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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $30
   Event Description: LA Phil
   Date(s) 8 / 6 / 18
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: LA Phil
   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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/ Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>staff</td>
<td>2</td>
<td>Per Ticket Policy 5.3 (k)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/ Passes</th>
<th>Identify one of the following:</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/ Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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</thead>
</table>

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

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

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

1. Agency Name
   County of Los Angeles
   Board of Supervisors, First District
   Designated Agency Contact (Name, Title)
   Megan Moret, Ticket Administrator

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes [ ] No [x]
   Face Value of Each Ticket/Pass $30
   Event Description: LA Phil
   Date(s) 8 / 6 / 18
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   If no: LA Phil
   Name of Source
   If yes: ____________________________________________
   Official's Name (Last, First)
   Was ticket distribution made at the behest of agency official? Yes [ ] No [x]

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

   Megan Moret
   Print Name
   Ticket Administrator
   Title
   8/6/18 (month, day, year)

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

1. Agency Name
   County of Los Angeles
   Division, Department, or Region (If applicable)
   Board of Supervisors, First District
   Designated Agency Contact (Name, Title)
   Megan Moret, Ticket Administrator
   Area Code/Phone Number
   213.974.4111
   E-mail
   mmoret@bos.lacounty.gov

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Event Description: LA Phil
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Was ticket distribution made at the behest of agency official? Yes ☐ No ☒
   Face Value of Each Ticket/Pass $ 30
   Date(s) 8 / 6 / 18

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:

   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
   Megan Moret
   Print Name
   Ticket Administrator
   Title
   8/8/18
   (month, day, year)

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

2. **Function or Event Information**
   
   **Does the agency have a ticket policy?**
   Yes [ ] No [x]
   
   **Event Description:** LA Phil
   
   **Face Value of Each Ticket/Pass:** $30
   
   **Date(s):** 8/6/18
   
   **Was ticket distribution provided by agency?**
   Yes [x] No [ ]
   
   **Name of Source**
   
   **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 [ ]
   
   **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**
   
   **Megan Moret**
   
   **Ticket Administrator**
   
   **Print Name**
   
   **Title**
   
   **Date:** 8/8/18
   
   **(month, day, year)**
   
   **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

**Agency Name:**
County of Los Angeles

**Division, Department, or Region (if applicable):**
Board of Supervisors, First District

**Designated Agency Contact (Name, Title):**
Megan Moret, Ticket Administrator

**Area Code/Phone Number:**
213.974.4111

**E-mail:**
mmoret@bos.lacounty.gov

**Face Value of Each Ticket/Pass:**
$30

**Date(s):**
8/6/18

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

---

## Function or Event Information

**Event Description:**
LA Phil

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

**Name of Source:**
LA Phil

**Official's Name (Last, First):**

---

## 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:

---

### 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
---

---

## Verification

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

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

---

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

1. Agency Name
County of Los Angeles
Division, Department, or Region (if applicable)
Board of Supervisors, First District
Designated Agency Contact (Name, Title)
Megan Moret, Ticket Administrator
Area Code/Phone Number E-mail
213.974.4111 mmoret@bos.lacounty.gov

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☐
Face Value of Each Ticket/Pass $ 120
Event Description: LA Phil
Date(s) 8 / 9 / 18
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: LA Phil
Was ticket distribution made at the behest of agency official? Yes ☐ No ☒
If yes: Name of Source
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.

<table>
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<tr>
<th>A. Name of Agency, Department or Unit</th>
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<tbody>
<tr>
<td>staff</td>
<td>4</td>
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</tr>
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</table>

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<tr>
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<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
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<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
</tbody>
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<th>C. Name of Outside Organization (include address and description)</th>
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4. Verification
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
Megan Moret Ticket Administrator 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**
   - County of Los Angeles
   - Division, Department, or Region (if applicable): Board of Supervisors, First District
   - Designated Agency Contact (Name, Title): Megan Moret, Ticket Administrator
   - Area Code/Phone Number: 213.974.4111
   - E-mail: mmoret@bos.lacounty.gov

2. **Function or Event Information**
   - Does the agency have a ticket policy? Yes □ No □
   - Event Description: LA Phil
   - Face Value of Each Ticket/Pass $ 70
   - Ticket(s)/Pass(es) provided by agency? Yes □ No □
   - Was ticket distribution made at the behest of agency official? Yes □ No □
   - Date(s): 8 / 9 / 18

