and description)	of Ticket(s)/ Passes	Describe the p	public purpose made p	ursuant to the agency's policy
	El Arca		16	Per Ticket Poli	cy 5.3 (i)	
			16			
-						
4.	Verification					
/	ৰ্ম have read and understa with the requirements.	and FPPC Regulations 189	44.1 and 18942.	I have verified tha	nt the distribution set	forth above, is in accordance
		The state of the s				
			egan Moret		icket Administrato	r 8/8/18

Comment: ___

	jency Report of: eremonial Role Events and Ticket/F	Pass Distri	ibutions	A	Public Document
-	Agency Name			Date Stamp	California 802
	County of Los Angeles				
	Division, Department, or Region (if applicable)				For Official Use Only
	Board of Supervisors, First District				
	Designated Agency Contact (Name, Title)				
	Megan Moret, Ticket Administrator				
	Area Code/Phone Number E-mail			Amendment (Must F	Provide Explanation in Part 3.)
	213.974.4111 mmoret@bos.laco	unty.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Information				
	Does the agency have a ticket policy? Yes	□ No □ F	ace Value of	Each Ticket/Pass \$ 36	6
	Event Description: Hollywood Bowl			, 12 , 18	1 1
	Event Description: Provide Title/ Expla	L nation	Date(s)		
			f no: <u>Hollywoo</u>	d Bowl Name of Source	
	Was ticket distribution made at the behest Yes	□ No⊠ ^{II}	f yes:		
	of agency official?		,	Official's Name (Last, First)	
	Use Section A to identify the agency's department or unit. A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	N. Santa Co.		suant to the agency's policy
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the f	following:
				ionial Role Other C ting "Ceremonial Role" or "Other" de	
				oniał Role Other Cing "Ceremonial Role" or "Other" de	
	C. Name of Outside Organization of Ticl (include address and description)		Describe th	he public purpose made pursuant to the agency's policy	
	Homeboy Industries	14	Per Ticket P	olicy 5.3 (i)	
	Verification I have read and understand FPPC Regulations 18944	1 1 and 18042	I have verified t	hat the distribution set f	orth above is in accordance
	with the requirements	., una 10072.	. navo vermea t	ngt the distribution set h	olar abovo, io iii accordano
		gan Moret		Ticket Administrator	8/8/18
	Signature of Agericy Head or Designee P	rint Name		Title	(month, day, year)

Ceremonial Role Events and Ticket/P	ass Distri	ibutions	A Public Document
. Agency Name		Date Stamp	California 802
County of Los Angeles			Form OUZ
Division, Department, or Region (if applicable)			For Official Use Only
Board of Supervisors, First District			
Designated Agency Contact (Name, Title)			
Megan Moret, Ticket Administrator		Amendment (Mu	st Provide Explanation in Part 3.)
Area Code/Phone Number E-mail			strioned Explanation in Fait 6.9
213.974.4111 mmoret@bos.lacou	ınty.gov	Date of Original Filin	g:(month, day, year)
. Function or Event Information			
Does the agency have a ticket policy? Yes] No∏ F	ace Value of Each Ticket/Pass \$	36
Event Description: Hollywood Bowl	D	Date(s) 7 / 12 / 18	
Provide Title/ Explain Ticket(s)/Pass(es) provided by agency? Yes[no: Hollywood Bowl	
Was ticket distribution made at the behest Yes of agency official?	□ No⊠ ^{If}	yes:Official's Name (Last, Fir	5f)
 Recipients Use Section A to identify the agency's department or unit. 	Use Section B to i	dentify an individual. • Use Section C to id	entify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made (
B. Name of Individual	Number of Ticket(s)/	Identify one of th	e following:
(Last, First)	Passes		
		Ceremonial Role Other If checking "Ceremonial Role" or "Other	
***************************************		Ceremonial Role Other	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made r	pursuant to the agency's policy
InnerCity Struggle	14	Per Ticket Policy 5.3 (i)	
. Verification I have read and understand FPPC Regulations 18944.	1 and 18942. I	have verified that the distribution se	t forth above, is in accordanc
with the requirements.	an Moret	Ticket Administrato	
	int Name	Title	(month, day, year)

Cé	eremonial Role Even	ts and Ticket/P	ass Distri	ibutions	Α	Public Document
	Agency Name	*****			Date Stamp	California 202
	County of Los Angeles					Form OUZ
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Board of Supervisors, First	District				
	Designated Agency Contact	(Name, Title)				
	Megan Moret, Ticket Admin	istrator			Amendment (Must Pi	rovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				,
	213.974.4111	mmoret@bos.lacou	inty.gov		Date of Original Filing: .	(month, day, year)
2.	Function or Event Infor	mation '				
	Does the agency have a tic	ket policy? Yes [J No □ F	ace Value of	Each Ticket/Pass \$ $\frac{36}{1}$	
	Event Description: Hollywoo	od Bowl Provide Title/ Explar	, 12 , 18			
	Ticket(s)/Pass(es) provided	•	d Bowl Name of Source			
	Was ticket distribution made of agency official?	e at the behest Yes [] No⊠ ^{If}	f yes:	Official's Name (Last, First)	
3.	Recipients • Use Section A to identify the ages A. Name of Agency, Dep		Use Section B to Number of Ticket(s)/		over a server of the rest of the property.	ify an outside organization. Suant to the agency's policy
		· · · · · · · · · · · · · · · · · · ·	Passes			
	B. Name of Ind		Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:
				1	nonial Role Other C king "Ceremonial Role" or "Other" des	· -
					nonial Role Other Cher Cher	
	C. Name of Outside C	Number of Ticket(s)/ Passes		Describe the public purpose made pursuant to the agency's policy		
	LAUSD All City Marching I	Band	43	Per Ticket P	olicy 5.3 (i)	
 4.	Verification I have read and understand FF with the requirements	PPC Regulations 18944	.1 and 18942.	I have verified	that the distribution set fo	orth above, is in accordanc
	1/	Men	an Moret		Ticket Administrator	8/8/18
	Signature of Agency Head or Design		int Name		Title	(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions **A Public Document** 1. Agency Name California Date Stamp **Form** County of Los Angeles For Official Use Only Division Department or Region (if applicable) 2

Division, Department, or Region (аррисаын				
Board of Supervisors, First Distri					
Designated Agency Contact (Name	,Title)				
Megan Moret, Ticket Administrat	or			Amendment (Must Pro	vide Explanation in Part 3.)
Area Code/Phone Number E-m	ail			,	
213,974.4111 mm	oret@bos.lacount	y.gov		Date of Original Filing:	(month, day, year)
. Function or Event Informati	on			26	
Does the agency have a ticket p	olicy? Yes □	No □ F	ace Value of I	Each Ticket/Pass \$ 36	
Event Description: Hollywood Bo	wl	D	ate(s)	<u>, 12 , 18 </u>	
	Provide Title/ Explanat		no: Hollywoo	d Bowl	
Ticket(s)/Pass(es) provided by a	gency? Yes ∐	No 🛭 If	110. <u></u>	Name of Source	
Was ticket distribution made at the of agency official?	ne behest Yes ☐	No⊠ ^{If}	yes:	Official's Name (Last, First)	
. Recipients					
 Use Section A to identify the agency's de 	epartment or unit. • Us	e Section B to i	dentify an individ	ual. • Use Section C to identif	y an outside organization.
A. Name of Agency, Departmen	nt or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pursu	lant to the agency's policy
war and the state of the state					
B. Name of Individua (Last, First)		Number of Ticket(s)/ Passes		Identify one of the fol	lowing:
				nonial Role Other Oth	Income Income Income Income III
				nonial Role Other Chief Ceremonial Role" or "Other" descri	Income Income
C. Name of Outside Organiz		Number of Ticket(s)/ Passes		e public purpose made pursu	
Plaza Community Center		20	Per Ticket P	olicy 5.3 (i)	
l. Verification					
I/have read and understand FPPC F	Regulations 18944.1	and 18942.	I have verified	that the distribution set for	th above, is in accordance
with the requirements				The book Administration	0/0/40
Signature of Agency Head or Designee		n Moret		Ticket Administrator	8/8/18 (month, day, year)
Signature of Agency Fread of Designee	3.1111				,,,
Comment:					

4.	Verification			•
	I/have read and understand FPPC Regul	ations 18944.1 and 18942. I have	verified that the distribution set forth al	oove, 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)

Ceremo	onial Role Even	ts and Ticket/P	ass Distri	ibutions	A	Public Document	
. Agend	cy Name				Date Stamp	California 802	
County	of Los Angeles						
Divisio	n, Department, or Reg	on (if applicable)				For Official Use Only	
	of Supervisors, First [:			
_	ated Agency Contact (
	Moret, Ticket Admini	strator			Amendment (Must I	Provide Explanation in Part 3.)	
Area C	ode/Phone Number	E-mail					
213.97	74.4111	mmoret@bos.lacou	nty.gov		Date of Original Filing:	(month, day, year)	
. Funct	tion or Event Infor	nation					
Does t	the agency have a tick	et policy? Yes [] No ☐ F	ace Value of I	Each Ticket/Pass \$ ³	6	
Event	Description: Hollywoo	d Bowl Provide Title/ Explan	E	Date(s)	19 , 18		
Ticket((s)/Pass(es) provided	, in the second		f no: <u>Hollywoo</u>	d Bowl		
	cket distribution made ency official?	at the behest Yes] No 🗵 li	f yes:	Official's Name (Last, First)		
	ipients section A to identify the agen Name of Agency, Depa		Use Section B to Number of Ticket(s)/ Passes			tify an outside organization.	
			Number				
В.	Name of Indi (Last, Fire		of Ticket(s)/ Passes	A, a v Asistis e i	Identify one of the	following:	
				1	onial Role Other Cing "Ceremonial Role" or "Other" de		
	MANAGE THE SECTION OF			1	onial Role Other Cing "Ceremonial Role" or "Other" de	-	
C.	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe the	Describe the public purpose made pursuant to the agency's polic		
Ana A	Arroyo (Obregon Park	Community Group)	20	Per Ticket Pe	olicy 5.3 (i)		
/ I have r	cation read and understand FP e requirements.	PC Regulations 18944.	1 and 18942.	I have verified t	hat the distribution set f	orth above, is in accordance	
		Meg	an Moret		Ticket Administrator	8/8/18	
Signa	ture of Agency Head or Design	ee Pr	int Name		Title	(month day year)	

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: __ 213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 36 Does the agency have a ticket policy? Yes ☐ No ☐ Event Description: Hollywood Bowl Date(s) ____/ 19 / Provide Title/ Explanation If no: Hollywood Bowl Ticket(s)/Pass(es) provided by agency? Yes □ No 🔀 Name of Source Was ticket distribution made at the behest Yes ☐ No 区 Official's Name (Last, First) of agency official? 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. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes

B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	identify one of the following:
		Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role Other Income If checking "Geremonial 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
East LA Veterans Center	22	Per Ticket Policy 5.3 (i)

	1					, and the second	
- 1	have	read and understand	FPPC Regulations	18944.1 and 18942	. I have verified that the	distribution set forth	above, is in accordanc
١	vith t	he requirements.	7:				

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

Cer	emonial Role Even	ts and Ticket/P	ass Distri	butions	<i>P</i>	A Public Document
	gency Name				Date Stamp	California 802
Ç	ounty of Los Angeles					TOTAL CONTRACTOR
Di	ivision, Department, or Regi	ion (if applicable)				For Official Use Only
В	oard of Supervisors, First [District				
D	esignated Agency Contact (Name,Title)				
M	legan Moret, Ticket Admini	strator			☐ Amendment (Must	Provide Explanation in Part 3.)
Ai	rea Code/Phone Number	E-mail			,	, ,
2	13.974.4111	mmoret@bos.lacou	inty.gov		Date of Original Filing	:(month, day, year)
2. F	unction or Event Infor	mation				
D	oes the agency have a tick	ket policy? Yes [□ No□ F	ace Value of I	Each Ticket/Pass \$ 🖁	36
F	vent Description: Hollywoo	d Bowl	П	late(s) 7	, 19 , 18	1 1
_	vent bescription.	Provide Title/ Explar	nation			
Ti	icket(s)/Pass(es) provided	by agency? Yes [] No⊠ If	no: Hollywoo	d Bowl Name of Source	
			lf	yes:		
	Vas ticket distribution made of agency official?	at the benest Yes L	」No⊠ "	yes	Official's Name (Last, First)
	or agency official:	•				
	Recipients					
	• Use Section A to identify the agen	cy's department or unit.		dentify an individ		ntify an outside organization.
	A. Name of Agency, Depa	ortment or Unit	Number of Ticket(s)/ Passes	Describe th		ursuant to the agency's policy
•						
	B. Name of Indi	and the second of the second o	Number of Ticket(s)/		Identify one of the	following:
	(Last, Firs	st)	Passes	2 14 14 14 11	i Maria Maria (Maria)	
				1	nonial Role	
-				Cerem	nonial Role Other	Income
				If check	king "Ceremonial Role" or "Other" o	describe below:
·	C. Name of Outside O		Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy
i	East Los Angeles Rising			Per Ticket P	olicy 5.3 (i)	
_			16			
1. V	/erification		I			
11	have read and understand FP	PC Regulations 18944	.1 and 18942. I	I have verified t	that the distribution set	forth above, is in accordance
	1////	Mea	an Moret		Ticket Administrator	8/8/18
_	Signature of Agency Head or Design		int Name		Title	(month, day, year)
r	Comment:					
•						

~	/	-						
Ce	erem	ionia	ιl	Role	Events	and	Ticket/Pass	Distributions

				_	,
Δ	\mathbf{p}_{1}	ını	10	Document	ľ

$\stackrel{\smile}{}$	cicilolilai Roic Even	to and neke	er ass bisti	ibutions	<u></u>	Trubic Document
1.	Agency Name				Date Stamp	California 802
	County of Los Angeles					Form OUZ
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Board of Supervisors, First I	District				
	Designated Agency Contact	(Name, Title)				
	Megan Moret, Ticket Admin	istrator			□ Amondment (t	Describe Frederickies in Description
	Area Code/Phone Number	E-mail			Amendment (Musi	Provide Explanation in Part 3.)
	213.974.4111	mmoret@bos.la	county.gov		Date of Original Filing	:(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a ticl	ket policy?	es 🗆 No 🗀 🧍	ace Value of I	Each Ticket/Pass \$ 3	36
	Event Description: Hollywoo			Date(s)		
	Event Description:	Provide Title/ E	L xplanation	Jate(s)		
	Ticket(s)/Pass(es) provided			f no: Hollywoo	d Bowl	
	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,			Name of Source	_
	Was ticket distribution made	at the behest y	es 🔲 No 🛛 🧍	f yes:	Official's Name (Last, First	3
	of agency official?				Official's 14affie (Last, 1 list	<i>,</i>
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	ursuant to the agency's policy
	B. Name of Indi (Last, Fir		Number of Ticket(s)/ Passes	A A A A A A A A A A A A A A A A A A A	Identify one of the	
					ionial Role" or "Other" o	
					onial Role Other Other	
	C. Name of Outside O		Number of Ticket(s)/ Passes	Describe the		rsuant to the agency's policy
	Eastmont Community Cen	ter	17	Per Ticket Po	olicy 5.3 (i)	
1.	Verification I have read and understand FF with the requirements. Signature of Agency Head or Design		944.1 and 18942. Megan Moret Print Name	I have verified t	hat the distribution set Ticket Administrator Title	
	Comment:				***************************************	

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document Date Stamp California 1. Agency Name Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: .. 213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 36 Does the agency have a ticket policy? Yes ☐ No ☐ Event Description: Hollywood Bowl Date(s) ____/_ 19 / Provide Title/ Explanation If no: Hollywood Bowl Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🗵 Name of Source If yes: _ Was ticket distribution made at the behest Yes ☐ No 🗵 Official's Name (Last, First) of agency official? 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. Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Passes Number Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Ceremonial Role Other 🔲 Income ___ if checking "Ceremonial Role" or "Other" describe below: Income Other 🔲 Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes Per Ticket Policy 5.3 (i) El Sereno Senior Center 14

C. Name of Outside Organization (include address and description)

El Sereno Senior Center

14

Per Ticket(s)/ Passes

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)

FPPC Form 802 /2/2016)

Comment: _

	gency Report of: eremonial Role Events	and Ticket/F	Pass Distri	ibutions	Δ	Public Document
	Agency Name				Date Stamp	California 000
	County of Los Angeles				·	Form 802
	Division, Department, or Region	(if applicable)				For Official Use Only
	Board of Supervisors, First Dist	trict				
	Designated Agency Contact (Nat					
	Megan Moret, Ticket Administra	ator				
		mail			Amendment (Must Pi	rovide Explanation in Part 3.)
	213.974.4111 m	moret@bos.lacou	ınty.gov		Date of Original Filing: -	(month, day, year)
2.	Function or Event Informa	tion				
	Does the agency have a ticket	policy? Yes	□ No□ F	ace Value of	Each Ticket/Pass \$ $\frac{36}{}$	
	Event Description: Hollywood E	Bowl			<u>, 19 , 18</u>	
	Event Description.	Provide Title/ Expla	nation	rate(s)		
	Ticket(s)/Pass(es) provided by	agency? Yes	□ No 🛛 If	no: Hollywoo	d Bowl	
					Name of Source	
	Was ticket distribution made at of agency official?	the behest Yes	□ No⊠ ^{If}	yes:	Official's Name (Last, First)	
3.	• Use Section A to identify the agency's A. Name of Agency, Departm		Use Section B to i Number of Ticket(s)/ Passes			fy an outside organization.
	B. Name of Individu (Last, First)	ıal	Number of Ticket(s)/ Passes	Coron	Identify one of the fo	llowing:
				3	ing "Ceremonial Role" or "Other" desi	
				1	onial Role Other ing "Ceremonial Role" or "Other" desi	Income
	C. Name of Outside Organ		Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy
	ELA Women's Center		14	Per Ticket Po	olicy 5.3 (i)	
4.	Ver ification					
1	I have read and understand FPPC with the requirements.	Regulations 18944.	1 and 18942. I	have verified to	hat the distribution set for	rth above, is in accordance
		Meg	an Moret		Ticket Administrator	8/8/18
1	Signature of Agency Head or Designee		int Name		Title	(month, day, year)

⁽Comment: _

	gency Report of: eremonial Role Even	ts and Ticket/P	ass Distri	butions	A	Public Document	
1.	Agency Name				Date Stamp	California OOO	
	County of Los Angeles					Form 802	
	Division, Department, or Reg	ion (if applicable)			=	For Official Use Only	
	Board of Supervisors, First I	District					
	Designated Agency Contact	(Name, Title)					
	Megan Moret, Ticket Admin	strator			C Amondment (14	Describe Fundamenting in Day 21	
	Area Code/Phone Number	E-mail			Amendment (Must Provide Explanation in Part 3.)		
	213.974.4111	mmoret@bos.lacou	nty.gov		Date of Original Filing:	(month, day, year)	
2.	Function or Event Information						
	Does the agency have a tick	ket policy? Yes [] No∏ F	ace Value of	Each Ticket/Pass \$ 36)	
	Event Description: Hollywoo	od Bowl	D	ate(s)	<u>, 19 , 18</u>		
	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 hohoet w	−ı N K⊃r lf	yes:			
	of agency official?	eat the benest Yes L	I NOKI "	you	Official's Name (Last, First)		
	B. Name of Indi (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the I	ollowing:	
				l	nonial Role Other Ching "Ceremonial Role" or "Other" de		
	***************************************				nonial Role Other C	···	
	C. Name of Outside O	Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy		
	Esperanza Senior Citizens		14	Per Ticket P	olicy 5.3 (i)		
			·				
4.	Verification						
	I have read and understand FF with the requirements.	PC Regulations 18944.	1 and 18942. I	have verified	that the distribution set fo	orth above, is in accordance	
	/ V \ _	Mea	an Moret		Ticket Administrator	8/8/18	
	Signature of Agency Head or Design		int Name		Title	(month, day, year)	

