Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
County of Los Angeles				I OIIII
Division, Department, or Region (If Applicable)		1	For Official Use Only
Board of Supervisors, First District			1	
Designated Agency Contact (Name, Title)			1	
Megan Moret, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must	provide explanation in Part 3.)
213.974.4111 mmoret@bos	s.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information			-	168
Does the agency have a ticket policy?	Yes⊠ No	Face Value	of Each Ticket/Pass \$	100
Event Description LA Phil		Date(s) 2	, 2 , 16	
Provide Title/Expla	anation		1	
Ticket(s)/Pass(es) provided by agency?	Yes No	ĭ If no: LA Phi	Name of S	OU/CO
Was ticket distribution made at the behest	······································	n . [Name of St	
of agency official?	No⊠ Yes	If yes:	Official's Name	(Last, First)
3. Recipients			· · · · · · · · · · · · · · · · · · ·	
Use Section A to identify the agency's department or its section A to identify the agency's department or its section.	ınit. • Use Se	ction B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pul	olic purpose made pursuan	nt to the agency's policy
Staff	4	Per ticket policy 5.3	(k)	
B. Name of Individual (Lest, First)	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon	Identify one of the follow Other nial Role" or "Other" describe below.	Income 🔲
		Ceremonial Role If checking "Ceremon	Other Inial Role" or "Other" describe below.	Income
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuar	nt to the agency's policy
#: Verification				
Maye feed and understand FRHO Regulations 18944.1 and Megan				
1/9/10			et Administrator	2/26/16
Signature of Agency Head or Designee	Print Nar	ne	Title	(Month, Day, Year)
Comment:				
o minority.			FPPC Toll-Free Helpline:	FPPC Form 802 (4/12 866/ASK-FPPC (866/275-7772

Ceremonial Role Events and Tid	cket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
County of Los Angeles				TOIM
Division, Department, or Region (If Applicable	le)			For Official Use Only
Board of Supervisors, First District				
Designated Agency Contact (Name, Title)				
Megan Moret, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must pr	ovide explanation in Part 3.)
213.974.4111 mmoret@bo	os.lacounty.g	jov	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information			1	
Does the agency have a ticket policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$	68
Event Description LA Phil		Date(s) 2	,6 ,16	
Provide Title/Exp	olanation	The state of the s		The state of the s
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: LA Phi	Name of Sou	rce
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (L	ast, First)
3. Recipients			· · · · · · · · · · · · · · · · · · ·	
Use Section A to identify the agency's department o		ction B to identify an individ	ual. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
Staff	4	Per ticket policy 5.3	(k)	
	1			
B. Name of Individual	Number of Ticket(s)/		Identify one of the followi	ng:
	Pass(es)	Ceremonial Role	Other 🔲	П
		December 2000 Control	ial Role" or "Other" describe below:	Income L
		Ceremonial Role	Other	Income 🔲
		Il Checking Ceremon	ial Role" or "Other" describe below:	
C. Name of Outside Organization	Number of Ticket(s)/	Describe the put	lic purpose made pursuant	to the agency's policy
(include address and description)	Pass(es)			
A			The second secon	
4. Verification		Ш		
I have read and understand FPPC Regulations 18 <u>944.1 ar</u>	nd 18942. I have v	rerified that the distribution set t	orth above, is in accordance wit	h the requirements.
Mega	n Moret	Ticke	et Administrator	2/26/16
Signature of Agency Head or Designate	Print Na	me	Title	(Month, Day, Year)
Comment				
Comment:				

