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 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 \$ 168 Does the agency have a ticket policy? Yes⊠ No 🗆 Event Description: LA Phil Date(s) __1_/_ 19 Provide Title/ Explanation If no: LA Phil 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 A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Staff Per ticket policy 5.3 (k) 2 Number Name of Individual B. 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 C. of Ticket(s)/ (include address and description) Passes

4. Verification

with the requirements.			
11// 02/11/1//	Megan Moret	Ticket Administrator	2.2.18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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

FPPC Form 802 (2/2016)

Agency Report of:

C	eremonial Role Even	its and Ticket/P	ass Distr	ibutions		Public Document
1.	Agency Name				Date Stamp	California 802
	County of Los Angeles					Form OUZ
	Division, Department, or Reg	j ion (if applicable)	•		[For Official Use Only
	Board of Supervisors, First	District				
	Designated Agency Contact	(Name, Title)				
	Megan Moret, Ticket Admin	istrator	Amandment (the	Provide Explanation in Part 3.)		
	Area Code/Phone Number			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 Infor	mation				
	Does the agency have a tic	ket policy? Yes	X No ☐ F	ace Value of	Each Ticket/Pass \$ $\frac{9}{4}$	9
	Event Description: LA Phil		Г	Data(e) 1	<u>, 19 , 18 </u>	, ,
	Event Description.	Provide Title/ Expla	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes	□ No 🗵 🍴	f no: <u>LA Phil</u>		
				F.,,,,,,	Name of Source	
	Was ticket distribution made of agency official?	e at the behest Yes	□ No 🖾 🛚 I	f yes:	Official's Name (Last, First)	
3.	Recipients			<u> </u>		
	Use Section A to identify the ager	ncy's department or unit. •	ual. • Use Section C to iden	tify an outside organization.		
	A. Name of Agency, Department or Unit of T			Describe th	e public purpose made pu	rsuant to the agency's policy
	Staff		2	Per ticket po	licy 5.3 (k)	
			Number			
	B. Name of Ind (Last, Fir		of Ticket(s)/ Passes		Identify one of the	following:
				l .	nonial Role Other C	
				1	nonial Role Other C	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe the	e public purpose made pu	rsuant to the agency's policy
4.	Verification					
	I have read and understand FF with the requirements.	PPC Regulations 18944	.1 and 18942.	I have verified t	hat the distribution set f	orth above, is in accordance
	Signature of Agency Heat or Design		an Moret		Ticket Administrator	2.2.18 (month, day, year)
	Signature of Agency preation Design	ree P	un (vairie		rale	(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 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 \$ 99 Does the agency have a ticket policy? Yes 🛛 No 🗍 Event Description: LA Phil Date(s) _____/_ Provide Title/ Explanation If no: LA Phil 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)/ Α. Passes Staff Per ticket policy 5.3 (k) 2 Number Name of Individual В. identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other \square 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) Passes

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

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 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 \$ 99 Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description: LA Phil Date(s) ____/_ Provide Title/ Explanation If no: LA Phil Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛛 Was ticket distribution made at the behest Yes ☐ No 🗵 If yes: . 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 Α. of Ticket(s)/ **Passes** Staff Per ticket policy 5.3 (k) 2 Number Name of Individual В. 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 of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) **Passes**

- 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	Ticket Administrator	2.2.18
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 \$ 168 Does the agency have a ticket policy? Yes 🛛 No 🗍 Event Description: LA Phil Date(s) ____/ 20 Provide Title/ Explanation If no: LA Phil Ticket(s)/Pass(es) provided by agency? Yes 🔲 No 🛛 Name of Source Was ticket distribution made at the behest Yes ☐ No ☑ If yes: _ 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 Α. of Ticket(s)/ **Passes** Staff Per ticket policy 5.3 (k) 2 Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) Passes Other Ceremonial Role 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

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

Signature of Agency Head or Designee

Megan Moret

Ticket Administrator

2.2.18

Print Name

Title

(month, day, year)