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

A Public Document

_							
1.	Agency Name				Date Stamp	California 802	
	County of Los Angeles					For Official Use Only	
	Division, Department, or Reg					1 or Omala ose only	
	Board of Supervisors, First						
	Designated Agency Contact	(Name, Title)				1	
	Megan Moret, Ticket Admin	istrator			Amendment (Must	Provide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail]		
	213.974.4111	mmoret@bos.lacou	unty.gov		Date of Original Filing	(month, day, year)	
2.	Function or Event Infor	mation					
	Does the agency have a tic	ket policy? Yes	□ No□ F	ace Value of	Each Ticket/Pass \$ 3	36	
	Event Description: Hollywoo				<u>, 19 , 18</u>	1	
	Event Description:	Provide Title/ Expla	nation				
	Ticket(s)/Pass(es) provided	by agency? Yes	□ No⊠ If	_{f no:} <u>Hollywoo</u>	d Bowl		
				_	Name of Source		
	Was ticket distribution made of agency official?	e at the behest Yes	□ No 🖾 ^{II}	f yes:	Official's Name (Last, First)	
3.	Recipients • Use Section A to identify the age A. Name of Agency, Dep		Number of Ticket(s)/				
	B. Name of Inc		Number of Ticket(s)/ Passes		nonial Role Other	☐ Income ☐	
				If chec	king "Ceremonial Role" or "Other" (describe below:	
				1	Official's Name (Last, First) vidual. • Use Section C to identify an outside organization. e the public purpose made pursuant to the agency's policy Identify one of the following:		
	C. Name of Outside 0 (include address an	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pursuant to the agency's policy			
	Familia Unida		14	Per Ticket P	Policy 5.3 (i)		
4.	Verification I have read and understand Fi	PPC Regulations 1894	4.1 and 18942.	I have verified	that the distribution set	forth above, is in accordance	
			gan Moret		Ticket Administrator		
	Signature of Agency Head or Desig	nee	Print Name		Title	(month, day, year)	
	Comment:						

Comment: ____

1	eremonial Role Even Agency Name				Date Stamp	Public Document	
١.	County of Los Angeles				Date Stamp	Form 802	
	Division, Department, or Reg	ion (if applicable)				For Official Use Only	
	Board of Supervisors, First	, , , , ,					
	Designated Agency Contact				_		
	_ ,						
	Megan Moret, Ticket Admin Area Code/Phone Number				Amendment (Must F	Provide Explanation in Part 3.)	
		E-mail			Date of Original Filings		
	213.974.4111	mmoret@bos.lacou	nty.gov		Date of Original Filing:	(month, day, year)	
2.	Function or Event Infor	mation					
	Does the agency have a tic	ket policy? Yes [□No□	Face Value of	Each Ticket/Pass \$ 36		
	Event Description: Hollywoo			Date(s)7			
	Event Description:	Provide Title/ Explan	nation	Date(s)	/		
	Ticket(s)/Pass(es) provided	by agency? Yes] No ⊠	If no: Hollywoo	od Bowl		
					Name of Source		
	Was ticket distribution made	e at the behest Yes] No ⊠	If yes:	Official's Name (Last, First)		
	of agency official?				emoral e mante (Eddy 1 mary		
	Vise Section A to identify the agen Name of Agency, Department		Use Section B to Number of Ticket(s)/ Passes			ify an outside organization.	
	B. Name of Indi (Last, Fir		Number of Ticket(s)/ Passes		identify one of the f		
	•				nonial Role		
					nonial Role		
	C. Name of Outside O		Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy	
	Girls Today Women Tomo	rrow	14	Per Ticket P	olicy 5.3 (i)		

Megan Moret

Print Name

8/8/18

(month, day, year)

Ticket Administrator

Ceremoni	al Role Even	ts and Ticket/Pa	ass Distri	butions		A Public Document			
. Agency					Date Stamp	California 802			
County of	Los Angeles					Form GUZ			
Division, D	epartment, or Reg	on (if applicable)				For Official Ose Only			
	Supervisors, First I								
_	d Agency Contact (
-	ret, Ticket Admini				Amendment (Mus	st Provide Explanation in Part 3.)			
	/Phone Number	E-mail			Date of Original Filin	a:			
213.974.4	111	mmoret@bos.lacou	nty.gov		Date of Original Film	g- (month, day, year)			
2. Function	or Event Infor	mation				26			
Does the	agency have a ticl	ket policy? Yes [] No□ F	ace Value of	Each Ticket/Pass \$	30			
Event Des	scription: Hollywoo	d Bowl	D	ate(s)	<u>, 19 , 18 </u>				
		Provide Title/ Explan	ation						
Ticket(s)/F	Pass(es) provided	by agency? Yes [] No ☑ If	no: Hollywoo	Name of Source				
Was ticke	t distribution made	at the behest Yes	T No.IXI If	yes:	Official's Name (Last, Fir				
	y official?	100	_ 110 ==		Official's Name (Last, Fir	st)			
			····						
3. Recipie		av's department or unit (*)	Hea Section R to i	dentify an individ	ual • Use Section C to id	lentify an outside organization.			
· Use Section	on A to identify the ager	cy s department of unit.	Number						
Α.	A. Name of Agency, Department or Unit			Describe th	ibe the public purpose made pursuant to the agency's policy				
В.	Name of Ind (Last, Fi		Number of Ticket(s)/ Passes		Identify one of the	ne following:			
	(1001, 77		rasses		nonial Role Other				
<u></u>			<u>,</u>	1	nonial Role Other	_			
C. Name of Outside Organization (include address and description)			Number of Ticket(s)/ Passes			pursuant to the agency's policy			
Hollenbe	eck PAL		14	Per Ticket P	olicy 5.3 (i)	<u> </u>			
4. Verificat	ion								
I have read		PPC Regulations 18944	.1 and 18942.	I have verified	that the distribution se	et forth above, is in accordance			
	of Agency Head or Desig		an Moret		Ticket Administrate	or 8/8/18 (month, day, year)			

. Agency Name				Date Stamp	California OOO
County of Los Angeles					Form 802
Division, Department, or Region	on (if applicable)		<u> </u>		For Official Use Only
Board of Supervisors, First Di					
Designated Agency Contact (N	•				
Megan Moret, Ticket Adminis				Amendment (Mus	st Provide Explanation in Part 3.)
	E -mail mmoret@bos.lacou	ntuanu		Date of Original Filin	g:
		nty.gov		3	(month, day, year)
L. Function or Event Inform		_			36
Does the agency have a ticke		-		Each Ticket/Pass \$	
Event Description: Hollywood	Bowl		ate(s)	19 18	
Ticket(s)/Pass(es) provided b	Provide Title/ Explan		no: Hollywoo	d Bowl	
ricket(s)/i ass(es) provided b	y agency: Yes L] No⊠ If	110. 110.19	Name of Source	
Was ticket distribution made a of agency official?	at the behest Yes] No⊠ ^{If}	yes:	Official's Name (Last, Firs	t)
• Use Section A to identify the agency A. Name of Agency, Depart		Use Section B to id Number of Ticket(s)/			entify an outside organization. Oursuant to the agency's policy
		Passes			
B. Name of Indivi- (Last, First)		Number of Ticket(s)/		Identify one of the	
		Number of Ticket(s)/	Cerem		e following:
		Number of Ticket(s)/	Cerem If check Cerem	Identify one of the	a following: Income describe below:
	anization	Number of Ticket(s)/	Cerem If check Cerem If check	Identify one of the onial Role Other on "Ceremonial Role" or "Other" onial Role Other on "Ceremonial Role" or "Other"	e following: Income describe below:
(Last, First) Name of Outside Org.	anization	Number of Ticket(s)/ Passes Number of Ticket(s)/	Cerem If check Cerem If check	Identify one of the onial Role Other onial Role Other onial Role Other onial Role Other or "Ceremonial Role" or "Other" on "Ceremonial Role" or "Other" on public purpose made p	e following: Income describe below: Income describe below:
C. Name of Outside Org.	anization escription)	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Cerem If check Cerem If check Describe the	Identify one of the onial Role Other onial Role Other onial Role Other onial Role Other or "Ceremonial Role" or "Other" or public purpose made publicy 5.3 (i)	a following: Income describe below: Income describe below:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: -213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 36 Does the agency have a ticket policy? Yes ☐ No ☐ Date(s) 7 / 19 / Event Description: Hollywood Bowl Provide Title/ Explanation If no: Hollywood Bowl Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛛 Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 Official's Name (Last, First) of agency official? 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. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual Identify one of the following: of Ticket(s)/ В. (Last, First) Passes Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Income Ceremonial Role Other \square If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes Per Ticket Policy 5.3 (i) Jovenes, Inc. 14

Verification			
I have read and understand FPPC Regul	ations 18944.1 and 18942. I have	e verified that the distribution set forth a	bove, is in accordance
with the requirements			
\vee \vee \wedge \wedge \vee	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 California 1. Agency Name Date Stamp Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: _ 213 974 4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 36 Does the agency have a ticket policy? Yes ☐ No ☐ Event Description: Hollywood Bowl Date(s) 7 / 19 Provide Title/ Explanation If no: Hollywood Bowl Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛛 Name of Source Was ticket distribution made at the behest Yes ☐ No ☑ If yes: _ Official's Name (Last, First) of agency official? 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. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Number Name of Individual identify one of the following: of Ticket(s)/ (Last, First) Passes

	Latino Equality Alliance	14	Per Ticket Policy 5.3 (i)	
4.	Verification I have read and understand FPPC Regulativith the requirements.	tions 18944.1 and 18942.	I have verified that the distribution set forth a	above, is in accordance
		Megan Moret	Ticket Administrator	8/8/18
	Signature of Agency Mead or Designee	Print Name	Title	(month, day, year)
	Comment:			

Number

of Ticket(s)/

Passes

Name of Outside Organization

(include address and description)

Ceremonial Role

Ceremonial Role

Per Ticket Policy 5.3 (i)

Other

Other

Describe the public purpose made pursuant to the agency's policy

If checking "Ceremonial Role" or "Other" describe below

If checking "Ceremonial Role" or "Other" describe below:

Income

Income

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document Date Stamp California 1. Agency Name Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: -213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 36 Does the agency have a ticket policy? Yes ☐ No ☐ Event Description: Hollywood Bowl 19 / Date(s) ____/_ Provide Title/ Explanation If no: Hollywood Bowl Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛭 Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 If yes: _ Official's Name (Last, First) of agency official? 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. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number of Ticket(s)/ Identify one of the following: Name of Individual В. (Last, First) Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other ___ Income If checking "Ceremonial Role" or "Other" describe below Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes Per Ticket Policy 5.3 (i) Legacy LA 14

Varification				
Verification	\wedge			
' have reød∖and/	understand FRPC Re	egulations 18944.1 and 18942. I have	verified that the distribution set forth a	bove, is in accordance
with the/requiren	nents. / \			
V //		Megan Moret	Ticket Administrator	8/8/18
Signature of Ager	ncy Head or Designee	Print Name	Title	(month, day, year)
Comment:				

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions **A Public Document** California Date Stamp 1. Agency Name Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: .. mmoret@bos.lacounty.gov 213,974,4111 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 36 Does the agency have a ticket policy? Yes ☐ No ☐ Date(s) 7 / 19 / Event Description: Hollywood Bowl If no: Hollywood Bowl Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🗵 Name of Source If yes: _ Was ticket distribution made at the behest Yes ☐ No 🗵 Official's Name (Last, First) of agency official? 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. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Identify one of the following: Name of Individual В. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other 🔲 If checking "Ceremonial Role" or "Other" describe below: Income Ceremonial Role Other 🔲 If checking "Ceremonial Role" or "Other" describe below: Number Describe the public purpose made pursuant to the agency's policy Name of Outside Organization of Ticket(s)/ C. (include address and description) Passes Per Ticket Policy 5.3 (i) New Economics for Women 14 4. Vekification have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the featurements. 8/8/18 **Ticket Administrator** Megan Moret (month, day, year) Title Print Name

Signature of Agency Head or Designee

Comment: __

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: . 213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 36 Does the agency have a ticket policy? Yes ☐ No ☐ Date(s) 7 / 19 / Event Description: Hollywood Bowl Provide Title/ Explanation If no: Hollywood Bowl Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🗵 Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 Official's Name (Last, First) of agency official? 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. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Passes A. Number Name of Individual Identify one of the following: В. of Ticket(s)/ (Last. First) Passes Other ... Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Income Ceremonial Role Other \square If checking "Ceremonial Rale" or "Other" describe below Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes Per Ticket Policy 5.3 (i) Pico Union Project 14

Verification I have read and understand APPC Regulati	ions 18944.1 and 18942. I have	verified that the distribution set forth a	bove, is in accordance
with the requirements.	Megan Moret	Ticket Administrator	8/8/18
Signature of Agency Head or Designe	Print Name	Title	(month, day, year)
Comment:			

Agency Report of: **A Public Document** Ceremonial Role Events and Ticket/Pass Distributions California Date Stamp 1. Agency Name Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: -213 974 4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 36 Does the agency have a ticket policy? Yes No Event Description: Hollywood Bowl Date(s) ____/_ 19 / Provide Title/ Explanation If no: Hollywood Bowl Yes ☐ No 🗵 Ticket(s)/Pass(es) provided by agency? Name of Source If yes: _ Was ticket distribution made at the behest Yes ☐ No 🗵 Official's Name (Last, First) of agency official? 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. Number Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Name of Agency, Department or Unit Passes Number Identify one of the following: Name of Individual of Ticket(s)/ (Last, First) Passes Other \square Income ... Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Other ___ income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below Number Describe the public purpose made pursuant to the agency's policy Name of Outside Organization of Ticket(s)/ (include address and description) Passes Per Ticket Policy 5.3 (i) Proyecto Pastoral 14 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. 8/8/18 **Ticket Administrator** Megan Moret (month, day, year) Print Name Signature of Agency Head or Designee

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

Δ	P	h	lic	Document	ŀ
_	, ,			Dogument	

1.	Agency Name				Date Stamp	California Q02
	County of Los Angeles					Form OUZ
	Division, Department, or Rec	gion (if applicable)	'			For Official Use Only
	Board of Supervisors, First					
	Designated Agency Contact	(Name,Title)			1	
	Megan Moret, Ticket Admin	nistrator			Amendment (Must)	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				,
	213.974.4111	mmoret@bos.laco	unty.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tic	ket policy? Yes	□ No□ F	ace Value of	Each Ticket/Pass $\$ \frac{3}{4}$	6
	Event Description: Hollywood	od Bowl	r	Date(s)	, 19 , 18	, ,
	Event Description,	Provide Title/ Exple	ination			
	Ticket(s)/Pass(es) provided	by agency? Yes	□ No 🛭 🖠	f no: Hollywoo		
	Man tinket diatulkution med		10	f yes:	Name of Source	
	Was ticket distribution made of agency official?	e at the benest Yes	□ No⊠ ^I	ı yes	Official's Name (Last, First)	
	or agency official:					
3.	Recipients					
	• Use Section A to identify the ager	ncy's department or unit.	Use Section B to			
	A. Name of Agency, Dep	artment or Unit	Number of Ticket(s)/ Passes		e public purpose made pu	rsuant to the agency's policy
			Passes			
	B. Name of Ind	ividual	Number of Ticket(s)/		Identify one of the	following:
	(Last, Fir	rst) valenda jakon ja ka	Passes			
				1	onial Role Other	
				If check	ring "Ceremonial Role" or "Other" de	scribe below:
		wattuu		Corom	onial Role Other	Income 🔲
				1	ing "Ceremonial Role" or "Other" de	_
	Name of Outside O	roanization	Number	V 10 A A A A A A A A A A A A A A A A A A		
	C. (include address and		of Ticket(s)/ Passes	Describe the	e public purpose made pui	suant to the agency's policy
	SALEF		4.4	Per Ticket Po	olicy 5.3 (i)	
			14			
١.	Verification					
	I have read and understand FF	PPC Regulations 18944	.1 and 18942.	l have verified t	hat the distribution set f	orth above, is in accordance
	with the requirements.					
-		Meg	an Moret		Ticket Administrator	8/8/18
Young comme	Signature of Agency Head or Design		rint Name		Title	(month, day, year)
1	Comment					
	Comment:					

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions		A Public Document
1. Agency Name	Date Stamp	California 802
County of Los Angeles		Form OUZ
Division, Department, or Region (if applicable)	1	For Official Use Only
Board of Supervisors, First District		
Designated Agency Contact (Name, Title)	7	
Megan Moret, Ticket Administrator	☐ Amendment /Must	Provide Explanation in Part 3.)
	- La Companione (Mapse	I TOVIDE EXPIGITATION IN FORT O.)

	Division, Department, or Reg	gion (if applicable)				For Official Use Only
	Board of Supervisors, First	District				
	Designated Agency Contact					
	Megan Moret, Ticket Admir	nistrator				
	Area Code/Phone Number	E-mail			Amendment (Must Pro	vide Explanation in Part 3.)
	213.974.4111	mmoret@bos.lacour	nty.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Info	rmation				
	Does the agency have a tic	ket policy? Yes	l No□ F	ace Value of I	Each Ticket/Pass \$ 36	
	Event Description: Hollywo	od Bowl	г	Date(s)	, 19 , 18	1 1
	Evolution prom.	Provide Title/ Explana	ation			
	Ticket(s)/Pass(es) provided	I by agency? Yes ☐] No 🔯 📑	f no: <u>Hollywoo</u>	d Bowl Name of Source	
	Was ticket distribution mad	a at the behaat v		f yes:	Name or Source	
	of agency official?	e at the benest Yes L	No 🗵 🕛	, ycs	Official's Name (Last, First)	
	or agonoy omolar.					
3.	Recipients • Use Section A to identify the age	ncy's department or unit. • U	se Section B to	identify an individ	ual. • Use Section C to identif	y an outside organization.
	A. Name of Agency, Dep	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pursu	ant to the agency's policy
	B. Name of Ind	and the second s	Number of Ticket(s)/		Identify one of the fol	
	(Last, Fi	(St) (113.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	Passes	1	onial Role Other ing "Ceremonial Role" or "Other" descri	Income [
					onial Role Other ing "Ceremonial Role" or "Other" descri	Income [
	C. Name of Outside C		Number of Ticket(s)/ Passes	Describe the	e public purpose made pursu	nant to the agency's policy
	Self-Help Graphics		14	Per Ticket Po	olicy 5.3 (i)	
_	Verification <i>I ha√e read ∕and understand FI</i>	PPC Regulations 18944.1	l and 18942.	I have verified t	hat the distribution set fon	th above, is in accordanc
	with the requirements		n Moret		Ticket Administrator	8/8/18
	Signature of Agency Head or Desig					

1.1/		Wogari Wordt	rioket raministrator	0/0/10
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 Date Stamp California 1. Agency Name Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: ... 213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 36 Does the agency have a ticket policy? Yes No Event Description: Hollywood Bowl Date(s) 7 / 19 / Provide Title/ Explanation If no: Hollywood Bowl Ticket(s)/Pass(es) provided by agency? Yes □ No 🖾 Name of Source If yes: _ Was ticket distribution made at the behest Yes ☐ No 🗵 Official's Name (Last, First) of agency official? Recipients 3. • 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. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Passes Number Identify one of the following: Name of Individual В. of Ticket(s)/ (Last, First) Passes Other 🔲 Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Income Ceremonial Role Other \square If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) **Passes** Per Ticket Policy 5.3 (i) WINTER 14

 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

Varification

Comment: _

Print Name

Title

(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions **A Public Document** California 1. Agency Name Date Stamp County of Los Angeles

County of Los Angeles					
Division, Department, or Region	n (if applicable)				For Official Use Only
Board of Supervisors, First D	istrict			:	
Designated Agency Contact (A	lame,Title)	<u>`</u>			
Megan Moret, Ticket Adminis	trator				
	E-mail			Amendment (Must Pro	vide Explanation in Part 3.)
213.974.4111	mmoret@bos.lacou	nty.gov		Date of Original Filing:	(month, day, year)
Function or Event Inform	nation				
Does the agency have a ticke	et policy? Yes [] No□ F	ace Value of l	Each Ticket/Pass \$ 36	
Event Description: Hollywood				, 20 , 18	1 1
Event Description.	Provide Title/ Explan	ation			
Ticket(s)/Pass(es) provided b	y agency? Yes [] No 🗵 🏻 If	no: <u>Hollywoo</u>		
				Name of Source	
Was ticket distribution made	at the behest Yes] No 🛛 🏻 II	yes:	Official's Name (Last, First)	
of agency official?					
. Recipients	- 				
• Use Section A to identify the agenc	v's department or unit • I	Use Section B to i	identify an individ	ual. • Use Section C to identif	v an outside organization.
- Control of the state of the s	y a department of anim	Number	· · · · · · · · · · · · · · · · · · ·		
A. Name of Agency, Depar	tment or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made pursu	ant to the agency's policy
		- rasses			
					
B. Name of Indiv		Number of Ticket(s)/		Identify one of the fol	lowing:
(Last, First)	Passes		A CONTRACTOR OF THE CONTRACTOR	
			i	nonial Role	Income I
			ii checi	ang coronomartaic or carer asser	ibo solon.
					
