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

A Public Document

1. Agency Name

County of Los Angeles

Division, Department, or Region *(if applicable)*

First District, Board of Supervisors

Designated Agency Contact *(Name, Title)*

Megan Moret, Ticket Administrator

Area Code/Phone Number	**E-mail**
213.974.4111	mmoret@bos.lacounty.gov

Date Stamp

California Form 802

For Official Use Only

☐ **Amendment** *(Must Provide Explanation in Part 3.)*

Date of Original Filing: _____ *(month, day, year)*

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass $ 99

Event Description: LA Phil *Provide Title/ Explanation* Date(s) 4 / 5 / 18 ___/___/___

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

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

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Staff	2	Per ticket policy 5.3 (k)

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 "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

4. Verification

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

Signature of Agency Head or Designee	Print Name	Title	*(month, day, year)*
	Megan Moret	Ticket Administrator	5/11/18

Comment: _____

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Division, Department, or Region *(if applicable)*	For Official Use Only
First District, Board of Supervisors	
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:** _____ *(month, day, year)*
213.974.4111 / mmoret@bos.lacounty.gov	

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass $ 99

Event Description: LA Phil *Provide Title/ Explanation* Date(s) 4 / 6 / 18 ___/___/___

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

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

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B. Name of Individual *(Last, First)*	Number of Ticket(s)/ Passes	Identify one of the following:
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First District, Board of Supervisors

Designated Agency Contact *(Name, Title)*

Megan Moret, Ticket Administrator

Area Code/Phone Number	E-mail
213.974.4111	mmoret@bos.lacounty.gov

2. Function or Event Information

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

Face Value of Each Ticket/Pass $ 168

Event Description: LA Phil *(Provide Title/ Explanation)*

Date(s) 4 / 6 / 18 ___/___/___

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

If no: LA Phil *(Name of Source)*

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

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

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
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B. Name of Individual *(Last, First)*	Number of Ticket(s)/ Passes	Identify one of the following:
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2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass $ 99

Event Description: LA Phil *Provide Title/ Explanation* Date(s) 4 / 7 / 18 ___/___/___

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

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

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

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2. Function or Event Information

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

Face Value of Each Ticket/Pass $ 168

Event Description: LA Phil *Provide Title/ Explanation*

Date(s) 4 / 8 / 18 ___/___/___

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

If no: LA Phil *Name of Source*

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

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

3. Recipients

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

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Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass $ 168

Event Description: LA Phil *Provide Title/ Explanation* Date(s) 4 / 8 / 18 ___/___/___

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

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

3. Recipients

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

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

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 "Ceremonial Role" or "Other" describe below:*

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Designated Agency Contact *(Name, Title)*

Megan Moret, Ticket Administrator

Area Code/Phone Number	E-mail
213.974.4111	mmoret@bos.lacounty.gov

2. Function or Event Information

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

Face Value of Each Ticket/Pass $ 99

Event Description: LA Phil *(Provide Title/ Explanation)*

Date(s) 4 / 13 / 18 ___/___/___

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

If no: LA Phil *(Name of Source)*

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

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

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Staff	2	Per ticket policy 5.3 (k)

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:*
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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 $ 99

Event Description: LA Phil *Provide Title/ Explanation* Date(s) 4 / 14 / 18 ___/___/___

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

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

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Staff	2	Per ticket policy 5.3 (k)

B. Name of Individual *(Last, First)*	Number of Ticket(s)/ Passes	Identify one of the following:
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2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass $ 168

Event Description: LA Phil *Provide Title/ Explanation* Date(s) 4 / 14 / 18 ___/___/___

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

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

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Staff	2	Per ticket policy 5.3 (k)

B. Name of Individual *(Last, First)*	Number of Ticket(s)/ Passes	Identify one of the following:
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Area Code/Phone Number	**E-mail**
213.974.4111	mmoret@bos.lacounty.gov

2. Function or Event Information

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

Face Value of Each Ticket/Pass $ 168

Event Description: LA Phil *(Provide Title/ Explanation)*

Date(s) 4 / 15 / 18 ___/___/___

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

If no: LA Phil *(Name of Source)*

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

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

3. Recipients

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

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Area Code/Phone Number / **E-mail**	**Date of Original Filing:** _____ *(month, day, year)*
213.974.4111 / mmoret@bos.lacounty.gov	

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass $ 99

Event Description: LA Phil *Provide Title/ Explanation* Date(s) 4 / 15 / 18 ___/___/___

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

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2. Function or Event Information

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

Face Value of Each Ticket/Pass $ 99

Event Description: LA Phil *Provide Title/ Explanation*

Date(s) 4 / 19 / 18 ___/___/___

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

If no: LA Phil *Name of Source*

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

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

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Staff	2	Per ticket policy 5.3 (k)

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 "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

4. Verification

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

Signature of Agency Head or Designee	Print Name	Title	*(month, day, year)*
	Megan Moret	Ticket Administrator	5/11/18