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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
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<th>Describe the public purpose made pursuant to the agency’s policy</th>
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<tbody>
<tr>
<td>staff</td>
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<td>Per Ticket Policy 5.3 (k)</td>
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<tbody>
<tr>
<td>Ceremonial Role □ Other □ Income □</td>
<td></td>
<td></td>
</tr>
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4. **Verification**
   - I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   - Signature of Agency Head or Designee: [Signature]
   - Megan Moret
   - Ticket Administrator
   - Print Name: [Print Name]
   - Title: [Title]
   - Date: 8/8/18 (month, day, year)

Comment: [Comment]
### 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

   **Area Code/Phone Number**
   - 213.974.4111

   **E-mail**
   - mmoret@bos.lacounty.gov

2. **Function or Event Information**

   Does the agency have a ticket policy?  Yes [ ]  No [X]

   **Event Description:** LA Phil

   **Face Value of Each Ticket/Pass $70**

   **Date(s)** 8 / 9 / 18

   **Ticket(s)/Pass(es) provided by agency?**  Yes [ ]  No [X]

   **If no:** LA Phil

   **Name of Source**

   **Was ticket distribution made at the behest of agency official?**  Yes [ ]  No [X]

   **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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4. **Verification**

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   **Signature of Agency Head or Designee:**
   - Signature

   **Megan Moret**
   - Print Name

   **Ticket Administrator**
   - Title

   **8/9/18**
   - (month, day, year)

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☐
Face Value of Each Ticket/Pass $ __________
Event Description: LA Phil
Event(s) Date(s) 8 / 9 / 18
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☐
If no: LA Phil
Was ticket distribution made at the behest of agency official? Yes ☐ No ☐
If yes: __________________________
Name of Source
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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<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
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<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
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<td></td>
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4. Verification
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

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

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

1. Agency Name
   County of Los Angeles
   Board of Supervisors, First District
   Megan Moret, Ticket Administrator
   Area Code/Phone Number: 213.974.4111
   E-mail: mmoret@bos.lacounty.gov

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☑
   Face Value of Each Ticket/Pass $120
   Event Description: LA Phil
   Date(s) 8 / 10 / 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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<tr>
<th>A. Name of Agency, Department or Unit</th>
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<td>Ceremonial Role ☐ Other ☐</td>
</tr>
<tr>
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<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐</td>
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   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Signature of Agency Head or Designee

   Megan Moret
   Ticket Administrator
   8/8/18 (month, day, year)

   Comment:

   FPPC Form 802 (2/2016)
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
## Agency Name
County of Los Angeles

**Division, Department, or Region (If Applicable)**
Board of Supervisors, First District

**Designated Agency Contact (Name, Title)**
Megan Moret, Ticket Administrator

**Area Code/Phone Number**
213.974.4111

**E-mail**
mmoret@bos.lacounty.gov

---

### 2. Function or Event Information

**Does the agency have a ticket policy?**
Yes [ ] No [x]

**Face Value of Each Ticket/Pass $** 70

**Event Description:** LA Phil

**Date(s) 8 / 10 / 18**

**Ticket(s)/Pass(es) provided by agency?**
Yes [ ] No [x]

**If no:**

**Name of Source**

**If yes:**

**Official's Name (Last, First)**

---

### 3. Recipients

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

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### 4. Verification

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

**Signature of Agency Head or Designee**
Megan Moret

**Print Name**
Ticket Administrator

**Title**

**Date 8/8/18**

(month, day, year)
Agency Name
County of Los Angeles
Division, Department, or Region (if applicable)
Board of Supervisors, First District
Designated Agency Contact (Name, Title)
Megan Moret, Ticket Administrator
Area Code/Phone Number 213.974.4111
E-mail mmoret@bos.lacounty.gov

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☐
Face Value of Each Ticket/Pass $70
Event Description: LA Phil
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Date(s) 8 / 10 / 18
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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>staff</td>
<td>2</td>
<td>Per Ticket Policy 5.3 (k)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other: ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
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<td></td>
<td>Ceremonial Role ☐ Other: ☐ Income ☐</td>
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<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
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<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
</tr>
</tbody>
</table>

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

Signature of Agency Head or Designee: Megan Moret
Print Name: Ticket Administrator
Title: 8/8/18
(month, day, year)
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
Area Code/Phone Number
213.974.4111
E-mail
mmoret@bos.lacounty.gov