			1	nonial Role Other Other Other Other Other Other Other	Income [
			II CHEC	ung Ceremoniai Role di Otrei desci	nde delow.
C. Name of Outside Org		Number of Ticket(s)/		e public purpose made pursu	
(include address and	description)	Passes	1	AMAZARI	
Ability First		13	Per Ticket P	olicy 5.3 (I)	
				····	
Verification					
have read and understand FPF	PC Regulations 18944.	1 and 18942.	I have verified t	that the distribution set for	th above, is in accordance
with the requirements.		· · · · · · · · · · · · · · · · · · ·	- ·· · · ·		•
	. Mea:	an Moret		Ticket Administrator	8/8/18
Signature of Agency Head or Designation		int Name		Title	(month, day, year)
Green	· · ·				
Comment:					

FPPC Form 802 (2/2016) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772) **Agency Report of:** Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District **Designated Agency Contact (Name, Title)** Megan Moret, Ticket Administrator ■ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: _ 213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 36 Does the agency have a ticket policy? Yes No No Event Description: Hollywood Bowl Date(s) 9 20 / Provide Title/ Explanation If no: Hollywood Bowl Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛛 Name of Source If yes: _ Was ticket distribution made at the behest Yes ☐ No 🗵 Official's Name (Last, First) of agency official? 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. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Identify one of the following: Name of Individual B. of Ticket(s)/ (Last, First) Passes Income Ceremonial Role 🔲 Other If checking "Ceremonial Role" or "Other" describe below. Income Other \Box Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes Per Ticket Policy 5.3 (i) Alma Family Services 14 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. **Ticket Administrator** 8/8/18 Megan Moret

Print Name

Signature of Agency Head or Designee

Comment: __

(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions 1. Agency Name Date Star

				Date Stamp	California 802
County of Los Angeles					Form OUZ
Division, Department, or Reg	ion (if applicable)				For Official Use Only
Board of Supervisors, First	District				
Designated Agency Contact	(Name,Title)				
Megan Moret, Ticket Admin	istrator			☐ Amendment /Mus	at Provide Explanation in Part 3.)
Area Code/Phone Number	E-mail			Antenament (mas	ar rovido Explandada in r dico.
213.974.4111	mmoret@bos.lacou	nty.gov		Date of Original Filing	g:(month, day, year)
Function or Event Infor	mation				
Does the agency have a tic	ket policy? Yes Γ] No□ F	ace Value of I	Each Ticket/Pass \$.	36
- '	-		Date(s)		
Event Description: Hollywoo	Provide Title/ Explan	ation	Date(s)		
Ticket(s)/Pass(es) provided	by agency? Yes Γ] No⊠ lf	f no: Hollywoo	d Bowl	
	, , , , , ,			Name of Source	
Was ticket distribution made	e at the behest Yes] No 🗵 🧗	f yes:	Official's Name (Last, Firs	st)
of agency official?				(,	•••
		Passes			
B. Name of Ind		Number of Ticket(s)/ Passes		Identify one of th	e following:
		of Ticket(s)/		identify one of the contact Role ☐ Other contact Role or "Other"	income [
		of Ticket(s)/	If check Cerem	nonial Role Other	Income C
	organization	of Ticket(s)/	If check	nonial Role Other ing "Ceremonial Role" or "Other nonial Role Other ing "Ceremonial Role" or "Other	Income C
(Last, Fi	organization d description)	of Ticket(s)/ Passes Number of Ticket(s)/	If check	nonial Role Other ing "Ceremonial Role" or "Other nonial Role Other ing "Ceremonial Role" or "Other e public purpose made p	Income C describe below: income C income C income C
C. Name of Outside C	Organization d description) nilly Center PPC Regulations 18944.	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes 14	Cerem If check Describe th	ionial Role Other ing "Ceremonial Role" or "Other ionial Role Other ionial Role Other ionial Role Other ionial Role in Other ionial Role in Other ionial Role in Tother ionial R	Income Control of the second o
C. Name of Outside C (include address an Barrio Action Youth & Fan Verification	Organization d description) nilly Center PPC Regulations 18944.	Number of Ticket(s)/ Passes	Cerem If check Describe th	ionial Role Other ing "Ceremonial Role" or "Other ionial Role Other ionial Role or "Other ionial Role or "Other ionial Role" or "Other e public purpose made p	Income Control of the second o

A Public Document

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District **Designated Agency Contact (Name, Title)** Megan Moret, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: -213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 36 Does the agency have a ticket policy? Yes ☐ No ☐ Event Description: Hollywood Bowl 20 18 Date(s) ___9 Provide Title/ Explanation If no: Hollywood Bowl Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🗵 Name of Source If yes: _ Was ticket distribution made at the behest Yes ☐ No 🗵 Official's Name (Last, First) of agency official? 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. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Identify one of the following: Name of Individual of Ticket(s)/ В. (Last, First) Passes Other 🔲 Income ___ Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes Per Ticket Policy 5.3 (i) Belvedere Middle School 14 4. Verification Apperent 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

Print Name

\$ignature of Agency Head or Designee

Comment:

8/8/18

(month, day, year)

Ticket Administrator

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District **Designated Agency Contact (Name, Title)** Megan Moret, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) **Area Code/Phone Number** E-mail Date of Original Filing: mmoret@bos.lacounty.gov 213.974.4111 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 36 Does the agency have a ticket policy? Yes □ No □ Event Description: Hollywood Bowl Date(s) __9__/ 20 / 18 Provide Title/ Explanation If no: Hollywood Bowl Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛛 If yes: _ Was ticket distribution made at the behest Yes ☐ No 🗵 Official's Name (Last, First) of agency official? 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. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Identify one of the following: Name of Individual of Ticket(s)/ В. (Last, First) Passes Other Income ... Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below Number Describe the public purpose made pursuant to the agency's policy Name of Outside Organization of Ticket(s)/ C. (include address and description) Passes Per Ticket Policy 5.3 (i) **Boyle Heights Arts Conservancy** 14 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 lequirements. **Ticket Administrator** 8/8/18 Megan Moret

Print Name

Signature of Agency Head or Designee

Comment:

(month, day, year)

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
County of Los Angeles
Division, Department, or Region (if applicable)
Board of Supervisors, First District
Designated Agency Contact (Name, Title)

A Public Document
California 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 E-mail	xplanation in Part 3.) nth, day, year)
Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator □ Amendment (Must Provide Explanation) Area Code/Phone Number 213.974.4111 E-mail mmoret@bos.lacounty.gov □ Date of Original Filling: 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 Provide Title/ Explanation □ Date(s) □ 9 □ 20 □ 18 Ticket(s)/Pass(es) provided by agency? Yes □ No □ If no: Hollywood Bowl Name of Source	
Megan Moret, Ticket Administrator Area Code/Phone Number E-mail Date of Original Filing: (mone) 213.974.4111 mmoret@bos.lacounty.gov Date of Original Filing: (mone) (mone) 2. Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ \frac{36}{20} \frac{36}{20	
Area Code/Phone Number 213.974.4111	
213.974.4111 mmoret@bos.lacounty.gov Date of Original Filing:	nth, 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 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No If no: Hollywood Bowl Name of Source	nth, day, year)
Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 36 Event Description: Hollywood Bowl Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No If no: Hollywood Bowl Name of Source If yes:	
Event Description: Hollywood Bowl Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No No If no: Hollywood Bowl Name of Source If yes:	
Event Description: Hollywood Bowl Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes No No If no: Hollywood Bowl Name of Source If yes:	
Ticket(s)/Pass(es) provided by agency? Yes No No If no: Hollywood Bowl Name of Source If yes:	
Name of Source	
Marking the transfer of the behavior of the be	
Was ticket distribution made at the behest Yes No No IT yes:	
of agency official?	
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 or	utside organization.
Number	
A. Name of Agency, Department or Unit of Ticket(s)/ Passes Describe the public purpose made pursuant to	the agency's policy
Number Number	
B. Name of Individual of Ticket(s)/ (Last, First) Passes	
Ceremonial Role Other	Income _
If checking "Ceremonial Role" or "Other" describe belo	ow:
Ceremonial Role Other	Income
If checking "Ceremonial Role" or "Other" describe belo	DW:
Number Of Ticket(s)/ Name of Outside Organization Number Of Ticket(s)/ Describe the public purpose made pursuant to	
(include address and description) Passes	
Boyle Heights Beat Per Ticket Policy 5.3 (i)	
14	
4. Verification	
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth abo	ove, 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 California 1. Agency Name Date Stamp **Form** County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: -213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ $\frac{36}{}$ Does the agency have a ticket policy? Yes ☐ No ☐ Event Description: Hollywood Bowl 20 Date(s) ___9 Provide Title/ Explanation If no: Hollywood Bowl Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛛 If yes: _ Was ticket distribution made at the behest Yes ☐ No 🗵 Official's Name (Last, First) of agency official? 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. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Name of Individual Identify one of the following: B. of Ticket(s)/ (Last, First) Income Other ___ Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Other ___ Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy C. (include address and description) Passes Per Ticket Policy 5.3 (i) Boyle Heights Technology Youth Source 14 Center

Mave read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

Megan Moret

Print Name

4. Verification

Comment:

with the requirements.

Signature of Agency Head or Designee

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Ticket Administrator

8/8/18

FPPC Form 802 (2/2016)

(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: mmoret@bos.lacounty.gov 213.974.4111 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 36 Does the agency have a ticket policy? Yes ☐ No ☐ Event Description: Hollywood Bowl 20 / Date(s) __9 Provide Title/ Explanation If no: Hollywood Bowl Yes ☐ No 🗵 Ticket(s)/Pass(es) provided by agency? Name of Source If yes: Was ticket distribution made at the behest Yes ☐ No 🗵 Official's Name (Last, First) of agency official? Recipients 3. • 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. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Identify one of the following: Name of Individual В. of Ticket(s)/ (Last, First) Passas Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Income Ceremonial Role Other ___ If checking "Ceremonial Role" or "Other" describe below: Number Describe the public purpose made pursuant to the agency's policy Name of Outside Organization of Ticket(s)/ C. (include address and description) **Passes** Per Ticket Policy 5.3 (i) Bravo Medical Magnet High School 14 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. 8/8/18 **Ticket Administrator** Megan Moret

Print Name

Signature of Agency Head or Designee

Comment: _

(month, day, year)

Title

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document California Date Stamp 1. Agency Name Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: mmoret@bos.lacounty.gov 213.974.4111 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 36 Does the agency have a ticket policy? Yes ☐ No ☐ Event Description: Hollywood Bowl Date(s) 9 20 / Provide Title/ Explanation If no: Hollywood Bowl Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛛 Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 If yes: ___ Official's Name (Last, First) of agency official? 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. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Passes Number Identify one of the following: Name of Individual of Ticket(s)/ В. (Last, First) Income ___ Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Income Ceremonial Role Other ... If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Per Ticket Policy 5.3 (i) Bravo Medical Magnet High School 13

I. Verification			
I/have read and understand FPPC Regu	lations 18944.1 and 18942. I have	verified that the distribution set forth a	bove, 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:

FPPC Form 802 (2/2016)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California **Date Stamp** 1. Agency Name Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: . mmoret@bos.lacounty.gov 213.974.4111 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 36 Does the agency have a ticket policy? Yes No Event Description: Hollywood Bowl 20 18 Date(s) __9 Provide Title/ Explanation If no: Hollywood Bowl Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛭 Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 If yes: Official's Name (Last, First) of agency official? 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. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Passes Number identify one of the following: Name of Individual of Ticket(s)/ В. (Last, First) Passes Income ___ Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Income | Ceremonial Role Other ___ If checking "Ceremonial Role" or "Other" describe below Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes Per Ticket Policy 5.3 (i) Casa Cultural Saybrook 13

*CHIIOGHOH
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

with the requirements.

Megan Moret Ticket Admi

Ticket Administrator

8/8/18

Signature of Agency Head or Designee

Varification

Comment:

Print Name

Title

(month, day, year)

FPPC Form 802 (2/2016)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) E-mail Area Code/Phone Number Date of Original Filing: . mmoret@bos.lacounty.gov 213.974.4111 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 36 Does the agency have a ticket policy? Yes 🗆 No 🗀 Event Description: Hollywood Bowl Date(s) __9 20 / Provide Title/ Explanation If no: Hollywood Bowl Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛛 Name of Source If yes: _ Was ticket distribution made at the behest Yes ☐ No 🗵 Official's Name (Last, First) of agency official? 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. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Passes Number Identify one of the following: Name of Individual of Ticket(s)/ В. (Last. First) Passes Income Other 🔲 Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Income Other \square Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes Per Ticket Policy 5.3 (i) CHIRLA 13 4. Verification 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

Print Name

Signature of Agency Head or Designee

Comment:

FPPC Form 802 (2/2016)

8/8/18

(month, day, year)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Ticket Administrator

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document Date Stamp California 1. Agency Name Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: -213 974 4111 mmoret@bos.lacountv.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 36 Does the agency have a ticket policy? Yes ☐ No ☐ Event Description: Hollywood Bowl Date(s) 9 20 Provide Title/ Explanation If no: Hollywood Bowl Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🗵 Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 If yes: _ Official's Name (Last, First) of agency official? 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. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Name of Individual Identify one of the following: В. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other | Income If checking "Ceremonial Role" or "Other" describe below. Income ___ Other 🔲 Ceremonial Role If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes Per Ticket Policy 5.3 (i) D.E.S.I. (Designated exceptional Services for 13 Independence) 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

Megan Moret

Print Name

with the requirements.

Comment:

Signature of Agency Head or Designee

Title (month, day, year)

Ticket Administrator

8/8/18

	Agency Name			Date Stamp	California 802
	County of Los Angeles				Form OUZ
Ī	Division, Department, or Reg	gion (if applicable)			For Official Use Only
	Board of Supervisors, First				
	Designated Agency Contact				
	Megan Moret, Ticket Admir			Amendment (Must Pro	ovide Explanation in Part 3.)
F	Area Code/Phone Number	E-mail		Date of Outside t Filling.	
2	213.974.4111	mmoret@bos.lacou	nty.gov	Date of Original Filing: _	(month, day, year)
2.	Function or Event Info	rmation		0.0	
I	Does the agency have a tic	ket policy? Yes] No □ Face	Value of Each Ticket/Pass \$ $\frac{36}{}$	
ı	Event Description: Hollywo	od Bowl		(s) 9 / 20 / 18	1 1
٠	Evont Godonpaon.	Provide Title/ Explan	ation		
-	Ticket(s)/Pass(es) provided	l by agency? Yes 🛭]No⊠ Ifno	Hollywood Bowl Name of Source	
١	Was ticket distribution mad	e at the behest Ves C	n No.rozn İfye:		
	of agency official?	e at the period: [es [J NO KZI ,	Official's Name (Last, First)	
	B. data de				
3.	Recipients Use Section A to identify the age	ncy's department or unit • I	Ise Section B to ident	ify an individual. • Use Section C to identi	fy an outside organization.
			Number		
	A. Name of Agency, Dep	partment or Unit	of Ticket(s)/ Passes	Describe the public purpose made purs	uant to the agency's policy
	B. Name of Inc		Number of Ticket(s)/	Identify one of the fo	
	(Last, Fi	irst)	m		llowing:
			Passes	<u></u>	
			Passes	Ceremonial Role	Income [
			Passes		Income [
			Passes	If checking "Ceremonial Role" or "Other" desi	Income [
			Passes		Income [
			Passes	If checking "Ceremonial Role" or "Other" desi	Income [
	Name of Outside 0	Organization	Number	If checking "Ceremonial Role" or "Other" designation Ceremonial Role Other If checking "Ceremonial Role" or "Other" designation	Income [cribe below: Income [cribe below:
	C. (include address an	d description)	Number of Ticket(s)/ Passes	If checking "Ceremonial Role" or "Other" design of the second of the sec	Income In
		d description)	Number of Ticket(s)/ Passes	If checking "Ceremonial Role" or "Other" designation Ceremonial Role Other If checking "Ceremonial Role" or "Other" designation	Income [cribe below: Income [cribe below:
	C. (include address an	d description)	Number of Ticket(s)/ Passes	If checking "Ceremonial Role" or "Other" design of the second of the sec	Income In
	C. (include address an	d description)	Number of Ticket(s)/ Passes	If checking "Ceremonial Role" or "Other" design of the second of the sec	Income [cribe below: Income [cribe below:
	Eagle Rock Center for the	d description)	Number of Ticket(s)/ Passes	If checking "Ceremonial Role" or "Other" design of the second of the sec	Income In
1. \	Eagle Rock Center for the	d description)	Number of Ticket(s)/ Passes 13	Ceremonial Role Other Describe the public purpose made purser Ticket Policy 5.3 (i)	Income In
1	Eagle Rock Center for the Verification have read and understand Fi	d description)	Number of Ticket(s)/ Passes 13	If checking "Ceremonial Role" or "Other" design of the second of the sec	Income In
1	Eagle Rock Center for the	e Arts PPC Regulations 18944.	Number of Ticket(s)/ Passes 13	Ceremonial Role Other Describe the public purpose made purser Ticket Policy 5.3 (i)	Income Coribe below: Income Coribe below: uant to the agency's policy

Agency Report of: A Public Document Ceremonial Role Events and Ticket/Pass Distributions California Date Stamp 1. Agency Name Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: mmoret@bos.lacounty.gov 213.974.4111 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 36 Does the agency have a ticket policy? Yes No No Event Description: Hollywood Bowl Date(s) __9 20 18 Provide Title/ Explanation If no: Hollywood Bowl Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛭 Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 If yes: _ Official's Name (Last, First) of agency official? 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. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Passes Number Name of Individual Identify one of the following: of Ticket(s)/ В. (Last, First) Passes Ceremonial Role Other \square If checking "Ceremonial Role" or "Other" describe below: Other 🔲 Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes Per Ticket Policy 5.3 (i) Eastman Elementary 13

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 Designed | Print Name | Title | (month, day, year)

4. Verification

Comment:

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document Date Stamp California 1. Agency Name Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: _ 213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 36 Does the agency have a ticket policy? Yes 🔲 No 🔲 Event Description: Hollywood Bowl Date(s) _____/ 20 / If no: Hollywood Bowl Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🗵 Name of Source If yes: _ Was ticket distribution made at the behest Yes No XI Official's Name (Last, First) of agency official? 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. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Passes Number Identify one of the following: Name of Individual of Ticket(s)/ (Last. First) Passes Other 🔲 Income Ceremonial Role if checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other 🔲 If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes Per Ticket Policy 5.3 (i) El Sereno Middle School 13

••	7 1	(· · · · · · · · · · · · · · · · · · ·
		read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance
		hà requiremants.