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 202
County of Los Angeles				Form OUZ
Division, Department, or Region (If Applicable	9)			For Official Use Only
Board of Supervisors, First District				
Designated Agency Contact (Name, Title)			<u> </u>	
Megan Moret, Ticket Administrator	- W			
Area Code/Phone Number E-mail			1 —	provide explanation in Part 3.)
213.974.4111 mmoret@bo	s.lacounty.g	IOV	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information	_		la la	68
Does the agency have a ticket policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$ L	
Event Description LA Phil		Date(s) 2	,12 ,16	
Provide Title/Exp		LA Phi		
Ticket(s)/Pass(es) provided by agency?	Yes No	x If no:	Name of Sc	ource
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (Last, First)
3. Recipients	Action of Assertation and Assertation			
Use Section A to identify the agency's department or		ction B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	t to the agency's policy
Staff	2	Per ticket policy 5.3	(k)	
	1 -			
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
		Ceremonial Role	Other Inial Role" or "Other" describe below:	Income
		il checking deterior	nar Kole of Other describe below.	
			п. п	
		Ceremonial Role If checking "Ceremon	Other United Ballow:	Income
C. Name of Outside Organization	Number of			
(include address and description)	Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	t to the agency's policy
	1			
4. Verification, I have read and upderstand FPPO Regulations 18944.1 and	d 18042 have v	erified that the distribution set	forth above is in accordance w	ith the requirements
	n Moret		et Administrator	2/26/16
Signature of Agency Head or Designee	Print Na		Title	(Month, Day, Year)
	All and the second seco		Action of the Control of the Control	
Comment:				

Ceremonial Role Events and Ticket/Pass Distributio	ributions	Distri	Ticket/Pass	and	Events	Role	eremonial	С
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				711 dans a sediment
1. Agency Name			Date Stamp	California 802
County of Los Angeles				FOIIII ——
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 pro	wide explanation in Part 2 \
Area Code/Phone Number E-mail			Amendment (wast pro	Mide explanation in Part 3.)
213.974.4111mmoret@bo	s.lacounty.g	jov	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information			1,	0
Does the agency have a ticket policy?	Yes⊠ No	Face Value o	of Each Ticket/Pass \$ 16	8
E . B I A Phil		2	.13 .16	
Event Description LA Phil Provide Title/Expl	anation	Date(s)		
Ticket(s)/Pass(es) provided by agency?	v – 1	If no: LA Phi		The same of the sa
ricket(s)/rass(es) provided by agency?	Yes No	M 1110.	Name of Sour	ce
Was ticket distribution made at the behest	No⊠ Yes	☐ If yes:		
of agency official?		11 you.	Official's Name (La	st, First)
3. Recipients				
Use Section A to identify the agency's department or	unit. • Use Se	ction B to identify an individu	ial. • Use Section C to identif	y an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
Staff	2	Per ticket policy 5.3	(k)	
R Name of Individual	Number of			
B. Name of Individual (Lest, First)	Ticket(s)/ Pass(es)		Identify one of the followin	g:
		Ceremonial Role If checking "Ceremon	Other describe below:	Income
		Ceremonial Role If checking "Ceremon	Other Usial Role" or "Other" describe below:	income
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
Megar	Moret	Ticke	orth above, is in accordance with it Administrator	2/26/16
Signature of Agency Head of Designed	Print Nar	me	Title	(Month, Day, Year)
Comment:		WATER CO.		

Ceremonial Role Events and Tick	euPass	Distributions		A Public Documen
County of Los Angeles Division, Department, or Region (If Applicable)			Date Stamp	California 802 Form Cofficial Use Only
Board of Supervisors, First District Designated Agency Contact (Name, Title)				
Megan Moret, Ticket Administrator Area Code/Phone Number F-mail 213.974.4111 mmoret@bos.	.lacounty.g	IOV	Amendment (Must p	rovide explanation in Part 3.) (Month, Day, Year)
Event Description LA Phil Provide Title/Explain Ticket(s)/Pass(es) provided by agency?	Yes⊠ No nation Yes□ No No⊠ Yes	Date(s) 2	of Each Ticket/Pass \$ 14 16 Name of Soil	urce
Recipients Use Section A to identify the agency's department or un A. Name of Agency, Department or Unit	nit. • Use Se Number of Ticket(s)/	g sife para pasa pinang kanang ka	ial. • Use Section C to ident	
Staff	Pass(es)	Per ticket policy 5.3	(k)	
B. Name of Individual	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon	Identify one of the followi	ng:
		Ceremonial Role If checking "Ceremon	Other Other Other describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
Verification (
have read and understand APPC Regulations 18944.1 and 1			orth above, is in accordance wit t Administrator	h the requirements. 2/26/16