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☐
Face Value of Each Ticket/Pass $ 70
Event Description: LA Phil
Provide Title/Explanation
Date(s) 8 / 10 / 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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<th>Name of Agency, Department or Unit</th>
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<td>Per Ticket Policy 5.3 (k)</td>
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4. Verification
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

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

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

1. Agency Name
   County of Los Angeles
   Board of Supervisors, First District
   Megan Moret, Ticket Administrator

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

   Date Stamp

2. Function or Event Information
   Does the agency have a ticket policy?  Yes  No
   Face Value of Each Ticket/Pass $ 130
   Event Description: LA Phil
   Date(s) 8 / 11 / 18
   Ticket(s)/Pass(es) provided by agency?  Yes  No
   If no: LA Phil
   Name of Source
   If yes: ________________
   Official’s Name (Last, First)

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

   A. Name of Agency, Department or Unit
      Staff
      Number of Ticket(s)/Passes: 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
      Ceremonial Role  Other  Income
      Ceremonial Role  Other  Income
      Ceremonial Role  Other  Income

   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: Megan Moret
   Title: Ticket Administrator
   Date: 8/8/18

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

1. Agency Name
   County of Los Angeles
   Board of Supervisors, First District
   Megan Moret, Ticket Administrator

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

   Date Stamp
   California Form 802
   For Official Use Only
   Amendment: (Must Provide Explanation in Part 3.)
   Date of Original Filing: (month, day, year)

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Face Value of Each Ticket/Pass: $130
   Event Description: LA Phil
   Date(s): 8/11/18
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: LA Phil
   Name of Source
   If yes: Official’s Name (Last, First)

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

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

   Signature of Agency Head or Designee: [Signature]
   Megan Moret
   Print Name
   Ticket Administrator
   Title
   6/8/18
   (month, day, year)

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

2. **Function or Event Information**
   Does the agency have a ticket policy? **Yes □ No □**
   **Face Value of Each Ticket/Pass** $130
   **Event Description**: LA Phil
   **Date(s)** 8 / 11 / 18
   **Ticket(s)/Pass(es) provided by agency?** Yes □ No □
   **Name of Source**
   **Was ticket distribution made at the behest of agency official?** Yes □ No □
   **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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<tr>
<th>A. Name of Agency, Department or Unit</th>
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4. **Verification**
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

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

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

1. Agency Name
   County of Los Angeles
   Board of Supervisors, First District
   Megan Moret, Ticket Administrator
   Area Code/Phone Number: 213.974.4111
   E-mail: mmoret@bos.lacounty.gov

2. Function or Event Information
   Does the agency have a ticket policy? Yes □ No □
   Face Value of Each Ticket/Pass $ 80
   Event Description: LA Phil
   Date(s): 8/11/18
   Ticket(s)/Pass(es) provided by agency? Yes □ No □
   If no: LA Phil
   Was ticket distribution made at the behest of agency official? Yes □ No □

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: Megan Moret
   Print Name: Ticket Administrator
   Title: 8/8/18
   (month, day, year)

Comment:
### Agency Report of:

ceremonial Role Events and Ticket/Pass Distributions

**1. Agency Name**
- County of Los Angeles
- Board of Supervisors, First District
- Megan Moret, Ticket Administrator

**2. Function or Event Information**
- **Does the agency have a ticket policy?** Yes [ ] No [ ]
- **Face Value of Each Ticket/Pass**: $140
- **Event Description**: LA Phil
- **Date(s)**: 8/12/18
- **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [X]
- **Name of Source**: LA Phil
- **Was ticket distribution made at the behest of agency official?** Yes [ ] No [X]

**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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<tr>
<th>A. Name of Agency, Department or Unit</th>
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<tr>
<th>B. Name of Individual (Last, First)</th>
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<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
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<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
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**4. Verification**

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

Signature of Agency Head or Designee: [Signature]

Megan Moret, Print Name: [Print Name]

Ticket Administrator, Title: [Title]

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

Comment: [Comment]
### 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
Area Code/Phone Number
213.974.4111
E-mail
mmoret@bos.lacounty.gov

#### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes [ ] No [x]  
  - Face Value of Each Ticket/Pass $75
- **Event Description:** LA Phil  
  - Provide Title/Explanation
- **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [x]
- **Was ticket distribution made at the behest of agency official?** Yes [ ] No [x]
  - Date(s) 8 / 12 / 18
  - Name of Source
  - 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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<th>A.</th>
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|    |                                  |                             | Ceremonial Role [ ] Other [ ] | Income [ ]
  |    |                                  |                             | If checking "Ceremonial Role" or "Other" describe below: |