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 		 	_

4. Verification

Megan Moret

Ticket Administrator

8/8/18

Comment:

(month, day, year)

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

Comment:

eremonial Role Even	to and more of	400 D.O	Dations		A Public Document
Agency Name				Date Stamp	California 802
County of Los Angeles					
Division, Department, or Reg	ion (if applicable)			•	For Official Use Only
Board of Supervisors, First I	District				
Designated Agency Contact	Name,Title)				
Megan Moret, Ticket Admini	strator			Amendment (Mu	st Provide Explanation in Part 3.)
Area Code/Phone Number	E-mail				
213.974.4111	mmoret@bos.lacou	nty.gov		Date of Original Filir	ng: (month, day, year)
Function or Event Infor	mation				36
Does the agency have a ticl	ket policy? Yes [Each Ticket/Pass \$	30
Event Description: Hollywoo	od Bowl	D	ate(s)9	20 / 18	
	Provide Title/ Explan	ation			
Ticket(s)/Pass(es) provided	by agency? Yes] No⊠ If	no: Hollywoo	Name of Source	
Was ticket distribution made	at the behest Yes F	1 No.1⊠1 lf	yes:	Official's Name (Last, Fi	
of agency official?	,002	3 110 23		Official's Name (Last, F)	rst)
Recipients • Use Section A to identify the ager	ocy's denartment or unit	Use Section B to i	dentify an individ	ual. • Use Section C to i	dentify an outside organization.
		Number	100000000000000000000000000000000000000	entral de la companya de la company	
A Name of Agency, Depart	artment or Unit	of Ticket(s)/	Describe th	e public purpose made	pursuant to the agency's policy
		Passes			A Service Control of the Control of
B. Name of Ind		Number of Ticket(s)/		Identify one of t	he following:
B. Name of Ind (Last, Fin		Number		nonial Role Othe	er 🔲 Income [
		Number of Ticket(s)/		Andrew (M. Carpenser)	er 🔲 lncome [
		Number of Ticket(s)/	if chec Ceren	nonial Role Othe	ir Income
		Number of Ticket(s)/	if chec Ceren	nonial Role Othe	Income In
	organization	Number of Ticket(s)/	If chec Ceren If chec	nonial Role Other king "Ceremonial Role" or "Other nonial Role Other king "Ceremonial Role" or "Other	Income In
(Last, Fin	organization	Number of Ticket(s)/ Passes Number of Ticket(s)/	If chec Ceren If chec	nonial Role Other onial Role Management of the control of	Income or describe below: Income or describe below:
C. Name of Outside C (include address and Garfield High School	organization d description)	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Ceren If chec Describe the	nonial Role Other or "Other or "Othe	Income In
C. Name of Outside C (include address and	organization d description)	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Ceren If chec Describe the	nonial Role Other or "Other or "Othe	Income In

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California 1. Agency Name Date Stamp **Form** County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: ... 213.974.4111 mmoret@bos.lacountv.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 36 Does the agency have a ticket policy? Yes No No Event Description: Hollywood Bowl Date(s) __9 20 If no: Hollywood Bowl Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛭 Name of Source If yes: _ Was ticket distribution made at the behest Yes ☐ No 🗵 Official's Name (Last, First) of agency official? 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. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Passes Number Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Other 🔲 Income ... Ceremonial Role If checking "Ceremonial Role" or "Other" describe below. Income 🔲 Ceremonial Role Other ___ If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes Per Ticket Policy 5.3 (i) Griffith Middle School 13 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

Print Name

Signature of Agency Head or Designee

Comment:

(month, day, year)

Title

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: mmoret@bos.lacounty.gov 213.974.4111 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 36 Does the agency have a ticket policy? Yes 🔲 No 🔲 Event Description: Hollywood Bowl 20 / Date(s) __9 Provide Title/ Explanation If no: Hollywood Bowl Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛭 Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 If yes: _ Official's Name (Last, First) of agency official? 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. Number Describe the public purpose made pursuant to the agency's policy A. Name of Agency, Department or Unit of Ticket(s)/ Passes Number Identify one of the following: Name of Individual В. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes Per Ticket Policy 5.3 (i) Hilda L. Solis Learning Academy 13 Marification 4

4.,	verification				
	I have read and understand FPPC Regulations	18944.1 and 18942.	I have verified that the distribution	on set forth above, i	s in accordanc
/	with the @wirements.				

Megan Moret

Ticket Administrator

8/8/18

Signature of Agency Head of Besigned

Comment:

Print Name

Title

(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator ☐ Amendment (Must Provide Explanation in Part 3.) **Area Code/Phone Number** Date of Original Filing: -213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 36 Does the agency have a ticket policy? Yes ☐ No ☐ Event Description: Hollywood Bowl 20 Date(s) __9 Provide Title/ Explanation If no: Hollywood Bowl Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛭 Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 If yes: . Official's Name (Last, First) of agency official? 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. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Name of Individual identify one of the following: В. of Ticket(s)/ (Last, First) Passes Income | Ceremonial Role 🔲 Other \square If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other \square If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/

		-	4.
4	Veri	TIC:	ation
	/		

Las Fotos Project

I ha	e read and understand FPPC Regulations	18944.1 and 18942.	I have verified that the	e distribution set forth ab	ove, is in accordance
with	the reguirements.				

Passes

13

(include address and description)

Megan Moret

Ticket Administrator

Per Ticket Policy 5.3 (i)

8/8/18

Signature of Agency Head or Designee

Print Name

Title

(month, day, year)

Comment:

Comment:

Oncode of Lan America				Date Stamp	California Q02
County of Los Angeles	s				Form OUZ
Division, Department, o	or Region (if applicable)				For Official Use Only
Board of Supervisors,	First District		•		
Designated Agency Co	ntact (Name, Title)				
Megan Moret, Ticket A				Amendment (Must I	Provide Explanation in Part 3.)
Area Code/Phone Num	ber E-mail				,
213.974.4111	mmoret@bos.la	county.gov		Date of Original Filing:	(month, day, year)
. Function or Event	Information				
Does the agency have	e a ticket policy? Υε	es□ No□ Fa	ace Value of E	ach Ticket/Pass \$ $\frac{3}{4}$	6
Event Description: Ho		D:	ate(s)9/		
Ticket(s)/Pass(es) pro		•	no: Hollywood	l Bowl	
., . , .				Name of Source	
Was ticket distribution of agency official?	made at the behest Ye	es□ No⊠ ^{lf}	yes:	Official's Name (Last, First)	
. Recipients • Use Section A to identify	the agency's department or unit	. • Use Section B to id	lentify an individu	nal. • Use Section C to iden	tify an outside organization.
A. Name of Agenc	cy, Department or Unit	Number of Ticket(s)/ Passes	Describe the	public purpose made pu	suant to the agency's policy
	e of Individual Last, First)	Number of Ticket(s)/ Passes		Identify one of the	following:
1			Ceremo	onial Role Other	Income
e in the apply to precise to the			lf checkii	ng "Ceremonial Role" or "Other" de	
e in the grad in the state of (A	, , , , , , , , , , , , , , , , , , ,		Ceremo	ng "Ceremonial Role" or "Other" de nnial Role	scribe below:
Name of Ou	tside Organization ess and description)	Number of Ticket(s)/ Passes	Ceremo If checkii	onial Role	scribe below:
Name of Ou	ess and description)	of Ticket(s)/ Passes	Ceremo If checkii	nnial Role Other Othe	scribe below: Income
C. Name of Out (include address Murchison Elemental	ess and description) ry School	of Ticket(s)/ Passes	Ceremo If checkli Describe the Per Ticket Po	public purpose made pur	scribe below: Income

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator ☐ Amendment (Must Provide Explanation in Part 3.) **Area Code/Phone Number** Date of Original Filing: 213.974.4111 mmoret@bos.lacountv.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 36 Does the agency have a ticket policy? Yes ☐ No ☐ Event Description: Hollywood Bowl 20 Date(s) _ Provide Title/ Explanation if no: Hollywood Bowl Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🔀 Name of Source Was ticket distribution made at the behest Yes ☐ No ☑ If yes: _ Official's Name (Last, First) of agency official? 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. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) Ceremonial Role Other \square income If checking "Ceremonial Role" or "Other" describe below Ceremonial Role Other 🔲 Income ___ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes Neighborhood Music School Per Ticket Policy 5.3 (i) 13

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:

gency Report of:

Comment:

	jency Report of: eremonial Role Even	ts and Ticket/P	ass Distril	butions	A	Public Document
_	Agency Name				Date Stamp	
	County of Los Angeles					Form 802
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Board of Supervisors, First I	District				
	Designated Agency Contact	(Name, Title)				
	Megan Moret, Ticket Admin	istrator			☐ Amendment (Must Pr	ovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail	 		Anchanient (Musici)	ovide Explanation in Fait 5.)
	213.974.4111	mmoret@bos.lacou	inty.gov		Date of Original Filing: _	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	ket policy? Yes [] No∏ Fa	ace Value of I	Each Ticket/Pass \$ 36	
	Event Description: Hollywoo	od Bowl	D:	ate(s)9	<u>, 20 , 18</u>	
		Provide Title/ Explai	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes [] No⊠ If	no: <u>Hollywoo</u>	Name of Source	
	Was ticket distribution made	at the behest vec	T NOTE IF	yes:		
	of agency official?	103	7 NO 53		Official's Name (Last, First)	
	A. Name of Agency, Depa	ertment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy
	B. Name of Indi	14 1 A	Number of Ticket(s)/ Passes		Identify one of the fo	·llowing:
					onial Role Other Other ing "Ceremonial Role" or "Other" desi	Income (
					nonial Role Other Other Other Other Other Other Other	Income (
	C. Name of Outside O		Number of Ticket(s)/ Passes		e public purpose made purs	uant to the agency's policy
	Roosevelt HS		13	Per Ticket Po	olicy 5.3 (i)	
	Verification I have read and understand FP with the requirements.	PC Regulations 18944.	1 and 18942. I	have verified t	hat the distribution set fo	rth above, is in accordanc
			an Moret		Ticket Administrator	8/8/18
	Signature of Agency Head or Design	ee Pr	int Name		Title	(month, day, year)

Agency Name	1		Date Stamp	California 802
County of Los Angeles				And the second s
Division, Department, or Region (if ap	olicable)			For Official Use Only
Board of Supervisors, First District				
Designated Agency Contact (Name, Tit.	le)			
Megan Moret, Ticket Administrator			Amendment (Must	Provide Explanation in Part 3.)
Area Code/Phone Number E-mail				
213.974.4111 mmore	et@bos.lacounty.gov		Date of Original Filing	(month, day, year)
Function or Event Information			3	
Does the agency have a ticket police	y? Yes ☐ No ☐	Face Value	of Each Ticket/Pass \$ $\frac{3}{4}$	96
Event Description: Hollywood Bowl		Date(s)	9 , 20 , 18	1
P	rovide Title/ Explanation	l lalle		
Ticket(s)/Pass(es) provided by ager	ncy? Yes 🗌 No 🛭	If no: Holly	Name of Source	
Was ticket distribution made at the l	nehest ves⊟ No.1⊠	If yes:		
of agency official?	AOUTON LES ET MO ET	,	Official's Name (Last, First)
A Name of Agonay Department of	Number 1 of Tieles		he the nublic nurnose made no	irsuant to the agency's policy
A. Name of Agency, Department or B. Name of Individual	Unit of Ticket Passe Numbe of Ticket	(s)/ Descri	be the public purpose made pu	
	Unit of Ticket Passe	(s)/ Descri		following:
B. Name of Individual	Unit of Ticket Passe Numbe of Ticket	(s)/ Descri	Identify one of the	following: Income
B. Name of Individual	Unit of Ticket Passe Numbo of Ticket Passe	(s)/ Descri	Identify one of the Ceremonial Role Other of the checking "Ceremonial Role" or "Other" or "Ceremonial Role" or "Other" or "Ceremonial Role" or "Ceremonial Role" or "Other" or "Ceremonial Role" or "Ceremo	following: Income describe below: Income describe below:
B. Name of Individual (Last, First) Name of Outside Organization	Number of Ticket Passe Number of Ticket Passe Number of Ticket Passe	(s)/ Descri	Identify one of the Ceremonial Role Other f checking "Ceremonial Role" or "Other" of Ceremonial Role Other f checking "Ceremonial Role" or "Other" of	following: Income classcribe below: Income classcribe below:
B. Name of Individual (Last, First) C. Name of Outside Organization (include address and descript)	Number of Ticket Passe Number of Ticket Passe Number of Ticket Passe Number of Ticket Passe 13	(s)/ Descri	Identify one of the Ceremonial Role Other of thecking "Ceremonial Role" or "Other" of thecking "Ceremonial Role" or "Other" of thecking "Ceremonial Role" or "Other" of the public purpose made putet Policy 5.3 (i)	Income Inc

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) **Area Code/Phone Number** Date of Original Filing: 213.974.4111 mmoret@bos.lacountv.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ $\frac{36}{}$ Does the agency have a ticket policy? Yes No No Event Description: Hollywood Bowl 17 / If no: Hollywood Bowl Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🗵 Was ticket distribution made at the behest Yes ☐ No 🗵 If yes: . Official's Name (Last, First) of agency official? 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. Number Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy A. Passes

Number of Ticket(s)/ Passes	Identify one of the following:
	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
15	Per Ticket Policy 5.3 (i)
	of Ticket(s)/ Passes Number of Ticket(s)/ Passes

have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Megan Moret Ticket Admin

Ticket Administrator

nee Print Name Title (month, day, year)

Comment: _

8/8/18

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator ☐ Amendment (Must Provide Explanation in Part 3.) **Area Code/Phone Number** Date of Original Filing: . 213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ $\frac{36}{}$ Does the agency have a ticket policy? Yes ☐ No ☐ Event Description: Hollywood Bowl Date(s) _____/__17__/ Provide Title/ Explanation If no: Hollywood Bowl Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🔯 Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 Official's Name (Last, First) of agency official? 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. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual Identify one of the following: В. of Ticket(s)/ (Last, First) Passes Income 🔲 Ceremonial Role Other ___ If checking "Ceremonial Role" or "Other" describe below: Other 🔲 Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes Per Ticket Policy 5.3 (i) Boys & Girls Club of Pomona Valley 20

	ication				
/ hav	read and understand FPPC Regulations	18944.1 and 18942.	I have verified that the o	listribution 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 Date Stamp California 1. Agency Name Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: . 213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 36 Does the agency have a ticket policy? Yes ☐ No ☐ Event Description: Hollywood Bowl Date(s) __7 __1__17 __ Provide Title/ Explanation If no: Hollywood Bowl Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🖾 Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 Official's Name (Last, First) of agency official? 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. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ **Passes** Number Name of Individual Identify one of the following: В. of Ticket(s)/ (Last, First) Passes Ceremonial Role Other 🔲 Income | If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes Per Ticket Policy 5.3 (i) CLASP 15

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 County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District **Designated Agency Contact (Name, Title)** Megan Moret, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: . 213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 36 Does the agency have a ticket policy? Yes □ No □ Event Description: Hollywood Bowl Date(s) 7 / 17 / Provide Title/ Explanation If no: Hollywood Bowl Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🖾 Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 If yes: _ Official's Name (Last, First) of agency official? 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. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ A. Passes Number Name of Individual Identify one of the following: В. of Ticket(s)/ (Last, First) Ceremonial Role Other 🔲 Income ... If checking "Ceremonial Role" or "Other" describe below: Income Ceremonial Role 🔲 Other ___ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes Per Ticket Policy 5.3 (i) Pomona Youth Orchestra 20 4. Verification

Nave 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 California 1. Agency Name Date Stamp County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District **Designated Agency Contact (Name, Title)** Megan Moret, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: mmoret@bos.lacounty.gov 213.974.4111 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 36 Does the agency have a ticket policy? Yes □ No □ Event Description: Hollywood Bowl Date(s) ____/ 17 / Provide Title/ Explanation If no: Hollywood Bowl Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🖾 Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 Official's Name (Last, First) of agency official? 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. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Number Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income | If checking "Ceremonial Role" or "Other" describe below Ceremonial Role Other 🔲 If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes Per Ticket Policy 5.3 (i) dA Center for the Arts 8 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 reguirements.

Megan Moret

Print Name

Signature of Agency Head or Designee

Comment: _

8/8/18

(month, day, year)

Ticket Administrator

Agency Report of:

Comment:

ьeі	remonial Role Even	ts and Ticket/Pa	ass Distri	butions	Α	Public Document
. A	gency Name		'''''''''''''''''''''''''''''''''''''		Date Stamp	California 802
C	County of Los Angeles			, UIII		
D	livision, Department, or Reg	ion (if applicable)		For Official Use Only		
В	Board of Supervisors, First I	District				
D	esignated Agency Contact (Name, Title)			1	
N	legan Moret, Ticket Admini	strator			Amendment (Must F	Provide Explanation in Part 3.)
Ā	rea Code/Phone Number	E-mail				
2	213.974.4111	mmoret@bos.lacou	nty.gov		Date of Original Filing:	(month, day, year)
2. F	unction or Event Infor	mation			0.	^
C	Does the agency have a ticl	ket policy? Yes □] No□ F	ace Value of	Each Ticket/Pass \$ 30	0
E	Event Description: Hollywoo	d Bowl	C	Date(s)	<u>, 17 , 18</u>	
		Provide Title/ Explan	ation			
T	Ticket(s)/Pass(es) provided	by agency? Yes] No ☑ Ⅱ	no: Hollywoo	Name of Source	
٧	Vas ticket distribution made	at the behest Yes F] No⊠ ^H	f yes:	Official's Name (Last, First)	
	of agency official?	,000	J 740 ELLI		Official's Name (Last, First)	
3.	Recipients					
	• Use Section A to identify the agen	cy's department or unit. • \		identify an individ	dual. • Use Section C to iden	itity an outside organization.
	A. Name of Agency, Department	urtment or Unit	Number of Ticket(s)/ Passes	Describe th	ne public purpose made pu	rsuant to the agency's policy
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the	following:
	(Lust, 1)		Fasses :	1	monial Role Other C	
				1	moniał Role Other C king "Ceremonial Role" or "Other" de	
	C. Name of Outside O		Number of Ticket(s)/ Passes	A VIA PROPERTY		rsuant to the agency's policy
	Pomona Public Library Fo	undation	52	Per Ticket F	Policy 5.3 (i)	
1	Verification have read and understand FF vith the requirements.			I have verified		
	Signature of Agency Head or Design		an Moret		Ticket Administrator	8/8/18 (month, day, year)

Comment: ____

	gency Report of: eremonial Role Events and Ticket/P	ass Distr	ibutions	A	Public Document
_	Agency Name			Date Stamp	California
	County of Los Angeles			·	Form 802
	Division, Department, or Region (if applicable)		····	_	For Official Use Only
	Board of Supervisors, First District				
	Designated Agency Contact (Name, Title)				
	Megan Moret, Ticket Administrator				
	Area Code/Phone Number E-mail			Amendment (Must F	rovide Explanation in Part 3.)
	213.974.4111 mmoret@bos.lacou	ınty.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Information				
	Does the agency have a ticket policy? Yes	□No□F	ace Value of	Each Ticket/Pass \$ 36	
	Event Description: Hollywood Bowl			<u>, 17 , 18</u>	
	Provide Title/ Explain	nation	Jate(s)	J	
	·		f no: Hollywoo	od Bowl	
		_		Name of Source	
	Was ticket distribution made at the behest Yes of agency official?	□ No 🗵 「	f yes:	Official's Name (Last, First)	
	Use Section A to identify the agency's department or unit. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes			ify an outside organization. suant to the agency's policy
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:
			1	nonial Role Other Other Other Other Other Other Other Other Other	V
			1	nonial Role Other Cking "Ceremonial Role" or "Other" des	
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	suant to the agency's policy
	Middletree Tutoring Center	20	Per Ticket P	olicy 5.3 (i)	
-	Verification I have read and understand FPPC Regulations 18944.	1 and 18942.	I have verified t	that the distribution set fo	rth above, is in accordance
	with the requirements.				
	Meg.	an Moret		Ticket Administrator	8/8/18
		int Name		Title	(month, day, year)