	the second		
Ceremonial Role	Events and	Ticket/Pass	Distributions

County of Los Angeles Division, Department, or Region (If Applicable) Board of Supervisors, First District Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator Area Code/Phone Number E-mail 213.974.4111 mmoret@bos.lacounty.gov	Date Stamp California 802 For Official Use Only
Division, Department, or Region (If Applicable) Board of Supervisors, First District Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator Area Code/Phone Number E-mail	7 9 1111
Board of Supervisors, First District Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator Area Code/Phone Number E-mail	For Official Use Only
Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator Area Code/Phone Number E-mail	
Megan Moret, Ticket Administrator Area Code/Phone Number E-mail	
Area Code/Phone Number E-mail	
	Amendment (Must provide explanation in Part 3.)
213.974.4111 mmoret@bos.lacounty.gov	Amendment (Musi provide explanation in Part 3.)
	Date of Original Filing: (Month, Day, Year)
2. Function or Event Information	168
	of Each Ticket/Pass \$
Event Description LA Phil Date(s)	,14 ,16
I Δ Ph	nil
Ticket(s)/Pass(es) provided by agency? Yes No ■ If no:	Name of Source
Was ticket distribution made at the behest No ✓ Yes If yes:	
of agency official?	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	dual. • Use Section C to identify an outside organization.
A. Name of Agency, Department or Unit Number of Ticket(s)/ Pass(es) Describe the put	blic purpose made pursuant to the agency's policy
Staff 2 Per ticket policy 5.3	s (k)
B. Name of Individual (Lest, First) Number of Ticket(s)/ Pass(es) Ceremonial Role If checking "Ceremo	Identify one of the following: Other Income
Ceremonial Role If checking "Ceremo	Other Income Inc
C. Name of Outside Organization (Include address and description) Number of Ticket(s)/ Pass(es) Describe the put	blic purpose made pursuant to the agency's policy
Nerification I have reed and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set Megan Moret Tick	
	et Administrator 2/26/16
Grignature of Agency Head or Designee Print Name	Title (Month, Day, Year)
Comment:	

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
County of Los Angeles				Form OUZ
Division, Department, or Region (If Applicable))			For Official Use Only
Board of Supervisors, First District			1	
Designated Agency Contact (Name, Title)			1	
Megan Moret, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must p	ovide explanation in Part 3.)
213.974.4111 mmoret@bo	s.lacounty.g	gov	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information			1,	/O
Does the agency have a ticket policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$	68
Event Description LA Phil		Date(s) 2	,16 ,16	
Provide Title/Expl	anation	-		
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: LA Phi	Name of Sou	ırce
Was ticket distribution made at the behest	No⊠ Yes	If yes:		
of agency official?	110-1103	ii yes.	Official's Name (L	ast, First)
3. Recipients				
Use Section A to identify the agency's department or	unit. • Use Se	ection B to identify an individ	ual. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuant	to the agency's policy
Staff	4	Per ticket policy 5.3	(k)	
		To traket paney are		
	Number of			
B. Name of Individual (Lest, First)	Ticket(s)/ Pass(es)		Identify one of the followi	ng:
		Ceremonial Role	Other	Income
		If checking "Ceremon	ial Role" or "Other" describe below:	
L.	-	Ceremonial Role	Other	Income
			nial Role" or "Other" describe below:	ilicome [
		1		- 48 35 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/		lic purpose made pursuant	to the agency's policy
	Pass(es)			
		<u> </u>	Same African Company	
]]		
Werification	1 100 12 1 have v	and the state of t	te alle a le constitue de la c	
have read and understand FPPC regulations 18944.1 and	1 Moret		o nn above, is in accordance wit et Administrator	
Signature of Agency Head of Designee	Print Na			2/26/16
- Signature of agency meed undesignee	Print Nat	IIIG	Title	(Month, Day, Year)
Comment:				