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

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $75
   Event Description: LA Phil
   Date(s) 8 / 12 / 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
   Megan Moret
   Print Name
   Ticket Administrator
   Title
   8/8/18
   (month, day, year)

Comment:
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
   E-mail
   mmoret@bos.lacounty.gov

2. Function or Event Information
   Does the agency have a ticket policy? Yes [square] No [square]
   Face Value of Each Ticket/Pass $75
   Event Description: LA Phil
   If no: LA Phil
   Date(s) 8/12/18
   Ticket(s)/Pass(es) provided by agency? Yes [square] No [square]
   Name of Source
   Was ticket distribution made at the behest of agency official? Yes [square] No [square]
   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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Signature of Agency Head or Designee ____________________________
Megan Moret
Print Name
Ticket Administrator
Title
8/8/18
(month, day, year)

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

1. Agency Name
   County of Los Angeles
   Division, Department, or Region (if applicable)
   Board of Supervisors, First District
   Designated Agency Contact (Name, Title)
   Megan Moret, Ticket Administrator
   Area Code/Phone Number 213.974.4111
   E-mail mmoret@bos.lacounty.gov

2. Function or Event Information
   Does the agency have a ticket policy? [ ] Yes [ ] No
   Face Value of Each Ticket/Pass $30
   Event Description: LA Phil
   Date(s) 8/17/18
   Ticket(s)/Pass(es) provided by agency? [ ] Yes [ ] No
   Name of Source
   Was ticket distribution made at the behest of agency official? [ ] Yes [ ] No
   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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<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking 'Ceremonial Role' or 'Other' describe below:</td>
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</tbody>
</table>

<table>
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<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>

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: [Signature]
   Print Name: Megan Moret
   Title: Ticket Administrator
   Date: 8/8/18

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

1. Agency Name
   County of Los Angeles  
   Board of Supervisors, First District  
   Megan Moret, Ticket Administrator

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes [ ] No [x]
   Face Value of Each Ticket/Pass: $15
   Event Description: LA Phil
   Date(s): 8 / 17 / 18
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   If no: LA Phil
   Name of Source
   Was ticket distribution made at the behest of agency official? Yes [ ] No [x]
   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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>staff</td>
<td>4</td>
<td>Per Ticket Policy 5.3 (k)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
</tbody>
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4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

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

Comment: ____________________________
1. Agency Name
   County of Los Angeles
   Board of Supervisors, First District
   Megan Moret, Ticket Administrator
   Area Code/Phone Number: 213.974.4111
   E-mail: mmoret@bos.lacounty.gov

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $40
   Event Description: LA Phil
   Date(s): 8/18/18
   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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
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<th>Identify one of the following:</th>
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<tbody>
<tr>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
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<tr>
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4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee: ____________________________
   Print Name: Megan Moret
   Title: Ticket Administrator
   Date: 8/8/18

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

1. Agency Name
   County of Los Angeles
   Board of Supervisors, First District
   Megan Moret, Ticket Administrator

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

Date Stamp

California Form 802
For Official Use Only

Amendment (Must Provide Explanation in Part 3)

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes □ No □
   Face Value of Each Ticket/Pass $70
   Event Description: LA Phil
   Date(s) 8/18/18
   Ticket(s)/Pass(es) provided by agency? Yes □ No □
   If no: LA Phil
   Name of Source
   If yes: Official's Name (Last, First)

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
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<tr>
<td>staff</td>
<td>2</td>
<td>Per Ticket Policy 5.3 (k)</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>B. Name of Individual (Last, First)</th>
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<th>Identify one of the following:</th>
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<tr>
<td></td>
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<td>Ceremonial Role □ Other □ Income □</td>
</tr>
</tbody>
</table>
|                                    |                             | If checking “Ceremonial Role” or “Other” describe below:
|                                    |                             | Ceremonial Role □ Other □ Income □ |
|                                    |                             | If checking “Ceremonial Role” or “Other” describe below:

<table>
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<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
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4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee: [Signature]
Megan Moret
Ticket Administrator
(Title)
[Print Name]
[Signature]
[Print Name]

6/8/18 (month, day, year)