Agency Report of:

	eremonial Role Even	ts and Ticket/P	ass Distr	ibutions	A	Public Document
	Agency Name				Date Stamp	California 802
	County of Los Angeles					Form UUZ
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Board of Supervisors, First [District				
	Designated Agency Contact (Name,Title)				
	Megan Moret, Ticket Admini	strator			☐ Amendment (Must	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			The state of the s	, , o , i a
	213.974.4111	mmoret@bos.lacou	inty.gov		Date of Original Filing:	(month, day, year)
≥.	Function or Event Infor	mation	********			0
	Does the agency have a ticl	ket policy? Yes [□ No □ 「	ace Value of I	Each Ticket/Pass \$ $\frac{3}{4}$	6
	Event Description: Hollywoo	d Bowl	[Date(s)8	<u>, 14 , 18 </u>	
		Provide Title/ Explai	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes [] No⊠ I	f no: <u>Hollywoo</u>	Name of Source	
	Was ticket distribution made	at the behest Yes	¬ No⊠ I	f yes:	Official's Name (Last, First)	
	of agency official?				Oπiciar's Name (Last, First)	•
3.	Recipients • Use Section A to identify the agen A. Name of Agency, Depart		Use Section B to Number of Ticket(s)/ Passes			ntify an outside organization. Irsuant to the agency's policy
			Number			
	B. Name of Indi (Last, Fir		of Ticket(s)/ Passes		Identify one of the	following:
				1	nonial Role	
				1	nonial Role Other Oth	Income Cescribe below:
	C. Name of Outside O		Number of Ticket(s)/ Passes			rsuant to the agency's policy
	Proyecto Del Barrio		10	Per Ticket P	olicy 5.3 (i)	
	<u> </u>					
1.	Verification			7 h	Alle and Alle and all and the second and the second	English a basis of the form of the control of
	I have read and understand FF with the requirements.	PC Regulations 18944	1.1 and 18942.	I have verified	that the distribution set	tortn above, is in accordance
	with the requirements.				Timber Automited for the	0/0/40
	Signature of Agency Head or Design		gan Moret		Ticket Administrator	8/8/18 (month, day, year)
	Şignaluré of Agency Head or Design	iee P	THE LACTING		inio	(monal, day, your)

Comment:

				Date Stamp	California 802
County of Los Angeles					2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1
Division, Department, or Reg	ion (if applicable)			1	For Official Use Only
Board of Supervisors, First I	District				
Designated Agency Contact	(Name,Title)]	
Megan Moret, Ticket Admin	istrator			Amendment (Must	Provide Explanation in Part 3.)
Area Code/Phone Number	E-mail				
213.974.4111	mmoret@bos.lacou	nty.gov		Date of Original Filing:	(month, day, year)
Function or Event Infor	mation			_	_
Does the agency have a tick	ket policy? Yes] No∏ Fa	ace Value of	Each Ticket/Pass \$ $\frac{3}{4}$	6
Event Description: Hollywoo	od Bowl			<u>/ 14 / 18</u>	1 1
Lvent Description.	Provide Title/ Explan	nation			manufacture and annual
Ticket(s)/Pass(es) provided	by agency? Yes] No⊠ If	no: <u>Hollywoo</u>		
AAAn aa Ahaabaa Aa adhaadha dhaba bara bara ah		lf	yes:	Name of Source	
Was ticket distribution made of agency official?	e at the benest Yes	∐ No⊠ "	усъ	Official's Name (Last, First)	
B. Name of Ind. (Last, Fir	A	Number of Ticket(s)/ Passes		Identify one of the	following:
	A	of Ticket(s)/		Identify one of the nonial Role ○ Other [king "Ceremonial Role" or "Other" d	Income [
	A	of Ticket(s)/	If chec	nonial Role Other	Income I
	rganization	of Ticket(s)/	If chec Ceren If chec	nonial Role Other [king "Ceremonial Role" or "Other" d nonial Role Other [king "Ceremonial Role" or "Other" d	Income sescribe below:
(Last, Fir	rganization	of Ticket(s)/ Passes Number of Ticket(s)/	If chec Ceren If chec	nonial Role Other [king "Ceremonial Role" or "Other" d nonial Role Other [king "Ceremonial Role" or "Other" d te public purpose made pu	Income escribe below:
C. Name of Outside O	rganization	Number of Ticket(s)/ Passes	Ceren If chec	nonial Role Other [king "Ceremonial Role" or "Other" d nonial Role Other [king "Ceremonial Role" or "Other" d te public purpose made pu	Income Inc
C. Name of Outside O (include address and Foothill Learning Alliance	erganization description)	Number of Ticket(s)/ Passes 10	Ceren if chec	nonial Role Other Eking "Ceremonial Role" or "Other" denonial Role Other Eking "Ceremonial Role" or "Other" denonial Role Other" denonial Role Other Other" denonial Role Other Othe	Income escribe below:

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions 1. Agency Name Date Stamp A Public Document California 802

i. Agency Name				Date Stamp	California 802
County of Los Angeles					Form OUZ
Division, Department, or Region (if application)	ble)				For Official Use Only
Board of Supervisors, First District					
Designated Agency Contact (Name, Title)					
Megan Moret, Ticket Administrator				Amendment (Must Pro	ovide Explanation in Part 3.)
Area Code/Phone Number E-mail					. ,
213.974.4111 mmoret@	bos.lacour	nty.gov		Date of Original Filing:	(month, day, year)
2. Function or Event Information				0.0	
Does the agency have a ticket policy?	Yes 🗀			Each Ticket/Pass \$ 36	
Event Description: Hollywood Bowl			Date(s)/	, <u>14</u> , <u>18</u>	
Provide	e Title/ Explana	ation			
Ticket(s)/Pass(es) provided by agency?	Yes 🗀	No 🛭 II	f no: <u>Hollywoo</u>	Q BOWI Name of Source	
Was ticket distribution made at the beha	est va- F	1 Name of If	f yes:		
of agency official?	حد ۲es L] No⊠ "	, - 	Official's Name (Last, First)	
3. Recipients					
Use Section A to identify the agency's department	t or unit. • U	se Section B to i	identify an individ	ual. • Use Section C to identif	fy an outside organization.
A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	Describe the	e public purpose made pursu	uant to the agency's policy
		ra>5#S	1		The state of the s
			 		B
		Number	<u> </u>		Valla vyggy yga granar
B. Name of Individual (Last, First)		of Ticket(s)/		Identify one of the fol	llowing:
(badd) / 1135	1	r a>>+5	<u> </u>	nonial Role Other	Income _
			1	nonial Role 🔲 Other 🔲 king "Ceremonial Role" or "Other" descr	
			Caram	nonial Role Other	Income [
			1	king "Ceremonial Role" or "Other" desci	
Manager Constitution Constitution		Number			elitelehinen en kontrol
C. Name of Outside Organization (include address and description)		of Ticket(s)/ Passes	Describe the	e public purpose made pursu	uant to the agency's policy
Azusa Learning Foundation		. 40005	Per Ticket Po	olicy 5.3 (i)	
	1	6		.,	
l. Verification					
I have read and understand FPPC Regulation	nne 12011 -	1 and 18049	I have verified t	hat the distribution set for	th ahove is in accordance
with the requirements.	JHS 10944.	ı anu 10942.	i nave venileu l	aracare ursarbuduri secior	ar above, is in accordance
	Mood	ın Moret		Ticket Administrator	8/8/18
Signature of Agency Head or Designee		an Moret nt Name		Title	(month, day, year)
	7 111			· 	and the second
Comment:					

Agency Report of:

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Cer	emoni	al	Role	Events	and	Ticket/Pas	ss Dist	ributions

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I. Agency Name	Date Stamp California 802
County of Los Angeles	
Division, Department, or Region (if applicable)	For Official Use Only
Board of Supervisors, First District	
Designated Agency Contact (Name, Title)	
Megan Moret, Ticket Administrator	
Area Code/Phone Number E-mail	Amendment (Must Provide Explanation in Part 3.)
213.974.4111 mmoret@bos.lacounty.gov	Date of Original Filing:(month, day, year)
2. Function or Event Information	
Does the agency have a ticket policy? Yes ☐ No ☐ Fac	ce Value of Each Ticket/Pass \$ 36
	re(s) 8 / 14 / 18/
·	O: Hollywood Bowl Name of Source
Was ticket distribution made at the behest Yes ☐ No ☑ If you of agency official?	Official's Name (Last, First)
B. Recipients • Use Section A to identify the agency's department or unit. • Use Section B to iden	ntify 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 Number of Ticket(s)/ (Last, First) Passes	Identify one of the following: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:
	Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization Of Ticket(s)/ (include address and description) Passes	Describe the public purpose made pursuant to the agency's policy
Foothill AIDS Project 6	er Ticket Policy 5.3 (i)
Verification I have read and understand FPPC Regulations 18944.1 and 18942. I have the requirements.	ave 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 Comment:	Title (month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California **Form** County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: _ 213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 36 Does the agency have a ticket policy? Yes ☐ No ☐ Event Description: Hollywood Bowl Date(s) __8__/ 14 / Provide Title/ Explanation If no: Hollywood Bowl Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🗵 Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 If yes: _ Official's Name (Last, First) of agency official? 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. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Passes Number Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Other 🔲 Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other 🔲 If checking "Geremonial Role" or "Other" describe below. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes Per Ticket Policy 5.3 (i) Trinity Youth Services - Foster Care 6

Verification			
have read and understand FPPC Regul with the requirements.	ations 18944.1 and 18942. I have	e verified that the distribution set forth a	bove, is in accordance
	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 1. Agency Name

A F	Public Docume	nt
amp	California 80. Form Conficial Use Only	2
ent (Must Pro	vide Explanation in Part 3.)	
nal Filing:	(month, day, year)	
Pass \$ 36		
ce (Last, First)		
	y an outside organization.	
	uant to the agency's polic	
		ŞiX
one of the fol	llowing:	
Other Other description	Income ribe below:	• 🗖

. Agency Name			Date Stamp	California 202
County of Los Angeles				Form OUZ
Division, Department, or Region (if applicable)				For Official Use Only
Board of Supervisors, First District				
Designated Agency Contact (Name, Title)				
Megan Moret, Ticket Administrator			☐ Amendment (Must	Provide Explanation in Part 3.)
Area Code/Phone Number E-mail				, yourse Explanation in the cry
213.974.4111 mmoret@bos.lacou	nty.gov		Date of Original Filing	:(month, day, year)
. Function or Event Information			····	
Does the agency have a ticket policy? Yes] No ☐ Fa	ace Value of E	ach Ticket/Pass \$ ³	36
Event Description: Hollywood Bowl	D.	ate(s)/_	14 , 18	1 1
Provide Title/ Explan	ation			
Ticket(s)/Pass(es) provided by agency? Yes [] No⊠ If	no: Hollywood	Bowl	
			Name of Source	
Was ticket distribution made at the behest Yes] No⊠ ^{II}	yes:	Official's Name (Last, First)
of agency official?				
. Recipients				
• Use Section A to identify the agency's department or unit.	Use Section B to id	lentîfy an individu	al. • Use Section C to ide	ntify an outside organization.
A Name of Access Based and India	Number	Doccribe the	nublic nurnose made ni	ırsuant to the agency's policy
A. Name of Agency, Department or Unit	of Ticket(s)/ Passes	Describe trie	banic harbose made be	isdant to the agency's policy
R Name of Individual	Number	1,111,111	Identify one of the	followings
B. Name of Individual (Last, First)	of Ticket(s)/ Passes		identity one of the	Tolowald.
		Ceremo	onial Role 🔲 Other	Income _
		lf checkii	ng "Ceremonial Role" or "Other" o	describe below:
		1		
		Ceremo	onial Role Other	Income _
		If checki	ing "Ceremonial Role" or "Other" o	describe below:
Name of Outside Organization	Number	Describe the	nublic nurnose made n	ursuant to the agency's policy
C. (include address and description)	of Ticket(s)/ Passes	Describe the	hunuc harbose made be	manant to the allency a policy
Project 29:11		Per Ticket Po	olicy 5.3 (i)	
	6			
I. Verification		·		
I have read and understand FPPC Regulations 18944.	1 and 18042	have verified ti	hat the distribution set	forth above, is in accordance
with the requirements.	i anu 10342. I	HAVO VEHINGU U	TAL LITO GIGGINGHOIT SOL	, a.
	an Moret		Ticket Administrator	r 8/8/18
	int Name		Title	(month, day, year)
g g,g				
Comment:				

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name **Form** County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator ☐ Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: ___ (month, day, year) 213.974.4111 mmoret@bos.lacounty.gov 2. Function or Event Information Face Value of Each Ticket/Pass \$ 36 Does the agency have a ticket policy? Yes 🔲 No 🔲 Date(s) __8__/_14__/ Event Description: Hollywood Bowl If no: Hollywood Bowl Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🗵 Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 if yes: _ Official's Name (Last, First) of agency official? 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. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Number Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role 🔲 Other If checking "Ceremonial Role" or "Other" describe below: Income Ceremonial Role Other 🔲 If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes Per Ticket Policy 5.3 (i) Angels Who Care 6

 Verification			
	18944.1 and 18942.	I have verified that the distribution set forth above, is	s in accordance
with the requirements.	Megan Moret	Ticket Administrator	8/8/18

Comment:

(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: ... mmoret@bos.lacounty.gov 213.974.4111 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 36 Does the agency have a ticket policy? Yes ☐ No ☐ Date(s) __8__/_14__/ Event Description: Hollywood Bowl Provide Title/ Explanation If no: Hollywood Bowl Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛛 Name of Source Was ticket distribution made at the behest Yes ☐ No 区 If yes: _ Official's Name (Last, First) of agency official? 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. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Passes Number Identify one of the following: Name of Individual of Ticket(s)/ В. (Last, First) Passes Income __ Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Income | Other \square Ceremonial Role If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes Per Ticket Policy 5.3 (i) St. Ambrose Episcopal Church 10

4.	Verification			
	I have read and understand FPPC Regulation	ns 18944.1 and 18942. I hav	e verified that the distribution set forth abo	ve, is in accordance
	with the requirements.			
		Maria Maria	Ticket Administrator	Q/Q/1Q

Comment: __

Megan Moret

Ticket Administrator

Title

(month, day, year)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: _ 213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 36 Does the agency have a ticket policy? Yes ☐ No ☐ Event Description: Hollywood Bowl Date(s) __8__/ 14 / Provide Title/ Explanation If no: Hollywood Bowl Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛭 Name of Source Was ticket distribution made at the behest Yes ☐ No 区 If yes: , Official's Name (Last, First) of agency official? 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. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Passes Number Identify one of the following: Name of Individual of Ticket(s)/ В. (Last, First) Passes Income __ Ceremonial Role Other ... If checking "Ceremonial Role" or "Other" describe below: Income Other 🔲 Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Describe the public purpose made pursuant to the agency's policy Name of Outside Organization of Ticket(s)/ (include address and description) Passes Per Ticket Policy 5.3 (i) Kennedy Austin Foundation 10

╼,	4CHICALOH
	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

with the tequilibrients.

Megan Moret

Ticket Administrator

8/8/18

Signature of Agency Nead or Designee

Print Name

Title

(month, day, year)

Comment:

Varification

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

3	eremonial Role Even	ts and Ticket/P	ass Distri	butions		A Public Document
	Agency Name	. <u> </u>			Date Stamp	California 802
	County of Los Angeles					
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Board of Supervisors, First I	District				
	Designated Agency Contact (
	Megan Moret, Ticket Admini	strator			Amendment (Must	t Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			•	,
	213.974.4111	mmoret@bos.lacou	inty.gov		Date of Original Filing	(month, day, year)
	Function or Event Infor	mation				
	Does the agency have a tick	ket policy? Yes [□ No□ F	ace Value of I	Each Ticket/Pass \$ 3	36
	Event Description: Hollywoo	d Bowl)ate(s)		, ,
	Event Description.	Provide Title/ Explai	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes [] No⊠ If	no: Hollywoo		***************************************
			16		Name of Source	
	Was ticket distribution made	at the behest Yes [] No ⊠ "	yes:	Official's Name (Last, First	t)
	of agency official?					
	Recipients					
	• Use Section A to identify the agen	cy's department or unit. •	Use Section B to i	dentify an individ		
	Δ Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/	Describe the		ursuant to the agency's policy
	A. Name of Agency, Depa		Passes	Jeson Be ti		
		The same and the same and the				
	B. Name of Indi		Number of Ticket(s)/		Identify one of the	following:
	(Last, Fire	st)	Passes	1 V. 1 V. 1 V. 1 V. 1		
			,	E .	onial Role L Other ing "Ceremonial Role" or "Other" or	Income describe below:
					•	
	W					<u> </u>
				l .	onial Role	
	C Name of Outside O	rganization	Number			
	C. (include address and		of Ticket(s)/ Passes	Describe the	e public purpose made pi	ursuant to the agency's policy
	Latino Roundtable			Per Ticket Po	olicy 5.3 (i)	
			10			
	Verification					
	I have read and understand FP	PC Regulations 18944	.1 and 18942.	i have verified t	hat the distribution set	forth above, is in accordance
	with the requirements.					
		Meg	an Moret		Ticket Administrator	r 8/8/18
	Signature of Agency Head or Design		int Name		Title	(month, day, year)
	Comment					
	Comment:					

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: . 213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 36 Does the agency have a ticket policy? Yes ☐ No ☐ Event Description: Hollywood Bowl 14 8 Date(s) _ Provide Title/ Explanation If no: Hollywood Bowl Ticket(s)/Pass(es) provided by agency? Yes □ No 🖾 Name of Source Was ticket distribution made at the behest Yes ☐ No 区 If yes: _ Official's Name (Last, First) of agency official? 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. Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Passes Number Name of Individual В. of Ticket(s)/ Identify one of the following: (Last, First) Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other Income ... If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes Volunteers of America Per Ticket Policy 5.3 (i) 10

. Verification			-
/I have read and understand FPPC Regu	lations 18944.1 and 18942. I have	verified that the distribution set forth a	bove, 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 California 1. Agency Name Date Stamp Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: . 213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 36 Does the agency have a ticket policy? Yes □ No □ Event Description: Hollywood Bowl Date(s) ___8 14 / Provide Title/ Explanation If no: Hollywood Bowl Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛭 Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 If yes: __ Official's Name (Last, First) of agency official? 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. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Number Name of Individual Identify one of the following: В. of Ticket(s)/ (Last, First) Ceremonial Role Other 🔲 Income ___ If checking "Ceremonial Role" or "Other" describe below: Income Other Ceremonial Role 🔲 If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes Per Ticket Policy 5.3 (i) West Covina Youth Council 10

With the requirements.