Ceremonial Ro	le Events and	Ticket/Pass	Distributions

				A Fublic Document
1. Agency Name			Date Stamp	California 802
County of Los Angeles				Form OUZ
Division, Department, or Region (If Applicable)			For Official Use Only
Board of Supervisors, First District				
Designated Agency Contact (Name, Title)			1	
Megan Moret, Ticket Administrator			 	
Area Code/Phone Number E-mail			Amendment (Must pr	ovide explanation in Part 3.)
213.974.4111 mmoret@bos	s.lacounty.g	jov	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information			- -	
Does the agency have a ticket policy?	Yes⊠ No	Face Value o	of Each Ticket/Pass \$ 90	1
Event Description LA Phil		Date(s) 2	, 19 , 16	
Provide Title/Expla	anation	\$2.54.00.00000000000000000000000000000000		CONTRACTOR OF THE PARTY OF THE
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: LA Phi If no: LA Phi		
Mon tinket distribution made at the believe			Name of Sou	rce
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (L	ast, First)
3. Recipients				
 Use Section A to identify the agency's department or it 	unit. • Use Se	ction B to identify an individu	ual. • Use Section C to identi	fv an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)		lic purpose made pursuant	TO STANLE SHOW THE STANLES OF THE STANLES
Staff	2	Per ticket policy 5.3	(k)	
B. Name of Individual	Number of Ticket(s)/		Identify one of the following	ng:
	Pass(es)	Ceremonial Role If checking "Ceremon	Other ial Role" or "Other" describe below:	Income
		Ceremonial Role If checking "Ceremon	Other Other Other Other Other	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant l	to the agency's policy
Δ				
Verification Vhave read and understand/FPPC Regulations 18944.1 and Megan Signature diagency Head & Designee		Ticke	orth above, is in accordance with t Administrator Title	2/26/16 (Month, Day, Year)
Comment:				

Ceremonial Role Events and Tic	ACUI ass	Distributions		A Public Documen
. Agency Name			Date Stamp	California 802
County of Los Angeles				Form OUZ
Division, Department, or Region (If Applicable	e)		1	For Official Use Only
Board of Supervisors, First District			1	
Designated Agency Contact (Name, Title)			1	
Megan Moret, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
213.974.4111 mmoret@bc	s.lacounty.g	OV	Date of Original Filing:	(Month, Day, Year)
. Function or Event Information				
Does the agency have a ticket policy?	Yes⊠ No	Face Value	of Each Ticket/Pass \$	9
Event Description LA Phil		Date(s) 2	, 20 , 16	
Provide Title/Exp	lanation			
Ticket(s)/Pass(es) provided by agency?	Yes□ No	x If no: LA Ph	 Name of So	urce
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (I	Last, First)
. Recipients				
Use Section A to identify the agency's department or		tion B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pul	olic purpose made pursuant	to the agency's policy
Staff	1	Per ticket policy 5.3	(k)	
Starr		rer ticket policy 5.5		
				1. 2 2.3 2.7 3.2 2 4.0
	Number of		TO SERVE TO THE SERVE THAT I WAS TO SERVE	
B. Name of Individual	Ticket(s)/ Pass(es)		Identify one of the follow	ing:
		Ceremonial Role	Other	Income C
		If checking "Ceremoi	nial Role" or "Other" describe below:	
		Ceremonial Role	ПонаП	
		00 1 70 1 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Other Unial Role" or "Other" describe below:	Income
				ter terreting and any to former the consequence of the potential of a potential consequences. The post of a consequence of the
			Name of the Control o	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy
Verification // //		<u> </u>		
have read and understand FPPC Regulations 18944.1 and	d 18942. I have v	rified that the distribution set	forth above, is in accordance wit	th the requirements.
1 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	n Moret		et Administrator	2/26/16
Signature of Agency Head or Designee	Print Nan	e L	Title	(Month, Day, Year)
Comment				