Comment: _

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

ocicinoma Noic Events and Ticketh ass Distribution	113 A	rubiic Documen
I. Agency Name	Date Stamp	California 802
County of Los Angeles		Form OUZ
Division, Department, or Region (if applicable)		For Official Use Only

i. Agency Hame				Date Stamp	California () (12)
County of Los Angeles					Form 802
Division, Department, or Region	n (if applicable)]	For Official Use Only
Board of Supervisors, First District					
Designated Agency Contact (Na					
Megan Moret, Ticket Administ				Amendment (Must Pi	ovide Explanation in Part 3.)
	-mail				
213.974.4111 r	nmoret@bos.lacou 	nty.gov		Date of Original Filing:	(month, day, year)
2. Function or Event Inform	ation			4.0	^
Does the agency have a ticker	t policy? Yes [2	No ☐ F	ace Value of	Each Ticket/Pass \$ 16	Ŏ
Event Description: LA Phil			Date(s)	<u>, 20 , 18 </u>	1 1
	Provide Title/ Explan	ation			
Ticket(s)/Pass(es) provided by	/ agency? Yes [J No ⊠ I	f no: LA Phil	Name of Source	
Was ticket distribution made a	t the behest Yes F		f yes:	Official's Name (Last, First)	
of agency official?	.002	o		Official's Name (Last, First)	
3. Recipients				· ·	
 Use Section A to identify the agency 	's department or unit. • 1	Use Section B to i	identify an individ	ual. • Use Section C to identi	fy an outside organization.
		Number			***************************************
A Name of Agency, Departr	nent or Unit	of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy
Staff		^	Per ticket po	licy 5.3 (k)	
		2			
		Number			
B. Name of Individ	luai	of Ticket(s)/ Passes		Identify one of the fo	llowing:
			Cerem	onial Role Other	Income 🔲
			If check	ing "Ceremonial Role" or "Other" des	cribe below:
			1	ionial Role	Income
			7 07000	ing continuina role at contract	sibe below.
Name of Outside Orga	nization	Number			
C. (include address and de		of Ticket(s)/ Passes	Describe the	e public purpose made purs	uant to the agency's policy
				·····	
. Verification					
I have read and understand FPPC with the requirements.	Regulations 18944.	1 and 18942.	I have verified t	hat the distribution set fo	rth above, is in accordance
with the requirements.	1				
Signature of Agency Head or Designee	<u> </u>	an Moret nt Name		Ticket Administrator	2.2.18 (month, day, year)
Signature of Agonoy fread of Designee	rıı	III NGIND		HUG	(month, day, year)
Comment:					

	Agency Name				D-4- Ct	California
					Date Stamp	California 802
	County of Los Angeles			·····		For Official Use Only
		Division, Department, or Region (if applicable)				Por Official Use Offig
	Board of Supervisors, First					
	Designated Agency Contact					
	Megan Moret, Ticket Admir	nistrator			Amendment (Must	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 Info	rmation				
	Does the agency have a tic	ket policy? Yes	No □ 「	Face Value of I	Each Ticket/Pass \$ [©]	99
	Event Description: LA Phil		-	Date(s)		, ,
	Event Description.	Provide Title/ Explai	nation	Jate(5)		
	Ticket(s)/Pass(es) provided	by agency? Yes [J No⊠ J	f no: <u>LA Phil</u>		
					Name of Source	
	Was ticket distribution mad	e at the behest Yes [J No⊠ ^I	f yes:	Official's Name (Last, First)
	of agency official?					
	A. Name of Agency, Dep	artment or Unit	Number of Ticket(s)/ Passes	Per ticket pol		rsuant to the agency's policy
	B. Name of Ind (Last, Fi		Number of Ticket(s)/ Passes		Identify one of the	
				i .	onial Role	
				1	onial Role	
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe the	e public purpose made pu	rsuant to the agency's policy

Megan Moret Print Name

Signature of Agency Head or Designee

Comment: __

2.2.18

(month, day, year)

Ticket Administrator

Agency Report of:

Agono,oh	V	•		
Ceremonial	Role	Events and	Ticket/Pass	Distributions

A Public Document

1.	Agency Name	Date Stamp California 802			
	County of Los Angeles				THE CHILD
	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 P	rovide Explanation in Part 3.)
	Area Code/Phone Number E-mail				Tovido Expranditor III I ore d.,
	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 ticket policy? Yes D	No □ F	ace Value of	Each Ticket/Pass \$ <u>1</u> 6	68
	Event Description: LA Phil Provide Title/ Explan			, 21 , 18	
			f no: LA Phil	Name of Source	
	Was ticket distribution made at the behest Yes [] No⊠ ^{II}	yes:	Official's Name (Last, First)	
	of agency official?			Official's Name (Last, First)	
3.	Recipients • Use Section A to identify the agency's department or unit.	Number			
	A. Name of Agency, Department or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
	Staff	4	Per ticket po	licy 5.3 (k)	
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the f	ollowing:
				nonial Role Other C king "Ceremonial Role" or "Other" de:	_
	HEAT	<u></u>		nonial Role Other Cking "Ceremonial Role" or "Other" dec	
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
4.	Verification				
	I have read and understand FPPC Regulations 18944. with the requirements.		I have verified t		
		an Moret		Ticket Administrator	2.2.18 (month, day, year)
	Comment:	Homo		1110	(monus, day, your)

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions	Α
1. Agency Name	Date Stamp

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_	Гu	IJ.	16	DOCUMEN	L

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 (Must Pr	ovide Evelenation in Bort 2.)
	Area Code/Phone Number E-mail			Amendment (Must Fr	ovide Explanation in Fart 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 \$ 16	8
	Event Description: LA Phil Provide Title/ Expl	г	Date(s)		
			f no: LA Phil		
	rokek(a)rr dos(es) provided by agency:	L NOEL	1 110.	Name of Source	
	Was ticket distribution made at the behest Yes of agency official?	□ No⊠ [†]	f yes:	Official's Name (Last, First)	
3.	Recipients				
٠.	• 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	1		suant to the agency's policy
	Staff		Per ticket po	licy 5.3 (k)	
		4			
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:
			1	nonial Role	
			1	nonial Role Other Other des	
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the	e public purpose made purs	suant to the agency's policy
				,	
4.	Verification				
/	I have read and understand FPPC Regulations 1894	4.1 and 18942.	I have verified t	hat the distribution set fo	rth above, is in accordance
*	with the requirements.				
		gan Moret		Ticket Administrator	2.2.18
	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 \$ 168 Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description: LA Phil Date(s) __1__/ Provide Title/ Explanation If no: LA Phil 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 Passes Staff Per ticket policy 5.3 (k) 2 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 of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

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

with the requirements.	Megan Moret	Ticket Administrator	2.2.18		
Signature of Agency Head or Pesignee	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 \$ 99 Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description: LA Phil Date(s) ____/_ Provide Title/ Explanation If no: LA Phil Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛛 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 A. Name of Agency, Department or Unit of Ticket(s)/ Passes Staff Per ticket policy 5.3 (k) 2 Number Name of Individual В. identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other . Income If checking "Ceremonial Role" or "Other" describe below:

4.	Verification											
	I have read and				18944.1 and	18942. i	have verifie	ed that the	distribution	set forth abo	ove, is in a	accordance
	with the requirer	nents.	1	Λ								

Number

of Ticket(s)/

Passes

Signature of Agency Head or Designee

C.

Comment: _

Megan Moret

Ticket Administrator

Ceremonial Role

Other ___

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

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

2.2.18

Name of Outside Organization

(include address and description)

Print Name

Title

(month, day, year)

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 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 \$ 99 Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description: LA Phil Date(s) ____1 Provide Title/ Explanation If no: LA Phil 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 Α. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ **Passes** Staff Per ticket policy 5.3 (k) 2 Number Name of Individual В. Identify one of the following: of Ticket(s)/ (Last, First) Passes 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 of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Passes

4. Verification

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

Signature of Agency Head or Designee

Megan Moret

Ticket Administrator

2.2.18

Comment: _

Print Name

Title

(month, day, year)

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Megan Moret Ticket Administrator 2.2.18
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

with the requirements/.

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 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 \$ 168 Does the agency have a ticket policy? Yes ☑ No □ Event Description: LA Phil Date(s) _____/_ Provide Title/ Explanation If no: LA Phil 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** Staff Per ticket policy 5.3 (k) 2 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 helow 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

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.

 V
 Megan Moret
 Ticket Administrator

 Signature of Agency Head or Designee
 Print Name
 Title

2.2.18

Comment: __