Megan Moret Ticket Administrator 8/8/18

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

Comment:

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

4. Verification

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District **Designated Agency Contact (Name, Title)** Megan Moret, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: . 213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 36 Does the agency have a ticket policy? Yes ☐ No ☐ Event Description: Hollywood Bowl Date(s) __8 14 Provide Title/ Explanation If no: Hollywood Bowl Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🗵 Was ticket distribution made at the behest Yes ☐ No 🗵 Official's Name (Last, First) of agency official? 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. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Passes Number Name of Individual Identify one of the following: В. of Ticket(s)/ (Last, First) Income Ceremonial Role Other 🔲 If checking "Ceremonial Role" or "Other" describe below: Income ___ Ceremonial Role 🔲 Other ... If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes

YWCA	10 Pe	er Ticket Policy 5.3 (i)	
Verification have read and understand FPPC Regula vith the requirements.	ations 18944.1 and 18942. I ha	ve verified that the distribution set forth a	above, is in accordance 8/8/18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			
			FPPC Form 802 (2/2016)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: . 213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 36 Does the agency have a ticket policy? Yes No No Event Description: Hollywood Bowl 14 Date(s) _ Provide Title/ Explanation If no: Hollywood Bowl Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛭 Name of Source If yes: , Was ticket distribution made at the behest Yes ☐ No 🗵 Official's Name (Last, First) of agency official? 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. Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit A. of Ticket(s)/ Passes Number Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Other 🔲 Income 🔲 Ceremonial Role 🔲 If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes Per Ticket Policy 5.3 (i) Garey High School 10

4.	verification	

Verification			
l h <mark>ave read and understand FPPC Regu</mark>	lations 18944.1 and 18942. I have	verified that the distribution set forth a	bove, 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 California Date Stamp 1. Agency Name Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: .. 213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 36 Does the agency have a ticket policy? Yes ☐ No ☐ Event Description: Hollywood Bowl 14 Date(s) __8__/_ Provide Title/ Explanation If no: Hollywood Bowl Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛭 Name of Source If yes: . Was ticket distribution made at the behest Yes ☐ No 🛛 Official's Name (Last, First) of agency official? 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. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Passes Number Name of Individual Identify one of the following: В. of Ticket(s)/ (Last, First) Passes Other Income ___ Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Income ___ Ceremonial Role Other 🔲 If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes Per Ticket Policy 5.3 (i) Pomona Historic Society 10

Venification			
I have read and understand FPPC Regula	ations 18944.1 and 18942. I have	verified that the distribution set forth a	bove, 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:			

ency Report of

Comment:

_	eremonial Role Even	ts and Ticket/P	ass Distri	butions	Α	Public Document
1.	Agency Name				Date Stamp	California 802
	County of Los Angeles					. 0.11.1
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Board of Supervisors, First I	District				
	Designated Agency Contact	(Name,Title)		<u> </u>		
	Megan Moret, Ticket Admini	strator			Amendment (Must P	rovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				Explanation with the cry
	213.974.4111	mmoret@bos.lacou	inty.gov		Date of Original Filing: .	(month, day, year)
2.	Function or Event Infor	mation			26	
	Does the agency have a ticl	ket policy? Yes [] No∏ F	ace Value of I	Each Ticket/Pass \$ $\frac{36}{100}$)
	Event Description: Hollywoo	d Bowl		ate(s)8	, 14 , 18	
	Ticket(s)/Pass(es) provided	Provide Title/ Explain by agency? Yes [no: Hollywoo	d Bowl	
					Name of Source	
	Was ticket distribution made of agency official?	e at the behest Yes [□ No⊠ ^{I†}	yes:	Official's Name (Last, First)	
3.	• Use Section A to identify the agen A. Name of Agency, Department		Use Section B to i	Seema See See		ify an outside organization.
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the f	ollowing:
				I .	nonial Role Other or "Other" des	-
				1	ionial Role Other Cing "Ceremonial Role" or "Other" des	-
	C. Name of Outside O	Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy	
	Washington Park Senior C	enter	20	Per Ticket P	olicy 5.3 (i)	
	Verification I have reagt and understand FF	PC Regulations 18944	.1 and 18942. I	have verified t	that the distribution set fo	orth above, is in accordance
	with the requirements.					
		Med	an Moret		Ticket Administrator	8/8/18
	Signature of Agency Head or Design		rint Name		Title	(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District **Designated Agency Contact (Name, Title)** Megan Moret, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 36 Does the agency have a ticket policy? Yes ☐ No ☐ Date(s) __8__/_14__/ Event Description: Hollywood Bowl Provide Title/ Explanation If no: Hollywood Bowl Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🖾 Name of Source Was ticket distribution made at the behest Yes ☐ No 区 Official's Name (Last, First) of agency official? 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. Number Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Name of Agency, Department or Unit Passas Number Name of Individual Identify one of the following: of Ticket(s)/ В. (Last, First) Passes Income Ceremonial Role Other 🔲 If checking "Ceremonial Role" or "Other" describe below. Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes Per Ticket Policy 5.3 (i) National Negroe Women's Association 10

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

Print Name

4. Verification

Signature of Agency Head or Designee

Comment:

(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: . 213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 36 Does the agency have a ticket policy? Yes ☐ No ☐ Event Description: Hollywood Bowl 14 / Date(s) __8__/ Provide Title/ Explanation If no: Hollywood Bowl Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛭 Name of Source Was ticket distribution made at the behest Yes ☐ No ☑ If yes: . Official's Name (Last, First) of agency official? 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. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Other 🔲 Income [Ceremonial Role 🔲 If checking "Ceremonial Role" or "Other" describe below. Other Income ... Ceremonial Role If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of:Ticket(s)/ C. (include address and description) Passes Per Ticket Policy 5.3 (i) Azusa Senior Center 40 Veritication have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

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

with the requirements.

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: mmoret@bos.lacounty.gov 213.974.4111 (month_day_vear) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 36 Does the agency have a ticket policy? Yes □ No □ Date(s) __8__/_14__/ Event Description: Hollywood Bowl Provide Title/ Explanation If no: Hollywood Bowl Ticket(s)/Pass(es) provided by agency? Yes □ No 🛛 Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 Official's Name (Last, First) of agency official? 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. Number Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Name of Agency, Department or Unit Passes Number Identify one of the following: Name of Individual of Ticket(s)/ В. (Last, First) Passes Income Other 🔲 Ceremonial Role If checking "Ceremonial Role" or "Other" describe below. Income ___ Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes Per Ticket Policy 5.3 (i) Walnut Senior Center 40 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. **Ticket Administrator** 8/8/18 Megan Moret

Print Name

Signature of Agency Head or Designee

Comment:

(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: .. mmoret@bos.lacounty.gov 213.974.4111 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 36 Does the agency have a ticket policy? Yes ☐ No ☐ Event Description: Hollywood Bowl Date(s) __8 14 Provide Title/ Explanation If no: Hollywood Bowl Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛛 Name of Source Was ticket distribution made at the behest Yes ☐ No ☑ If yes: _ Official's Name (Last, First) of agency official? 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. Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Passes Number Identify one of the following: Name of Individual of Ticket(s)/ (Last, First) Passes Income Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below Income | Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes Per Ticket Policy 5.3 (i) Blaisdell Senior Center 20

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee Print Name

Ticket Administrator

8/8/18

(month, day, year)

Agency Report of:

Cé	eremonial Role Ever	nts and Ticket/P	ass Distrib	utions	Α	Public Document
1.	Agency Name				Date Stamp	California 802
	County of Los Angeles					1 01111
	Division, Department, or Rec	jion (if applicable)				For Official Use Only
	Board of Supervisors, First	District				
	Designated Agency Contact	(Name, Title)				
	Megan Moret, Ticket Admir	istrator			Amendment (Must P	rovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				,
	213.974.4111	mmoret@bos.lacou	nty.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Info	rmation				
	Does the agency have a tic	ket policy? Yes [] No ☐ Fa	ce Value of I	Each Ticket/Pass \$ 36	
	Event Description: Hollywood	od Bowl	14 / 18	1 1		
	EVOITE DOSONIPTION.	Provide Title/ Explan				
	Ticket(s)/Pass(es) provided	l by agency? Yes [] No⊠ Ifr	o: Hollywoo	d Bowl Name of Source	
	الموجود ومناف والسامانية والمراجعة	a at the hebest ver	⊸ lfv	es:	Name of Source	
	Was ticket distribution mad of agency official?	e at the benest Yes L]No⊠ "y	·	Official's Name (Last, First)	
3.	Recipients • Use Section A to identify the age	ncy's department or unit.	Use Section B to ide	entify an individ	ual. • Use Section C to ident	tify an outside organization.
	A. Name of Agency, Dep	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
	B. Name of Inc.		Number of Ticket(s)/		Identify one of the f	ollowing:
	Constitution of the Consti	rsty	Passes		nonial Role Other Cing "Ceremonial Role" or "Other" de	
					nonial Role Other C	_
	C. Name of Outside C		Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy

4. Verification

Filipino Association

erification error			
haye read and understand FPPC Regul	ations 18944.1 and 18942. I have	verified that the distribution set forth a	bove, is in accordance
haye read and understand FPPC Regul			
	Megan Moret	Ticket Administrator	8/8/18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

10

Per Ticket Policy 5.3 (i)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name **Form** County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: -213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 36 Does the agency have a ticket policy? Yes ☐ No ☐ Event Description: Hollywood Bowl 14 / Date(s) __8__/_ Provide Title/ Explanation If no: Hollywood Bowl Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🗵 Name of Source If yes: _ Was ticket distribution made at the behest Yes ☐ No 🗵 Official's Name (Last, First) of agency official? 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. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Passes Number Name of Individual identify one of the following: of Ticket(s)/ В. (Last, First) Passes Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below. Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes Per Ticket Policy 5.3 (i) NAACP SGV Chapter 10

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.

with the requirements.

Comment:

Megan Moret

Ticket Administrator

8/8/18

Signature of Agency Head or Designee

Print Name

Title

(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions 1. Agency Name

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A		u	u	Ħ	Œ	L	u	C	u	8 T I	t	11	L

I. Agency Name	•		Date Stamp	California 802		
County of Los Angeles		- COLLIE				
Division, Department, or Region (if applicable)		For Official Use Only				
Board of Supervisors, First District		:				
Designated Agency Contact (Name, Title)						
Megan Moret, Ticket Administrator			D Amendment (16(C)	I		
Area Code/Phone Number E-mail			Must Pi	rovide Explanation in Part 3.)		
213.974.4111 mmoret@bos.lacou	inty.gov		Date of Original Filing:	(month, day, year)		
2. Function or Event Information						
Does the agency have a ticket policy? Yes	□ No □ F	ace Value of I	Each Ticket/Pass \$ <u>36</u>			
Event Description: Hollywood Bowl Provide Title/ Explan		Date(s)				
		f no: <u>Hollywoo</u>	d Bowl Name of Source			
Was ticket distribution made at the behest Yes [of agency official?	□ No⊠ ^f	f yes:	Official's Name (Last, First)			
Recipients Use Section A to identify the agency's department or unit.	Use Section B to	identify an individ	ual. • Use Section C to identi	fy an outside organization.		
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	suant to the agency's policy		
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the fo	Income C		
			onial Role Other of "Other" desi			
C. Name of Outside Organization (include address and description)				cribe the public purpose made pursuant to the agency's policy		
Pathfinder	20	Per Ticket Po	olicy 5.3 (i)			
Verification I have read and understand FPPC Regulations 18944. with the requirements.	1 and 18942.	I have verified ti	hat the distribution set fo	rth above, is in accordance		
Mega	an Moret	<u>.</u>	Ticket Administrator	8/8/18		
Signature of Agency Head or Designee Pri	пт маше		Title	(month, day, year)		

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document Date Stamp California 1. Agency Name **Form** County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District **Designated Agency Contact (Name, Title)** Megan Moret, Ticket Administrator ☐ Amendment (Must Provide Explanation in Part 3.) E-mail Area Code/Phone Number Date of Original Filing: ... 213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 36 Does the agency have a ticket policy? Yes No No Date(s) 9 / 13 / Event Description: Hollywood Bowl Provide Title/ Explanation If no: Hollywood Bowl Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🖾 Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 If yes: _ Official's Name (Last, First) of agency official? 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. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Passes Number Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income . If checking "Ceremonial Role" or "Other" describe below: Income ___ Ceremonial Role Other 🔲 If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes Per Ticket Policy 5.3 (i) God's Pantry 6

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)

	Agency Name				Date Stamp	California OOO
	County of Los Angeles				·	Form OUZ
	Division, Department, or Reg	ion (if applicable)			1	For Official Use Only
	Board of Supervisors, First I	District				
	Designated Agency Contact	(Name, Title)			1	
	Megan Moret, Ticket Admini	istrator			Amondment (14 + 45	The state of the s
	Area Code/Phone Number	E-mail			Amendment (Must F	rovide Explanation in Part 3.)
	213.974.4111	mmoret@bos.lacou	nty.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	ket policy? Yes [] No [] Fac	e Value of	Each Ticket/Pass \$ 36	
	Event Description: Hollywoo				<u>, 13 , 18</u>	
	Event Description.	Provide Title/ Explar	ation			
	Ticket(s)/Pass(es) provided	by agency? Yes [] No⊠ If no	: Hollywoo		
	387 . 17 1 4 12 4 13 42 42 42 42 42 42 42 42 42 42 42 42 42		1¢		Name of Source	
	Was ticket distribution made of agency official?	eat the behest Yes [] No⊠ ^{If y∈}	es:	Official's Name (Last, First)	· · · · · · · · · · · · · · · · · · ·
3.	Recipients • Use Section A to identify the agen	cy's department or unit.	Use Section B to iden	tify an individ	lual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
	B. Name of India		Number of Ticket(s)/		Identify one of the f	ollowing:
	(Last, Firs	st)	Passes			
					ionial Role Other Other Other Other Other Other Other Other Other	
					onial Role Other ing "Ceremonial Role" or "Other" des	
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	5 - 14/13	a public purpose made purs	uant to the agency's policy
	House of Ruth		10	er Ticket Po	olicy 5.3 (i)	
	Verification I have read and understand FPI with the requirements.	PC Regulations 18944.	1 and 18942. I ha	ve verified ti	hat the distribution set fo	rth above, is in accordance

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

Ceremonial Role Events and Ticket/Pass Distributions	A Public Documen			
1. Agency Name	Date Stamp	California 802		
County of Los Angeles		Form OUZ		
Division, Department, or Region (if applicable)		For Official Use Only		

	County of Los Angeles					Form 802
	Division, Department, or Reg	ion (if applicable)		For Official Use Only		
	Board of Supervisors, First I					
	Designated Agency Contact	•				
	Megan Moret, Ticket Admini	strator			Amendment (Must Pro	ovide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			· · ·	,
	213.974.4111	mmoret@bos.lacou	nty.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	ket policy? Yes	No□	Face Value of I	Each Ticket/Pass \$ <u>³⁶</u>	
	Event Description: Hollywoo	od Bowl		Date(s)9	, 13 , 18	1 1
	Event Description.	Provide Title/ Explan	ation			
	Ticket(s)/Pass(es) provided	by agency? Yes [] No ⊠	If no: Hollywoo	Name of Source	
	Was ticket distribution made	at the behadt w	If yes:			
	of agency official?	e at the benest Yes L] No⊠	11 y 00.	Official's Name (Last, First)	
3.	Recipients		To Continue B 40			
	Use Section A to identify the agen	cy's department or unit.	Number	identity an individ	uar Ose Section C to identif	y an outside organization.
	A Name of Agency, Depa	artment or Unit	of Ticket(s)/ Passes	Describe th	uant to the agency's policy	

	B. Name of Indi (Last, Fir.		Number of Ticket(s)/ Passes		Identify one of the fo	llowing:
				1	onial Role Other Other ing "Ceremonial Role" or "Other" desc	Income
					ionial Role Other in Other in Other description of the Other description of the Other of Other description of the Other of Other o	Income
	C. Name of Outside O		Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy
	Islamic Center of Claremor	nt	20	Per Ticket Pe	olicy 5.3 (i)	
					· · · · · · · · · · · · · · · · · · ·	
— 4.	Verification	<u> </u>		•		
	I have read and understand FP with the requirements.	PPC Regulations 18944.	1 and 18942.	. I have verified t	hat the distribution set for	th above, is in accordance
	/ / /					
	Signature of Agency Heat or Design		an Moret		Ticket Administrator	8/8/18 (month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document California Date Stamp 1. Agency Name Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District **Designated Agency Contact (Name, Title)** Megan Moret, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: . 213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 36 Does the agency have a ticket policy? Yes ☐ No ☐ Event Description: Hollywood Bowl Date(s) __9 13 Provide Title/ Explanation If no: Hollywood Bowl Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🖾 Name of Source If yes: . Was ticket distribution made at the behest Yes ☐ No 区 Official's Name (Last, First) of agency official? 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. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Name of Individual of Ticket(s)/ Passes Identify one of the following: В. (Last, First) Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below. Income Other Ceremoniai Role If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes Per Ticket Policy 5.3 (i) Just Us 4 Youth 10 4. Verification

With the requirements.

Megan Moret Ticket Administrator 8/8/18

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

Comment:

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document Date Stamp California 1. Agency Name **Form** County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: mmoret@bos.lacounty.gov 213.974.4111 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 36 Does the agency have a ticket policy? Yes ☐ No ☐ Date(s) 9 / 13 / Event Description: Hollywood Bowl Provide Title/ Explanation If no: Hollywood Bowl Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛛 Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 Official's Name (Last, First) of agency official? 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. Number Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Name of Agency, Department or Unit Passes Number Name of Individual identify one of the following: of Ticket(s)/ B. (Last, First) Income . Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below Income Other \square Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes Per Ticket Policy 5.3 (i) NAACP Pomona Valley Chapter 10 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

Megan Moret

Print Name

with the requirements.

Comment: _

Signature of Agency Head or Designee

FPPC Form 802 (2/2016)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

8/8/18

(month, day, year)

Ticket Administrator

Title

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions **A Public Document** Date Stamp California 1. Agency Name Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District **Designated Agency Contact (Name, Title)** Megan Moret, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: . 213,974,4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 36 Does the agency have a ticket policy? Yes ☐ No ☐ Event Description: Hollywood Bowl Date(s) __9 13 Provide Title/ Explanation If no: Hollywood Bowl Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🖾 Name of Source Was ticket distribution made at the behest Yes ☐ No 🛛 Official's Name (Last, First) of agency official? 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. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Name of Individual Identify one of the following: of Ticket(s)/ (Last First) Passes Other Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Other 🔲 Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes Per Ticket Policy 5.3 (i) Trinity United Methodist Church 10

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

_						
١.	Agency Name			Date Stamp	California 802	
	County of Los Angeles					Form OUZ For Official Use Only
	Division, Department, or Reg	jion (if applicable)		1 of Official Use Offiny		
	Board of Supervisors, First					
	Designated Agency Contact	(Name,Title)				
	Megan Moret, Ticket Admin	istrator			Amendment (Must	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	213.974.4111	mmoret@bos.lacou	nty.gov		Date of Original Filing	:(month, day, year)
2.	Function or Event Infor	mation			2	26
	Does the agency have a tic	ket policy? Yes] No∏ F	ace Value of	Each Ticket/Pass \$ 3	10
	Event Description: Hollywoo	od Bowl	n	late(s) 9	<u>, 13 , 18</u>	1 1
	Lvent Description:	Provide Title/ Explan	ation			
	Ticket(s)/Pass(es) provided	I by agency? Yes [] No⊠ If	no: Hollywoo		
			1 f	voe:	Name of Source	
	Was ticket distribution mad	e at the behest Yes [] No⊠ "	yes:	Official's Name (Last, First)
	of agency official?					
3.	Recipients					
Ψ,	• Use Section A to identify the age	ncy's department or unit. • 1	Use Section B to i	dentify an individ	dual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Dep		Number of Ticket(s)/	1 2 2 2 2 2 2 2 2 2 2 2	rangasan arawa katan isan	ursuant to the agency's policy
	A STATE OF THE STA		Passes		11.00	filmsysky sylvinger i silve
	B. Name of Inc		Number of Ticket(s)/ Passes		Identify one of the	following:
					monial Role Other Other	
				" Unec	and communication of case of	source server.
				Caren	nonial Role Other	☐ Income ☐
					king "Ceremonial Role" or "Other" o	
			Number			
	C. Name of Outside (of Ticket(s)/ Passes	Describe th	ne public purpose made pu	ursuant to the agency's policy
	Prototypes		1 43553	Per Ticket P	Policy 5.3 (i)	
	Tototypoo		20		•	
				<u> </u>		
_						
4.	Verification					
	I have read and understand F	PPC Regulations 18944	.1 and 18942.	I have verified	that the distribution set	forth above, is in accordance
	with the requirements.					
			an Moret		Ticket Administrator	
	Signature of Agency Head or Desig	jnee Pr	rint Name		Title	(month, day, year)
	Comment:					
	Comment:		·····			

A Public Document

Agency Report of:

Cě	eremonial Role Even	ts and Ticket/P	ass Distr	ibutions	A	Public Document
۱.	Agency Name		Date Stamp	California 802		
	County of Los Angeles					
	Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Board of Supervisors, First I	District				
	Designated Agency Contact	(Name, Title)				
	Megan Moret, Ticket Admin	istrator			Amendment (Must l	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			Land Attornation (Wood)	TOVICE Explanation III are sty
	213.974.4111	mmoret@bos.lacou	inty.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	ket policy? Yes f	□ No □ F	Face Value of	Each Ticket/Pass \$ 3	6
	Event Description: Hollywoo				<u>, 13 , 18</u>	1 1
	Event Description.	Provide Title/ Explai	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes [] No⊠ I	f no: <u>Hollywoo</u>	d Bowl Name of Source	
	Was ticket distribution made	at the beheet var		f yes:		
	of agency official?	at the penest yes [□ No 🗵 '	, you. <u></u>	Official's Name (Last, First)	
3.	Recipients • Use Section A to identify the ager	cy's department or unit.	Use Section B to	identify an individ	lual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the	following:
				1	nonial Role Other C king "Ceremonial Role" or "Other" de	****
					nonial Role Other C	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes		a Charles and a second of the	suant to the agency's policy
	Inland Valley Hope Partne	rs	11	Per Ticket P	olicy 5.3 (i)	
	Verification	PPC Regulations 18944	.1 and 18942.	I have verified	that the distribution set f	orth above, is in accordance
	with the requirements.			J = 1 .		
	11	Meg	an Moret		Ticket Administrator	8/8/18
	Signature of Agency Head or Design		int Name		Title	(month, day, year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions **A Public Document** 1. Agency Name Date Stamp California Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: ... 213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 36 Does the agency have a ticket policy? Yes ☐ No ☐ Event Description: Hollywood Bowl Date(s) __9__/_ 13 / Provide Title/ Explanation If no: Hollywood Bowl Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛛 Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 If yes: _ Official's Name (Last, First) of agency official? 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. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Identify one of the following: Name of Individual of Ticket(s)/ (Last, First) Passes Income ... Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Other 🔲 Income ___ Ceremonial Role If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes Per Ticket Policy 5.3 (i) The Parents Place 20

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

 Megan Moret
 Ticket Administrator
 8/8/18

 Print Name
 Title
 (month, day, year)

Comment:

Signature of Agency Head or Designee

with the requirements.