				A Public Docume
Agency Name			Date Stamp	California 802
County of Los Angeles			1	Form For Official Use Only
Division, Department, or Region (If Applicable)		_	
Board of Supervisors, First District				
Designated Agency Contact (Name, Title)				
Megan Moret, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must p	provide explanation in Part 3.)
213.974.4111 mmoret@bo	s.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
Function or Event Information				
Does the agency have a ticket policy?	Yes⊠ No	Face Value	of Each Ticket/Pass \$	168
Event Description LA Phil		2	, 20 , 16	
Provide Title/Expl	lanation	Date(s)	······································	<u> </u>
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: LA Ph	il	
			Name of Sc	ource
Was ticket distribution made at the behest of agency official?	No ✓ Yes	If yes:	Officially Norway	(I 4 (m²-t)
		· · · · · · · · · · · · · · · · · · ·	Official's Name (Last, rirst)
Recipients		_		
Use Section A to identify the agency's department or	Number of	ction B to identify an individ	lual. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuan	t to the agency's policy
	1 100(00)			
Staff	2	Per ticket policy 5.3	(k)	
STEEL ST				
B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	ion
(Last, First)	Pass(es)			
		Ceremonial Role	Other Initial Role" or "Other" describe below:	Income
		in checking ceremon	mai Role of Other describe below.	MARINE MA
		Ceremonial Role	Other _	Income
		If checking "Ceremon	nial Role" or "Other" describe below:	000000000000000000000000000000000000000
			Management of the State of the	
Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the pul	blic purpose made pursuan	t to the agency's policy
	Pass(es)			
	_			
1 A 1 1 /				
Verification	118012 have	adfied that the distribution	forth above in its seconds	14h 4h
I have read and understand PPG Regulations 18944.1 and	d 18942. I have vi n Moret		<i>forth above, is in accordance w</i> et Administrator	ith the requirements.

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
County of Los Angeles				Form OUZ
Division, Department, or Region (If Applicable	·)		4	For Official Use Only
Board of Supervisors, First District				
Designated Agency Contact (Name, Title)]	
Megan Moret, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must)	provide explanation in Part 3.)
213.974.4111 mmoret@bos	s.lacounty.g	jov	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information	****		[.	1/0
Does the agency have a ticket policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$	168
Event Description LA Phil	н —	Date(s) 2	, 21 , 16	
Provide Title/Expl	anation			
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: LA Phi	Name of Sc	ource
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name ((Last, First)
3. Recipients				
Use Section A to identify the agency's department or its section A to identify the agency's department or its section.	The second secon	ction B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	t to the agency's policy
Staff	2	Per ticket policy 5.3	(k)	
B. Name of Individual (Lest, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
		Ceremonial Role If checking "Ceremon	Other Other" describe below:	Income _
		Ceremonial Role If checking "Ceremon	Other Usial Role" or "Other" describe below:	Income
	Number of	* 100 B	po 147 spepilanostko o o 4257	Canada (Canada
C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
1 Varification 1 A II				
4. Verification have feed and understand FPFC Regulations 18944.1 and Megan			orth above, is in accordance wi et Administrator	ith the requirements. 2/26/16
Signature of Agency Head or Designee	Print Nan	ne	Title	(Month, Day, Year)
Comment:	are the same of th			

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

Ceremonial Role Events and 11c	KeuPass	Distributions		A Public Document
1. Agency Name	300000000000000000000000000000000000000		Date Stamp	California 802
County of Los Angeles				I OIIII
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	nyide evolanation in Part 3.)
Area Code/Phone Number E-mail			1	OVIGE EXPIANATION III Part 3.)
213.974.4111mmoret@box	s.lacounty.g	jov	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information			9	9
Does the agency have a ticket policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$ L	
Event Description LA Phil Provide Title/Expl.	tion	Date(s) 2	, 21 , 16	
		LA Phi		
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: □	Name of Sou	irce
Was ticket distribution made at the behest	No ✓ Yes	☐ If yes:		
of agency official?	E-110900		Official's Name (L	ast, First)
3. Recipients				
Use Section A to identify the agency's department or		ction B to identify an individu	ual. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
Staff	2	Per ticket policy 5.3	(k)	
R Name of Individual	Number of			
B. Name of Individual (Last, First)	Ticket(s)/ Pass(es)		Identify one of the following	ng:
		Ceremonial Role If checking "Ceremon	Other Other Other describe below:	Income
		Ceremonial Role If checking "Ceremon	Other Other Other describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	to the agency's policy
Λ				
Verification I have report and understand FPRE Regulations 18944.1 and Megan		Ticke	orth above, is in accordance with et Administrator	h the requirements. 2/26/16 (Month, Day, Year)
Comment:	r nin Man		itte	(month, Day, Year)