Comment:

FPPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
1. Agency Name
   County of Los Angeles
   Division, Department, or Region (if applicable)
   Board of Supervisors, First District
   Designated Agency Contact (Name, Title)
   Megan Moret, Ticket Administrator
   Area Code/Phone Number 213.974.4111
   E-mail mmoret@bos.lacounty.gov

2. Function or Event Information
   Does the agency have a ticket policy? Yes [ ] No [ ]
   Face Value of Each Ticket/Pass $70
   Event Description: LA Phil
   Date(s) 8 / 18 / 18
   Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
   If no: LA Phil
   Name of Source
   If yes: Official's Name (Last, First)

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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<tr>
<td>staff</td>
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<td>Per Ticket Policy 5.3 (k)</td>
</tr>
</tbody>
</table>

   | B. Name of Individual                 | Number of Ticket(s)/Passes | 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:     |

   | C. Name of Outside Organization      | Number of Ticket(s)/Passes | Describe the public purpose made pursuant to the agency's policy |
   | (Include address and description)    |                           |                                                               |

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Megan Moret
   Print Name
   Ticket Administrator
   Title
   8/8/18 (month, day, year)
   Comment:
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   County of Los Angeles
   Board of Supervisors, First District
   Megan Moret, Ticket Administrator
   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 $70
   Event Description: LA Phil
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Date(s) 8 / 18 / 18
   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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<tr>
<th>A. Name of Agency, Department or Unit</th>
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<tr>
<th>B. Name of Individual (Last, First)</th>
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4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee: Megan Moret
   Print Name: Ticket Administrator
   Title: 8/8/18
   (month, day, year)

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

1. Agency Name
   County of Los Angeles
   Board of Supervisors, First District
   Megan Moret, Ticket Administrator
   Area Code/Phone Number: 213.974.4111
   E-mail: mmoret@bos.lacounty.gov

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Event Description: LA Phil
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Was ticket distribution made at the behest of agency official? Yes ☐ No ☒
   Face Value of Each Ticket/Pass $ 140
   Date(s) 8 / 19 / 18
   If no: LA Phil
   Name of Source
   If yes: Official's Name (Last, First)

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

<table>
<thead>
<tr>
<th>A.</th>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
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4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

   Signature of Agency Head or Designee: Megan Moret
   Ticket Administrator: 8/8/18
   Print Name: Ticket Administrator
   Title: 8/8/18

Comment: 
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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☑
   Face Value of Each Ticket/Pass $75
   Event Description: LA Phil
   Provide Title/Explanation
   Date(s): 8 / 19 / 18
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Name of Source
   If no: LA Phil
   If yes: Official’s Name (Last, First)
   Was ticket distribution made at the behest of agency official? Yes ☐ No ☑

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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
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4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee: [Signature]
Megan Moret: Print Name
Ticket Administrator: Title
5/8/18 (month, day, year)

Comment: [Comment]
**Agency Report of:**

**Ceremonial Role Events and Ticket/Pass Distributions**

**1. Agency Name**
- County of Los Angeles
- Division, Department, or Region: Board of Supervisors, First District
- Designated Agency Contact: Megan Moret, Ticket Administrator
- Area Code/Phone Number: 213.974.4111
- E-mail: mmoret@bos.lacounty.gov

**2. Function or Event Information**
- Does the agency have a ticket policy? Yes ☐ No ☐
- Face Value of Each Ticket/Pass: $75
- Event Description: LA Phil
- Date(s): 8/19/18
- Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
- If no: LA Phil
- Name of Source: ________
- If yes: ________
- Official's Name (Last, First): ________

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
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**4. Verification**

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

Signature of Agency Head or Designee: ____________

Megan Moret

Ticket Administrator

Print Name: ____________

Title: ____________

Date: 8/8/18

(month, day, year)

Comment: ____________

FPPC Form 802 (2/2016)

FPPC Toll-Free Helpline: 866/ASK-FFPC (866/275-3772)
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
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 $ 75
Event Description: LA Phil
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency?  Yes ☐ No ☒
Date(s) 8 / 19 / 18
If no: LA Phil
Name of Source
If yes: __________________________
Official’s Name (Last, First)

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

A. Name of Agency, Department or Unit Number of Ticket(s)/ 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:

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 Megan Moret Print Name Ticket Administrator Title 8/8/18 (month, day, year)

Comment: __________________________

FPPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)