4. Verification

Comment: _

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions		A Public Document
1. Agency Name	Date Stamp	California 802
County of Los Angeles		Form OUZ
Division, Department, or Region (if applicable)		For Official Use Only

1	County of Los Angeles				Form OUL	
Ī	Division, Department, or Reg	ion (if applicable)		For Official Use Only		
ŀ	Board of Supervisors, First District					
Ī	Designated Agency Contact ((Name, Title)				
ı	Megan Moret, Ticket Admini	strator			☐ Amendment (Must I	Provide Explanation in Part 3.)
7	Area Code/Phone Number	E-mail				Tovido Expranadori III T dr. 0.)
	213.974.4111	mmoret@bos.lacoi	unty.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	ket policy? Yes	□ No□ 「	ace Value of	Each Ticket/Pass \$ $\frac{3^{1}}{2}$	ô
	Event Description: Hollywoo			Date(s)9		1 1
1	Event Description.	Provide Title/ Expla	nation			
•	Ticket(s)/Pass(es) provided	by agency? Yes	□ No 🛛 I	f no: Hollywoo	d Bowl Name of Source	
,	Was ticket distribution made of agency official?	at the behest Yes	□ No⊠ ¹	f yes:	Official's Name (Last, First)	
3.	Recipients • Use Section A to identify the agen	cy's department or unit. •	Use Section B to	identify an individ	lual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Depa	ertment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy
	B. Name of Indi (Last, Firs		Number of Ticket(s)/ Passes	1	Identify one of the formal Role Other Cong "Ceremonial Role" or "Other" de	Income
		***************************************		1	ionial Role Other Citing "Ceremonial Role" or "Other" de	
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	e public purpose made pui	suant to the agency's policy
	Trinity Youth Services-Fost	ter Care	10	Per Ticket Po	olicy 5.3 (i)	
1	Verification I have read and understand FP	PC Regulations 18944	.1 and 18942.	I have verified t	hat the distribution set f	orth above, is in accordance
1	with the requirements.					
		Med	an Moret		Ticket Administrator	8/8/18

Agency Report of

Comment: _

-	eremonial Role Even	ts and nekel/F	ass Distr	ibutions	A	Public Document
	Agency Name				Date Stamp	California 802
	County of Los Angeles					
	Division, Department, or Reg					For Official Use Only
	Board of Supervisors, First I					
	Designated Agency Contact	•				
	Megan Moret, Ticket Admin				Amendment (Must F	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				
	213.974.4111	mmoret@bos.lacou	inty.gov		Date of Original Filing:	(month, day, year)
)	Function or Event Infor	mation			24	
	Does the agency have a ticl	ket policy? Yes [□ No □ F	ace Value of	Each Ticket/Pass \$ $\frac{36}{2}$	0
	Event Description: Hollywoo	d Bowl	C	Date(s)	, 13 , 18	
		Provide Title/ Explar	nation	f no: Hollywoo		
	Ticket(s)/Pass(es) provided	by agency? Yes L] No⊠ If	r no: <u>riollywoo</u>	Name of Source	
	Was ticket distribution made	at the behest Yes	No 🗷 🏻	f yes:		· · · · · · · · · · · · · · · · · · ·
	of agency official?				Official's Name (Last, First)	
3.	• Use Section A to identify the agen A. Name of Agency, Depart		Use Section B to i Number of Ticket(s)/ Passes			tify an outside organization. Suant to the agency's policy
	B. Name of Indi	The second secon	Number of Ticket(s)/		Identify one of the f	ollowing:
	(Last, Fire	st)	Passes	Cerem	onial Role Other	
		-		1	ing "Ceremonial Role" or "Other" de	
	# 10/9/4 to 10/10/2019 - 11 to 1			1	onial Role Other on "Other" de	
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe the	public purpose made pur	suant to the agency's policy
	Foothill Families		6	Per Ticket Po	blicy 5.3 (i)	
_	Verification			<u> </u>		
	I have read and understand PP	50.5	4 40040	l forman and an address of Ar		
	with the requirements.	PC Regulations 18944.	i and 16942. i	i nave verilled ti	hat the distribution set fo	orth above, is in accordance
	with the requirements.		an Moret		hat the distribution set fo Ticket Administrator	orth above, is in accordance 8/8/18

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

Ceremonial Role Events and Ticket/Pass Distributions	A Public Document			
1. Agency Name	Date Stamp	California 802		
County of Los Angeles Division, Department, or Region (if applicable)		For Official Use Only		

	County of Los Angeles					Form OUZ
	Division, Department, or Reg	ion (if applicable)		·	1	For Official Use Only
	Board of Supervisors, First I	District				
	Designated Agency Contact	Name, Title)				
	Megan Moret, Ticket Admini	strator			Amendment (Must Pro	ovide Explanation in Part 3.}
	Area Code/Phone Number	E-mail				,
	213.974.4111	mmoret@bos.lacou	ınty.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	ket policy? Yes [□ No □ F	ace Value of	Each Ticket/Pass \$ 36	
	Event Description: Hollywoo	d Bowl	[Date(s)9	<u>, 13 , 18 </u>	1 1
		Provide Title/ Explai	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes [□ No 🛛	f no: <u>Hollywoo</u>	O BOWI Name of Source	<u></u>
	Was ticket distribution made	at the behest Voc.	_ No⊠ ^{II}	f yes:		
	of agency official?	Test		,	Official's Name (Last, First)	
3.	Recipients					
	• Use Section A to identify the agen	cy's department or unit.	Use Section B to	identify an individ	lual. • Use Section C to identif	y an outside organization.
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pursu	uant to the agency's policy
	B. Name of Indi (Last, Fire		Number of Ticket(s)/ Passes		Identify one of the fol	lowing:
			The Account of the Control of the Co		nonial Role Other Community of "Other" descriptions of "Other" descriptions of the community of the communit	Income Income Income III
				I .	nonial Role Other or "Other" descri	Income Income
	C. Name of Outside O		Number of Ticket(s)/ Passes	Describe th	e public purpose made pursu	uant to the agency's policy
	Masonic Center for youth &	k Families	6	Per Ticket Pe	olicy 5.3 (i)	
- 1.	Verification I have read and understand FP	PC Regulations 18944	.1 and 18942.	I have verified t	that the distribution set for	th above, is in accordance
	with the requirements.					
	Signature of Agency Head or Design		an Moret		Ticket Administrator	8/8/18 (month, day, year)
	Cignificance of Agoney Flood of Design		radino		THE	(mona, vay, year)
	Comment:					

Agency Report of: **Ceremonial Role Events and Ticket/Pass Distributions** A Public Document California Date Stamp 1. Agency Name Form County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: -213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 36 Does the agency have a ticket policy? Yes ☐ No ☐ Event Description: Hollywood Bowl Date(s) __9__/ 13 / Provide Title/ Explanation If no: Hollywood Bowl Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🗵 Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 Official's Name (Last, First) of agency official? 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. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ A. Passes Number Name of Individual Identify one of the following: of Ticket(s)/ В. (Last, First) Income Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ C. (include address and description) Passes Per Ticket Policy 5.3 (i) Gem Project 6 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

Megan Moret

Print Name

with the requirements.

Comment:

Signature of Agency Head or Designee

Ticket Administrator

Title

8/8/18

(month, day, year)

Agency Report of:

Ticket(s)/Pass(es) provided by agency?

of agency official?

with the requirements.

Comment: _

3.

Was ticket distribution made at the behest Yes ☐ No ☒

C	eremonial Role Ever	nts and Ticket/Pass Dis	Α	Public Document	
1.	Agency Name County of Los Angeles			Date Stamp	California 802
	Division, Department, or Reg	gion (if applicable)		4	For Official Use Only
	Board of Supervisors, First District Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator Area Code/Phone Number E-mail				
				1	
				Amendment (Must Provide Explanation in Part 3.)	
	213.974.4111	mmoret@bos.lacounty.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Info	rmation			
	Does the agency have a tic	Face Value of	Each Ticket/Pass \$ 30	6	
	Event Description: Hollywo	Date(s) 9	<u>, 13 , 18</u>		
	•	Provide Title/ Explanation	` '		

Yes ☐ No 🗵

If no: Hollywood Bowl

Name of Source

Official's Name (Last, First)

Recipients • Use Section A to identify the agency's department or unit. • The section A to identify the agency's department or unit.	Use Section B to i Number of Ticket(s)/ Passes	Didentify an individual. • Use Section C to identify an outside organization. Describe the public purpose made pursuant to the agency's police.		
	Number			
B. Name of Individual (Last, First)	of Ticket(s)/ Passes	Identify one of the following:		
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:		
		Ceremonial Role Other Income Income 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		
Optimist Club	9	Per Ticket Policy 5.3 (i)		
erification				

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

Megan Moret

Print Name

8/8/18

(month, day, year)

Ticket Administrator

Title

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions		A Public Document
1. Agency Name	Date Stamp	California 802
County of Los Angeles		Form OUZ
Division, Department, or Region (if applicable)		For Official Use Only

		ion (if applicable)			•	For Official Use Only	
	Board of Supervisors First F		Division, Department, or Region (if applicable)				
	board of Supervisors, First L	District	Board of Supervisors, First District				
	Designated Agency Contact (Name, Title)					
	Megan Moret, Ticket Admini	strator			Amendment (Must Pro	vide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail				-, 	
	213.974.4111	mmoret@bos.lacou	nty.gov		Date of Original Filing:	(month, day, year)	
2.	Function or Event Inform	mation					
	Does the agency have a tick	cet policy? Yes	J No□ F	ace Value of I	Each Ticket/Pass \$ 36		
	Event Description: Hollywoo	d Bowl	Г	Date(s)	13 / 18	1 1	
		Provide Title/ Explan	ation				
	Ticket(s)/Pass(es) provided	by agency? Yes [] No ⊠	no: <u>Hollywoo</u>	Name of Source		
	Was ticket distribution made	at the behest Voc C] No⊠ ^{II}	f yes:			
	of agency official?	Test		-	Official's Name (Last, First)		
3.	Recipients • Use Section A to identify the agen-	cy's department or unit.	Use Section B to i	identify an individ	ual. • Use Section C to identif	y an outside organization.	
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made pursu	uant to the agency's policy	
	B. Name of India. (Last, Firs		Number of Ticket(s)/ Passes	N. W. N. W.	identify one of the fol		
					onial Role Other Other ing "Ceremonial Role" or "Other" descri	Income In	
				1	onial Role Other ing "Ceremonial Role" or "Other" descri	Income Income	
	C. Name of Outside Or (include address and	Number of Ticket(s)/ Passes	A A A A A A A A A A A A A A A A A A A	e public purpose made pursu	ant to the agency's policy		
Options for learning		4	Per Ticket Po	olicy 5.3 (i)			
				•			
	Verification I have read and understand FP with the requirements.	PC Regulations 18944.	1 and 18942.	l have verified t	hat the distribution set for	th above, is in accordance	
	Signature of Agency Head or Design		an Moret	······	Ticket Administrator	8/8/18 (month, day, year)	

Agency Report of: Ceremonial Role Events	and Ticket/Pas	ss Distr	ibutions		A Public Document
1. Agency Name				Date Stamp	
County of Los Angeles					Form 802
Division, Department, or Region	(if applicable)				For Official Use Only
Board of Supervisors, First Dis	trict				
Designated Agency Contact (Nat	me, Title)				
Megan Moret, Ticket Administra	ator			5 6	10 - 11 - 5 - 11 - 11 - 12 - 13 - 13 - 13 - 13 - 13
Area Code/Phone Number E-	mail			Amendment (Mus	t Provide Explanation in Part 3.)
213.974.4111 m	nmoret@bos.lacounty	y.gov		Date of Original Filing	g:(month, day, year)
2. Function or Event Informa	ition				
Does the agency have a ticket	policy? Yes □	No 🔲 📗	Face Value of	Each Ticket/Pass \$.	36
Event Description: Hollywood B	Bowl		Date(s)9		
Event Description,	Provide Title/ Explanation		Date(s)		
Ticket(s)/Pass(es) provided by	agency? Yes □	No 🗵	f no: Hollywoo		
		,		Name of Source	•
Was ticket distribution made at	the behest Yes	No 🗵	f yes:	Official's Name (Last, Firs	<i>t</i>)
of agency official?					
B. Name of Individu (Last, First)	ual	Number of Ticket(s)/ Passes		Identify one of the	a following:
				ionial Role Other ing "Ceremonial Role" or "Other"	
			i .	ionial Role Other ling "Ceremonial Role" or "Other"	
C. Name of Outside Organ		Number of Ticket(s)/ Passes	Describe th	e public purpose made p	ursuant to the agency's policy
NCADD (National Council on Drug Dependence)	Alcoholism &	5	Per Ticket P	olicy 5.3 (i)	
4. Verification				-P-07-044	
I have read and understand FPPC with the lequirements.	Regulations 18944.1 a Megan		I have verified t	hat the distribution set Ticket Administrato	

Print Name

Signature of Agency Head or Designee

Comment: _

(month, day, year)

Title

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California County of Los Angeles Division, Department, or Region (if applicable) For Official Use Only Board of Supervisors, First District Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) **Area Code/Phone Number** 213.974.4111 Date of Original Filing: .. mmoret@bos.lacountv.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 36 Does the agency have a ticket policy? Yes ☐ No ☐ Event Description: Hollywood Bowl 9 13 Date(s)_ If no: Hollywood Bowl Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛭 Name of Source Was ticket distribution made at the behest Yes No 🗵 Official's Name (Last, First) of agency official? 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. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit of Ticket(s)/ Passes Number Name of Individual of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other 🔲 Income If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other 🔲 Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes Palomares Senior Center Per Ticket Policy 5.3 (i) 20

4. Verifi	ication
-----------	---------

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.

vith the requirements.

Megan Moret
Print Name

Ticket Administrator

8/8/18

Signature of Agency Head or Designee

ame Title

(month, day, year)

Comment: _

	gency Report of: eremonial Role Even	ts and Ticket/P	ass Distr	ibutions		A Public Document
-	Agency Name				Date Stamp	California
	County of Los Angeles					Form 802
	Division, Department, or Reg	i on (if applicable)			1	For Official Use Only
	Board of Supervisors, First I	District				
	Designated Agency Contact	(Name, Title)			•	
	Megan Moret, Ticket Admin	istrator				
	Area Code/Phone Number	E-mail			Amendment (Must	Provide Explanation in Part 3.)
	213.974.4111	mmoret@bos.lacou	ınty.gov		Date of Original Filing	:(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	ket policy? Yes [□ No □ F	ace Value of	Each Ticket/Pass \$ 3	16
	Event Description: Hollywoo	od Bowl Provide Title/ Explai		Date(s)9	1318	
	Ticket(s)/Pass(es) provided			f no: <u>Hollywoo</u>	d Bowl	
	Was ticket distribution made of agency official?	at the behest Yes [] No⊠ ^{II}	f yes:	Official's Name (Last, First	
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe th		rsuant to the agency's policy
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the	following:
					nonial Role Other [Income C
				ı	onial Role Other Othe	
	C. Name of Outside Or (include address and	ganization description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's		
	We Run Pomona		20	Per Ticket Po	olicy 5.3 (i)	
	Verification I have read and understand FPI with the/requirements.	PC Regulations 18944.	1 and 18942. I	have verified t	hat the distribution set t	orth above, is in accordance
			an Moret		Ticket Administrator	8/8/18
	Signature of Agency Head or Designation Comment:	ee Prii	nt Name		Title	(month, day, year)

gency Name			Date Stamp	California OOO
County of Los Angeles				Form 802
ivision, Department, or Region (if applicable)			-	For Official Use Only
oard of Supervisors, First District				
esignated Agency Contact (Name, Title)				
legan Moret, Ticket Administrator				
rea Code/Phone Number E-mail			Amenament (Must F	Provide Explanation in Part 3.)
13.974.4111 mmoret@bos.laco	ounty.gov		Date of Original Filing:	(month, day, year)
unction or Event Information		· · · · · · · · · · · · · · · · · · ·		
oes the agency have a ticket policy? Yes	□ No□ F	ace Value of	Each Ticket/Pass \$ 36	3
vent Description: Hollywood Bowl	***************************************		<u>, 13 , 18</u>	
Provide Title/ Expl	anation	ate(s)		
icket(s)/Pass(es) provided by agency? Yes	□ No 🛛 If	no: Hollywoo		
	10		Name of Source	
Vas ticket distribution made at the behest Yes of agency official?	□ No⊠ ^{IT}	yes:	Official's Name (Last, First)	•
Recipients • Use Section A to identify the agency's department or unit.	• Use Section B to id	lentify an individ	lual. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Department or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the f	Income
		lf check	king "Ceremonial Role" or "Other" de.	scribe below:
			nonial Role Other Ching "Ceremonial Role" or "Other" des	- · · · · · · · · · · · · · · · · · · ·
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe th		suant to the agency's policy
Azusa Beautiful	20	Per Ticket Po	olicy 5.3 (i)	
				11 11 11 11 11 11 11 11 11 11 11 11 11
erification				
nave/read and understand FPPC Regulations 18944 th the requirements.	1.1 and 18942. I	have verified t	hat the distribution set fo	orth above, is in accordance