Ceremonial Role Events and Ticl	ket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
County of Los Angeles				
Division, Department, or Region (if Applicable))			For Official Use Only
Board of Supervisors, First District				
Designated Agency Contact (Name, Title)				
Megan Moret, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must p	provide explanation in Part 3.)
213.974.4111 mmoret@bos	s.lacounty.g	jov	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information			[1	68
Does the agency have a ticket policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$ L	
Event Description LA Phil Provide Title/Explain	nation	Date(s) 2	, 21 , 16	
	Yes□ No	✓ If no: LA Phi	Name of So	
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (
3. Recipients				
• Use Section A to identify the agency's department or L	ınit. • Use Se	ction B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	to the agency's policy
Staff	4	Per ticket policy 5.3	(k)	
B. Name of Individual (Lest, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
		Ceremonial Role If checking "Ceremon	Other describe below:	Income
		Ceremonial Role If checking "Ceremon	Other Initial Role" or "Other" describe below:	Income
	Number of			-google (i)
C. Name of Outside Organization (Include address and description)	Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	to the agency's policy
4. Verification I have lead and understand IPPO Regulations 18944.1 and Megan			orth above, is in accordance wi et Administrator	th the requirements.
Signature of Agency Head or Designee	Print Nan	ne	Title	(Month, Day, Year)
Comment:				

Ceremonial		and	Ticket/Pass	Distributions
	COLUMN TO THE REAL PROPERTY.			

				A l'ablic bocament		
1. Agency Name		a viennes y vienne delete i vida population de la vienne d	Date Stamp	California 802		
County of Los Angeles				Form 002		
Division, Department, or Region (If Applicable))			For Official Use Only		
Board of Supervisors, First District						
·	Designated Agency Contact (Name, Title)					
Megan Moret, Ticket Administrator Area Code/Phone Number E-mail			Amendment (Must pro	ovide explanation in Part 3.)		
Area Code/Phone Number E-mail mmoret@bos	lacounty o	IOV	Date of Original Filing:			
	s.iacounty.g			(Month, Day, Year)		
2. Function or Event Information		Canal Value a	for the Figure / Dagge # 16	58		
	Yes ≚ No	Face value o	of Each Ticket/Pass \$			
Event Description LA Phil		Date(s)	23 16			
Provide Title/Expla	nation	LA Phi				
Ticket(s)/Pass(es) provided by agency?	Yes No	× If no:	Name of Sou	rce		
Was ticket distribution made at the behest	No⊠ Yes	П (була)				
of agency official?	NO H TES	If yes:	Official's Name (La	ast, First)		
3. Recipients				24304		
• Use Section A to identify the agency's department or ι	ınit. • Use Se	ction B to identify an individu	ual. • Use Section C to identi	fy an outside organization.		
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	to the agency's policy		
Staff	4	Per ticket policy 5.3	(k)			
B. Name of Individual	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon	Identify one of the following Other Interpretation of the following of the following interpretation of the following interpret	ng:		
		Ceremonial Role If checking "Ceremon	Other Usial Role" or "Other" describe below:	Income		
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy		
		AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	orth above, is in accordance with			
Signature of Agency Head or Designee Megan	Moret Print Nan		t Administrator	2/26/16 (Month, Day, Year)		
Comment:						