Comment: _____

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

A Public Document

Date Stamp	California Form **802** For Official Use Only

1. Agency Name

County of Los Angeles

Division, Department, or Region *(if applicable)*

First District, Board of Supervisors

Designated Agency Contact *(Name, Title)*

Megan Moret, Ticket Administrator

Area Code/Phone Number	E-mail
213.974.4111	mmoret@bos.lacounty.gov

☐ **Amendment** *(Must Provide Explanation in Part 3.)*

Date of Original Filing: _____ *(month, day, year)*

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass $ 99

Event Description: LA Phil *Provide Title/ Explanation* Date(s) 4 / 20 / 18 ___/___/___

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

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

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Staff	2	Per ticket policy 5.3 (k)

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 "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

4. Verification

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

Signature of Agency Head or Designee	Print Name	Title	*(month, day, year)*
	Megan Moret	Ticket Administrator	5/11/18

Comment: _____

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

A Public Document

1. Agency Name

County of Los Angeles

Division, Department, or Region *(if applicable)*

First District, Board of Supervisors

Designated Agency Contact *(Name, Title)*

Megan Moret, Ticket Administrator

Area Code/Phone Number	E-mail
213.974.4111	mmoret@bos.lacounty.gov

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☐ **Amendment** *(Must Provide Explanation in Part 3.)*

Date of Original Filing: _____ *(month, day, year)*

2. Function or Event Information

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

Face Value of Each Ticket/Pass $ 168

Event Description: LA Phil *Provide Title/ Explanation*

Date(s) 4 / 21 / 18 ___/___/___

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

If no: LA Phil *Name of Source*

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

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

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Staff	2	Per ticket policy 5.3 (k)

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 "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

4. Verification

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

Signature of Agency Head or Designee	Print Name	Title	*(month, day, year)*
	Megan Moret	Ticket Administrator	5/11/18

Comment: _____

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

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County of Los Angeles

Division, Department, or Region *(if applicable)*

First District, Board of Supervisors

Designated Agency Contact *(Name, Title)*

Megan Moret, Ticket Administrator

Area Code/Phone Number	E-mail
213.974.4111	mmoret@bos.lacounty.gov

☐ **Amendment** *(Must Provide Explanation in Part 3.)*

Date of Original Filing: _____ *(month, day, year)*

2. Function or Event Information

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

Face Value of Each Ticket/Pass $ 99

Event Description: LA Phil *Provide Title/ Explanation*

Date(s) 4 / 22 / 18 ___/___/___

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

If no: LA Phil *Name of Source*

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

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

3. Recipients

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Staff	2	Per ticket policy 5.3 (k)

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 "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

4. Verification

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

Signature of Agency Head or Designee	Print Name	Title	*(month, day, year)*
	Megan Moret	Ticket Administrator	5/11/18

Comment: _____

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

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1. Agency Name	Date Stamp
County of Los Angeles	California Form **802**
Division, Department, or Region *(if applicable)*	For Official Use Only
First District, Board of Supervisors	
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:** _____ *(month, day, year)*
213.974.4111 / mmoret@bos.lacounty.gov	

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass $ 168

Event Description: LA Phil *Provide Title/ Explanation* Date(s) 4 / 22 / 18 ___/___/___

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

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

3. Recipients

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

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

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 "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

4. Verification

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

Signature of Agency Head or Designee	Print Name	Title	*(month, day, year)*
	Megan Moret	Ticket Administrator	5/11/18

Comment: _____

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Date of Original Filing: _____ *(month, day, year)*

2. Function or Event Information

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

Face Value of Each Ticket/Pass $ 168

Event Description: LA Phil *Provide Title/ Explanation*

Date(s) 4 / 26 / 18 ___/___/___

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

If no: LA Phil *Name of Source*

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

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

3. Recipients

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

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

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 "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

4. Verification

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Signature of Agency Head or Designee	Print Name	Title	*(month, day, year)*
	Megan Moret	Ticket Administrator	5/11/18

Comment: _____

Agency Report of:
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2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass $ 168

Event Description: LA Phil *Provide Title/ Explanation* Date(s) 4 / 27 / 18 ___/___/___

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

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

3. Recipients

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

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

B. Name of Individual *(Last, First)*	Number of Ticket(s)/ Passes	Identify one of the following:
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Signature of Agency Head or Designee	Print Name	Title	*(month, day, year)*
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Date of Original Filing: _____ *(month, day, year)*

2. Function or Event Information

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

Face Value of Each Ticket/Pass $ 168

Event Description: LA Phil *Provide Title/ Explanation*

Date(s) 4 / 28 / 18 ___/___/___

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

If no: LA Phil *Name of Source*

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

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

3. Recipients

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

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

B. Name of Individual *(Last, First)*	Number of Ticket(s)/ Passes	Identify one of the following:
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Signature of Agency Head or Designee	Print Name	Title	*(month, day, year)*
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Comment: _____

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1. Agency Name

County of Los Angeles

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First District, Board of Supervisors

Designated Agency Contact *(Name, Title)*

Megan Moret, Ticket Administrator

Area Code/Phone Number	E-mail
213.974.4111	mmoret@bos.lacounty.gov

2. Function or Event Information

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

Face Value of Each Ticket/Pass $ 168

Event Description: LA Phil
Provide Title/ Explanation

Date(s) 4 / 29 / 18 ___/___/___

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

If no: LA Phil
Name of Source

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

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

3. Recipients

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

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

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:*
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	Megan Moret	Ticket Administrator	5/11/18

Comment: _____