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

C	eremonial Role Even	ts and Ticket/F	Pass Distr	ibutions	A	New Public Document
1.	Agency Name				Date Stamp	California 802
	County of Los Angeles					Form OUZ
	Division, Department, or Reg	ion (if applicable)		For Official Use Only		
	Board of Supervisors, First District					
	Designated Agency Contact	(Name,Title)				
	Megan Moret, Ticket Admin	istrator			Amondment ////	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail			Amendment (wast)	Provide Explanation in Part 3.)
	213.974.4111	mmoret@bos.lacoi	unty.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation		·		
	Does the agency have a ticl	ket policy? Yes	□No□「	ace Value of I	Each Ticket/Pass $$\frac{3}{2}$	6
	Event Description: Hollywoo			Date(s)9/		
	Event Description:	Provide Title/ Expla	nation	Date(s)		
	Ticket(s)/Pass(es) provided	by agency? Yes	□No⊠□	f no: <u>Hollywoo</u>	d Bowl	
				_	Name of Source	
	Was ticket distribution made	at the behest Yes	□ No 🛛	f yes:	Official's Name (Last, First)	
	of agency official?					
3.	Recipients					
	• Use Section A to identify the agen	cy's department or unit. •	Use Section B to	identify an individ	ual. • Use Section C to iden	tify an outside organization.
	A Name of Agency, Depa	etmont or Unit	Number	Danagha th		
	A. Name of Agency, Depa	aunent of Onit	of Ticket(s)/ Passes	Describe thi	e public purpose made pu	rsuant to the agency's policy
	B. Name of Indi		Number of Ticket(s)/		Identify one of the	following:
	(Landy) 1 314		Passes	1100000	(
					onial Role	
					asial Dala D	7 , [7
				l .	onial Role Other _ ing "Ceremonial Role" or "Other" de	
	Name of Outside Or	manization	Number			
	C. (include address and		of Ticket(s)/ Passes	Describe the	Describe the public purpose made pursuant to the agency's pol	
	Pomona Lyons Club			Per Ticket Po	olicy 5.3 (i)	
			20			
	Verification					
	I have read and understand FP	PC Regulations 18944	.1 and 18942.	l have verified th	hat the distribution set f	orth above, is in accordance
	with the requirements.					
	1 1/1	Meg	an Moret		Ticket Administrator	8/8/18
	Signature of Agency Head or Designation		int Name		Title	(month, day, year)
	Comment					
	Comment:					

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

C	eremonial Role Ever						Document
1.	Agency Name				Date Stamp	Califo	ornia 802
	County of Los Angeles					For	m OUZ
	Division, Department, or Reg	jion (if applicable)				For	Official Use Only
	Board of Supervisors, First	District					
	Designated Agency Contact	(Name,Title)					
	Megan Moret, Ticket Admin	istrator		•	Amendment (M	luet Provide Evelor	nation in Part 21
	Area Code/Phone Number	E-mail			☐ Americanent (W	usi riovide Expiai	iduon in Part 3.,
	213.974.4111	mmoret@bos.lacou	inty.gov		Date of Original Fili	ng:(month, a	lay, year)
2.	Function or Event Infor	mation					
	Does the agency have a tic	ket policy? Yes [J No □ F	ace Value of E	Each Ticket/Pass S	36	· · · · · · · · · · · · · · · · · · ·
	Event Description: Hollywoo			ate(s)/.			
	Event Description.	Provide Title/ Explar	ation	rate(s)/.			
	Ticket(s)/Pass(es) provided	by agency? Yes [] No⊠ If	no: Hollywood			
	NET CONTRACT OF STREET				Name of Source		
	Was ticket distribution made	e at the behest Yes	J No⊠ If	yes:	Official's Name (Last, F	irst)	
	of agency official?						
3.	Recipients		:		- 		
	• Use Section A to identify the ager	ıcy's department or unit. 💌	Use Section B to i	dentify an individu	al. • Use Section C to i	identify an outsid	e organization.
			Number				
	A Name of Agency Den.						
	A. Name of Agency, Department	artment or Unit	of Ticket(s)/ Passes		public purpose made	pursuant to the	agency's policy
	A. Name of Agency, Department of India (Last, Fir	ividual			Identify one of t		agency's policy
	B. Name of Indi	ividual	Passes Number of Ticket(s)/	Ceremo	Identify one of t	the following:	Income
	B. Name of Indi	ividual	Passes Number of Ticket(s)/	Ceremo If checkir Ceremo	Identify one of to the or "Other or	the following:	Income C
	B. Name of Indi	ividual ist)	Passes Number of Ticket(s)/	Ceremo If checkir Ceremo If checkir	identify one of to contain Role Other Officeremonial Role or "Other Other Othe	the following: er or describe below: er er or describe below:	Income C
	B. Name of Indi (Last, Fir	ividual ist)	Number of Ticket(s)/ Passes Number of Ticket(s)/	Ceremo If checkir Ceremo If checkir	Identify one of to contain the	the following: er or describe below: er er or describe below:	Income C
	B. Name of Indi (Last, Fir C. Name of Outside O (include address and Joslyn Senior Center	ividual ist)	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Ceremo if checkir Ceremo if checkir	Identify one of to contain the	the following: er or describe below: er er or describe below:	Income C
	B. Name of Indi (Last, Fir C. Name of Outside O (include address and	rganization description)	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes 40	Ceremo if checkir Ceremo if checkir Describe the Per Ticket Po	Identify one of the onial Role Other or "Other	the following: or describe below: or describe below:	Income [
	B. Name of Indi (Last, Fir C. Name of Outside O (include address and Joslyn Senior Center Verification I have read and understand FP	rganization description)	Number of Ticket(s)/ Passes Number of Ticket(s)/ Passes 40	Ceremo if checkir Ceremo If checkir Describe the Per Ticket Po	Identify one of the onial Role Other or "Other	the following: or describe below: or describe below: pursuant to the	Income C

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions		A Public Document
1. Agency Name	Date Stamp	California 802
County of Los Angeles		Form OUZ
Division, Department, or Region (If applicable)		For Official Use Only
Board of Supervisors, First District		
Designated Agency Contact (Name, Title)		
Megan Moret, Ticket Administrator		

Ĩ	Division, Department, or Re	gion (if applicable)	<u>/</u>			For Official Use Only
E	Board of Supervisors, First	District				
Ĩ	Designated Agency Contact	(Name, Title)				
1	Megan Moret, Ticket Admir	nistrator				
7	Area Code/Phone Number	E-mail			Amendment (Must Pro	ovide Explanation in Part 3.)
2	213.974.4111	mmoret@bos.lacou	inty.gov		Date of Original Filing: _	(month, day, year)
2.	Function or Event Info	rmation	·			
ſ	Does the agency have a tic	ket policy? Yes [□No□	Face Value of	Each Ticket/Pass \$ 36	
E	Event Description: Hollywo	od Bowl		Date(s) 9	, 13 , 18	1 1
		Provide Title/ Explar	nation			
-	Ticket(s)/Pass(es) provided	by agency? Yes [] No ⊠	If no: Hollywoo	Name of Source	
١	Nas ticket distribution mad	e at the behest vac F	T N. 52	If yes:		
	of agency official?	o de the benest fest] No⊠	, 55.	Official's Name (Last, First)	
3.	Recipients				***************************************	. 77 20 20 10 10 10 10 10 10 10 10 10 10 10 10 10
	• Use Section A to identify the age	ncy's department or unit. •	Use Section B to	identify an individ	ual. • Use Section C to identif	y an outside organization.
	A. Name of Agency, Dep	artment or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy
	B. Name of Ind		Number of Ticket(s)/ Passes		Identify one of the fol	llowing:
					onial Role Other Other or "Other" descri	Income In
•					onial Role Other on onial Role or "Other" description of "Ceremonial Role" or "Other" description of the original Role or "Other" description of the original Role of the origina	Income Income
	C. Name of Outside C	· ·	Number of Ticket(s)/ Passes		public purpose made pursu	
-	Gladstone High School		10	Per Ticket Po	olicy 5.3 (i)	
	/erification					
1	have read and understand FF vith the requirements.	PPC Regulations 18944.	1 and 18942.	I have verified ti	nat the distribution set for	th above, is in accordance
****	Signature by Agency Head or Design		an Moret		Ticket Administrator	8/8/18 (month, day, year)
(Comment:					

Agency Report of:

with the requirements

Comment: _

Signature of Agency Head or Designee

C	eremonial Role Ever	nts and Ticket/P	ass Distri	outions	Α	Public Document
1.	Agency Name County of Los Angeles		Date Stamp	California 802 For Official Use Only		
	Division, Department, or Reg	gion (if applicable)				
	Board of Supervisors, First	District				
	Designated Agency Contact	(Name,Title)				
	Megan Moret, Ticket Admir	nistrator	Amendment /t/ust 5	Provide Explanation in Part 3.)		
	Area Code/Phone Number	E-mail			Amendment (wastr	томие Ехріапаціон ін Рап З.)
	213.974.4111	mmoret@bos.lacou	inty.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	rmation				
	Does the agency have a tic	ket policy? Yes [ace Value of	Each Ticket/Pass \$ 36		
	Event Description: Hollywoo	od Bowl Provide Title/ Explar	, 13 , 18			
	Ticket(s)/Pass(es) provided	by agency? Yes	d Bowl Name of Source			
	Was ticket distribution made of agency official?	e at the behest 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, Dep		Number of Ticket(s)/ Passes	,		suant to the agency's policy
	WARRIED TO THE PROPERTY OF TH					
	B. Name of Ind		Number of Ticket(s)/ Passes		Identify one of the f	ollowing:

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)
		,

Megan Moret

Print Name

Ceremonial Role

Ceremonial Role

FPPC Form 802 (2/2016)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Other ___

Other ___

If checking "Ceremonial Role" or "Other" describe below:

If checking "Ceremonial Role" or "Other" describe below:

Ticket Administrator

Income

Income 🔲

8/8/18

(month, day, year)

County of Los Angeles				Date Stamp	California On
County of Los Angeles					California 802
Division, Department, or Re	gion (if applicable)	<u></u>			For Official Use Only
Board of Supervisors, First	District				
Designated Agency Contact	(Name, Title)			•	
Megan Moret, Ticket Admir	nistrator			Amendment (Must Pro	ovide Evaluation in Boxt 2.)
Area Code/Phone Number	E-mail	· · · · · · · · · · · · · · · · · · ·		Amendment (Musi Fre	эмоө ехріалацон ін Рап 3.)
213.974.4111	mmoret@bos.lacou	inty.gov		Date of Original Filing:	(month, day, year)
Function or Event Info	rmation				
Does the agency have a tic	cket policy? Yes [□ No □ F	ace Value of	Each Ticket/Pass \$ 36	
Event Description: Hollywo	od Bowl	Γ)ate(s) 7	<u>, 12 , 18 </u>	1 1
	Provide Title/ Explai	nation			
Ticket(s)/Pass(es) provided	d by agency? Yes [] No ☑ If	no: <u>Hollywoo</u>	d Bowl Name of Source	
Was ticket distribution mad	o at the bahast war	H	yes:		
of agency official?	e at the benest Yes [_INO⊠ "	yes	Official's Name (Last, First)	
A. Name of Agency, Dep	partment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pursi	uant to the agency's policy
B. Name of Inc		Number of Ticket(s)/ Passes		Identify one of the fol	lowing:
		of Ticket(s)/		Identify one of the follonial Role Other of the other oth	Income
		of Ticket(s)/	if check	onial Role Other	Income ribe below:
	irst) Organization	of Ticket(s)/	If check	onial Role Other of the description of the other	Income ribe below:
(Last, Fi	organization d description)	of Ticket(s)/ Passes Number of Ticket(s)/	If check	ionial Role Other or "Other" descring "Ceremonial Role" or "Other" descripe public purpose made pursu	Income ribe below:
C. Name of Outside C	Organization d description) SELA)	Number of Ticket(s)/ Passes	Cerem If check Describe the	onial Role Other or "Other" descripting "Ceremonial Role Other or "Other" descripting "Ceremonial Role" or "Other" descripting "Ceremonial Role" or "Other" descriptions of the purpose made pursuablicy 5.3 (i)	Income ribe below: Income ribe below: Jant to the agency's policy

Agency Report of:

vianina) viah	UI. UI	•				
Ceremonial	Role I	Events	and T	icket/Pass	Distrib	utions

Δ	Pu	hl	lic	Docu	ıme	nf
$\overline{}$						

I. Agency Name			Date Stamp	California 202	
County of Los Angeles				Form OUZ	
Division, Department, or Region (if applicable)		For Official Use Only			
Board of Supervisors, First District	loard of Supervisors, First District				
Designated Agency Contact (Name, Title)					
Megan Moret, Ticket Administrator			Amendment (Must F	Provide Explanation in Part 3.)	
Area Code/Phone Number E-mail			- Indiana	, otto Englandian in Care a.,	
213.974.4111 mmoret@bos.lacou	unty.gov		Date of Original Filing:	(month, day, year)	
2. Function or Event Information					
Does the agency have a ticket policy? Yes	□ No□ F	ace Value of i	Each Ticket/Pass \$ 36	5	
Event Description: Hollywood Bowl		Date(s)/			
Provide Title/ Expla	nation				
Ticket(s)/Pass(es) provided by agency? Yes	□ No 🐼 📙	f no: Hollywoo			
		f.van.	Name of Source		
Was ticket distribution made at the behest Yes	□ No⊠ ⁱⁱ	f yes:	Official's Name (Last, First)		
of agency official?					
3. Recipients					
• Use Section A to identify the agency's department or unit.	Use Section B to	identify an individ	ual. • Use Section C to ident	ify an outside organization.	
A. Name of Agency, Department or Unit	Number of Ticket(s)/	The special section of the	14 \$ 14 4 \$ 14 4 4 12 \$ 14 \$ 14 14 14 14 14 14 14 14 14 14 14 14 14	suant to the agency's policy	
	Passes				
	Number				
B. Name of Individual (Last, First)	of Ticket(s)/ Passes		Identify one of the f	ollowing:	
		1	onial Role Other	Income 🔲	
		If check	ing "Ceremonial Role" or "Other" de	scribe below:	
		1	onial Role Other	· —	
		If check	ing "Ceremonial Role" or "Other" de:	scribe below:	
				<u> </u>	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the	public purpose made pur	suant to the agency's policy	
Hub Citties	Passes	Par Ticket Dr	alicy 5.3 (i)		
Tub Cittles	20	Per Ticket Policy 5.3 (i)			
CA Orange		<u> </u>			
. Verification					
I/have read and understand FPPC Regulations 18944 with the requirements.	.1 and 18942.	i nave verified t	hat the distribution set fo	orth above, is in accordance	
			Tiakat Adambaterer	0/0/40	
<u> </u>	an Moret		Ticket Administrator	8/8/18 (month, day, year)	
Signature of Figure 1 read of Mealgried Figure 1	THE PROPERTY		nuc	(monus, day, year)	
Comment:					

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp **Form** County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: . 213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 36 Does the agency have a ticket policy? Yes ☐ No ☐ Event Description: Hollywood Bowl 12 Date(s) _____7 Provide Title/ Explanation If no: Hollywood Bowl Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🖾 Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 If yes: Official's Name (Last, First) of agency official? 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. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit A. of Ticket(s)/ Passes Number Name of Individual of Ticket(s)/ Identify one of the following:

Passes

Ceremonial Role

Ceremonial Role

Other \square

Other 🔲

If checking "Ceremonial Role" or "Other" describe below.

if checking "Ceremonial Role" or "Other" describe below:

(Last, First)

C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	of Ticket(s)/ Describe the public purpose made pursuant to			
City of South Gate Senior Center	30	Per Ticket Policy 5.3 (i)			
Verification Vhave read and understand FPPC Regulations 1894 with the requirements.	4.1 and 18942. I	have verified that the distribution set forth ab	ove, is in accordance		
with the regularinems.					
	gan Moret	Ticket Administrator	8/8/18		

Income

Income

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions					A Public Document		
١.	Agency Name				Date Stamp	California Q02	
	County of Los Angeles			Form OUZ			
	Division, Department, or Reg	ion (if applicable)		For Official Use Only			
	Board of Supervisors, First I	District					
	Designated Agency Contact	(Name,Title)					
	Megan Moret, Ticket Admin	istrator			Amendment (Must F	Provide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail				Torido Explandion in Fait O.	
	213.974.4111	mmoret@bos.lacou	unty.gov		Date of Original Filing:	(month, day, year)	
2.	Function or Event Infor	mation					
	Does the agency have a tick	ket policy? Yes	□ No□ F	ace Value of	Each Ticket/Pass \$ 36	5	
	Event Description: Hollywoo	od Bowl	С		<u>, 12 , 18</u>		
	Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? Yes □ No ☑ If no: Hollywoo					·····	
	Man tinket distribution or de	o o the balance		vec.	Name of Source		
	Was ticket distribution made at the behest Yes ☐ No ☑ If yes: of agency official?				Official's Name (Last, First)		
3.	Recipients • Use Section A to identify the agen	cy's department or unit.		dentify an individ	lual. • Use Section C to iden	ify an outside organization.	
	A. Name of Agency, Depa	Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy		
	B. Name of Indi (Last, Fir		Number of Ticket(s)/ Passes		Identify one of the f		
					nonial Role		
		***************************************		1	nonial Role Other of Other of Other de.		
	C. Name of Outside O	Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy		
	City of Bell Senior Center		20	Per Ticket Pe	olicy 5.3 (i)		
	Verification I have read and understand FP	PC Regulations 18944	.1 and 18942.	have verified t	hat the distribution set fo	orth above, is in accordance	
	with the requirements.	_				,	
		Meg	an Moret		Ticket Administrator	8/8/18	
	Signature of Agency Head or Design		rint Name		Title	(month, day, year)	

	gency Report of: eremonial Role Events and Ticket/P	ass Dist	ributions	Į.	A Public Document
1.	Agency Name	Date Stamp	California 802		
	County of Los Angeles				
	Division, Department, or Region (if applicable)		For Official Use Only		
	Board of Supervisors, First District				
	Designated Agency Contact (Name, Title)				
	Megan Moret, Ticket Administrator	Amendment (4)	Desired Section 15 Desired		
	Area Code/Phone Number E-mail		☐ Amendment (Must	Provide Explanation in Part 3.)	
	213.974.4111 mmoret@bos.lacou	unty.gov		Date of Original Filing	:(month, day, year)
2.	Function or Event Information				
	Does the agency have a ticket policy? Yes [□No□	Face Value of	Each Ticket/Pass \$ 3	36
	Event Description: Hollywood Bowl		Date(s)7		
	Event Description: Provide Title/ Expla.	nation	Date(s)	/	
			If no: Hollywoo	d Bowl	
				Name of Source	
	Was ticket distribution made at the behest Yes [_ No ⊠	If yes:	Official's Name (Last, First)
	of agency official?			, .	
	A_ Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the	following:
			1	nonial Role	
			i i	nonial Role Other Other Cking "Ceremonial Role" or "Other" o	
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	(s)/ Describe the public purpose made pursuant to the age		ırsuant to the agency's policy
	VA CBOC	20			
-					

4. Verification

I have read and understand FPPC Regulation	ons 18944.1 and 18942. I have	e verified that the distribution set forth a	bove, 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 County of Los Angeles For Official Use Only Division, Department, or Region (if applicable) Board of Supervisors, First District Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number Date of Original Filing: . 213,974,4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 36 Does the agency have a ticket policy? Yes ☐ No ☐ Event Description: Hollywood Bowl Date(s) ____/_ 12 / Provide Title/ Explanation If no: Hollywood Bowl Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛛 Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 Official's Name (Last, First) of agency official? 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. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ **Passes** Number В. Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other 🔲 Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passas Per Ticket Policy 5.3 (i) **UFW** 30

4. Verification

' have nea	and and	underst	and FF	PPC Regulations	18944.1 and 18942.	I have verified that t	the distribution set fort	h above, is in accordance
vith thể re	egùiren	nerlits.	\wedge	/				
	`\	/ \	/ \	/				

Signature of Agency Head or Designee

Megan Moret

Ticket Administrator

8/8/18

nature of Agency Head or Designee

Title

(month, day, year)