Comment:

Cere	monial Role Events and Tic	ket/Pass	Distributions		A Public Document
Cou	ency Name nty of Los Angeles sion, Department, or Region (If Applicable)		Date Stamp	California 802 Form For Official Use Only
	rd of Supervisors, First District ignated Agency Contact (Name, Title)	MANUSCA (M. 3) - M			
Area	gan Moret, Ticket Administrator a Code/Phone Number	s.lacounty.g	ov	Amendment (Must) Date of Original Filing:	provide explanation in Part 3.) (Month, Day, Year)
Doe Ever Ticke Was	nt Description LA Phil Provide Title/Expla	Yes⊠ No nation Yes□ No No⊠ Yes	Date(s) 2	25 , 16	purce
3. Red	cipients Section A to identify the agency's department or unit	nit. • Use Se	I STEEL VEST CONTROL	al. ● Use Section C to ider	TO SERVICE TO SERVICE TO SERVICE
Staf		Pass(es)	Per ticket policy 5.3 (
В.	Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the follow	ving:
			Ceremonial Role	al Role" or "Other" describe below: Other all Role" or "Other" describe below:	Income
C.	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	ic purpose made pursuan	t to the agency's policy
	ΛΙ				
4. Ver	ification read and understand FPPC Regulations 18944.1 and Megan			orth above, is in accordance w t Administrator	ith the requirements. 2/26/16

A conqui Nama			
Agency Name		Date Stamp	California 802
County of Los Angeles Division, Department, or Region (If Applicable			For Official Use Only
Division, Department, or Region (if Applicable)		*
Board of Supervisors, First District			
Designated Agency Contact (Name, Title)			
Megan Moret, Ticket Administrator			
Area Code/Phone Number E-mail		Amendment	(Must provide explanation in Part 3.)
213.974.4111 mmoret@bos	s.lacounty.g	OV Date of Original	Filing: (Month, Day, Year)
Function or Event Information			
Does the agency have a ticket policy?	Yes⊠ No	Face Value of Each Ticket/Pas	ss \$ 99
I A Dhil	Testa No	2 26 16	
Event Description Provide Title/Expla	anation	Date(s) 2 1/20 110	
And contained and the containe		LA Phil	
Ticket(s)/Pass(es) provided by agency?	Yes No	x If no:	ne of Source
Was ticket distribution made at the behest	No⊠ Yes	T If year	
of agency official?	NO H les		Name (Last, First)
Recipients • Use Section A to identify the agency's department or u	unit. • Use Se	ction B to identify an individual. • Use Section C	to identify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pu	ırsuant to the agency's policy
Staff	2	Per ticket policy 5.3 (k)	
B. Name of Individual (Lest, First)	Number of Ticket(s)/ Pass(es)	Identify one of the	following:
		Ceremonial Role Other	Income
		If checking "Ceremonial Role" or "Other" describe	e below:
		Ceremonial Role Other	Income
		If checking "Ceremonial Role" or "Other" describe	e below.
Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pu	ırsuant to the agency's policy
		·	
Øenification \ \ \			
have readlend Ordented CDD De Malla La 19011	18942 have v	rified that the distribution set forth above, is in accord	ance with the requirements
have reed and inderstand FPFIC Regulations 18944.1 and Megan		Ticket Administrator	2/26/16

Ceremonial Role Events and Ticl	ket/Pass	Distributions		A Public Documen
. Agency Name			Date Stamp	California 802
County of Los Angeles			ū.	
Division, Department, or Region (If Applicable,)			For Official Use Only
Board of Supervisors, First District			1	
Designated Agency Contact (Name, Title)				
Megan Moret, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must pr	ovide explanation in Part 3.)
213.974.4111 mmoret@bos	s.lacounty.c	gov	Date of Original Filing:	
. Function or Event Information				(Month, Day, Year)
	Yes⊠ No	Face Value o	of Each Ticket/Pass \$ 10	68
I A Phil	ICS INC	2	,26 ,16	
Event Description Provide Title/Expla	nation	Date(s)		
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: LA Phi	Name of Sou	I/CA
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (L	
. Recipients				TOTAL TOTAL
Use Section A to identify the agency's department or u	ınit. • Use Se	ection B to identify an individu	ual. • Use Section C to identi	ify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
Staff	4	Per ticket policy 5.3	(k)	
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
		Ceremonial Role If checking "Ceremon	Other Other Other" describe below:	Income
		Ceremonial Role If checking "Ceremon	Other Other Other Other	Income [
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
. Verification I have read and understand FFPC Regulations 18944.1 and Megan	Moret	Ticke	orth above, is in accordance with et Administrator	n the requirements. 2/26/16
bignature of Agency Head or Designee	Print Nar	me	Title	(Month, Day, Year)
Comment:				

Ceremonial Role Events and Tid	cket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
County of Los Angeles				Form OUZ
Division, Department, or Region (If Applicable	(e)		4	For Official Use Only
Board of Supervisors, First District				
Designated Agency Contact (Name, Title)			j	
Megan Moret, Ticket Administrator			DAmandmant ((total	rovide explanation in Part 3.)
Area Code/Phone Number E-mail			1	rovide explanation in Part 3.)
213.974.4111 mmoret@bo	os.lacounty.g	jov	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information			lo lo	9
Does the agency have a ticket policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$ L	
Event Description LA Phil		Date(s) 2	, 27 , 16	
Provide Title/Exp		LA Phi	<u> </u>	
Ticket(s)/Pass(es) provided by agency?	Yes No	X If no: □	Name of So	urce
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (Last, First)
3. Recipients				***
Use Section A to identify the agency's department or	unit. • Use Se	ction B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy
Staff	2	Per ticket policy 5.3	(k)	
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
		Ceremonial Role If checking "Ceremon	Other Other Other" describe below:	Income
		Ceremonial Role If checking "Ceremor	Other Other Other describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuant	to the agency's policy
4. Verification I have read and understand FIPPC regulations 18 <u>944.1 an</u>	id 18042 have v	erified that the distribution and	forth above is in accordance	th the manifement
	n Moret		et Administrator	2/26/16
Signature of Agency Head or Designee	Print Nar		Title	(Month, Day, Year)
Comment:				

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 202
County of Los Angeles				Form OUZ
Division, Department, or Region (If Applicable	e)			For Official Use Only
Board of Supervisors, First District			1	
Designated Agency Contact (Name, Title)				
Megan Moret, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must pro	ovide explanation in Part 3.)
213.974.4111 mmoret@bo	s.lacounty.g	jov	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information				
Does the agency have a ticket policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$	
Event Description LA Phil Provide Title/Expl	anation	Date(s) 2	, 28 , 16	
Ticket(s)/Pass(es) provided by agency?		If no: LA Phi	l	
Hokel(s)/Fass(es) provided by agency?	Yes No		Name of Sou	ce
Was ticket distribution made at the behest	No⊠ Yes	If yes:		
of agency official?			Official's Name (La	ast, First)
3. Recipients				
Use Section A to identify the agency's department or	Number of	, stranger in section As	An eu Sanwattinie euste S	The least alman and a second
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant t	o the agency's policy
Staff	2	Per ticket policy 5.3	(k)	
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the following	g:
		Ceremonial Role	Other	Income
		If checking "Ceremon	ial Role" or "Other" describe below:	
Constitution of the Consti	1	Ceremonial Role	Other	lacens .
			ial Role" or "Other" describe below:	income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant t	o the agency's policy
	Pass(es)			
A 1				
I Varaisia asi an	1			
Verification I have read and funderstand FPRC Regulations 18944.1 and	1 18942. I have v	erified that the distribution set fo	orth above, is in accordance with	the requirements.
Megan		A CHOCK MANUAL COLOR CONTROL AND A CONTROL A	et Administrator	2/26/16
Signature of Agency Head or Designee	Print Nan		Title	(Month, Day, Year)
` /	And Santon Market Design			
Comment:				