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

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I. Agency Name			Date Stamp	California 802
County of Los Angeles				Form OUZ
Division, Department, or Region (If Applicable)				For Official Use Only
Board of Supervisors, First District				
Designated Agency Contact (Name, Title)				
Megan Moret, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must pro	ovide explanation in Part 3.)
213.974.4111 mmoret@bos	.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information			16	30
Does the agency have a ticket policy?	Yes🗵 No	Face Value o	of Each Ticket/Pass \$	70
Event Description LA Phil		Date(s) 3	1 ,2015	
Provide Title/Expla	nation	a make an attachment		
Ticket(s)/Pass(es) provided by agency?	Yes No	☐ If no: LA Phil		
Was ticket distribution made at the behest	🔽	- -	Name of Sou	œe
of agency official?	No⊠ Yes	If yes:	Official's Name (La	ast, First)
3. Recipients				
 Use Section A to identify the agency's department or u 	nit. • 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)	1.00 (1.00) (1.00)	lic purpose made pursuant (THE SECOND SHEET
Board of Supervisors 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 followin Other Other describe below:	ng: 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	lic purpose made pursuant (o the agency's policy
. Verification I have read and understand AFPC Regulations 18944.1 and Megan Signature of Agency Head or Designee		Ticke	orth above, is in accordance with et Administrator	3/13/15 (Month, Day, Year)
Comment:				postering stay, road)

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document		
1. Agency Name			Date Stamp	California Q02		
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)	Designated Agency Contact (Name, Title)					
Megan Moret, Ticket Administrator			1	<u> </u>		
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:	(Month, Day, Year)		
2. Function or Event Information			1			
Does the agency have a ticket policy?	Yes No	Face Value o	of Each Ticket/Pass \$	68		
	1000		.4 .2015			
Event Description LA Phil Provide Title/Expla	anation	Date(s) 3		<u> </u>		
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: LA Phi	Name of Sou	ırce		
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:				
			Official's Name (L	asi, rirsi)		
 Recipients Use Section A to identify the agency's department or it 	unit. • Use Se	ection B to identify an individ	ual. • Use Section C to identi	ify an outside organization.		
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	f Describe the public purpose made pursuant to the agency's				
Board of Supervisors Staff	4	Per ticket policy 5.3	(k)			
B. Name of Individual	Number of Ticket(s)/		Identify one of the following	og:		
	Pass(es)	Ceremonial Role If checking "Ceremon	Other Other Other Delow:	Income		
		Ceremonial Role If checking "Ceremon	Other Dial Role" or "Other" describe below:	Income		
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)		lic purpose made pursuant	to the agency's policy		
4. Verification						
I have read and understand PPPC Regulations 18944.1 and Megan Signature of Agency Head or Designee		Ticke	orth above, is in accordance with et Administrator Title	3/13/15 (Month, Day, Year)		
Comment:						

1.	Agency Name			Date Stamp	California O O O
	County of Los Angeles			Date Stamp	California 802
	Division, Department, or Region (If Applicable)			For Official Use Only
	Board of Supervisors, First District	4			
	Designated Agency Contact (Name, Title)				
	Megan Moret, Ticket Administrator	*			
	Area Code/Phone Number E-mail				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	process			99
	Does the agency have a ticket policy?	Yes⊠ No		of Each Ticket/Pass \$	
	Event Description LA Phil Provide Title/Expla	anation	Date(s) 3	, 5 , 2015	
	Ticket(s)/Pass(es) provided by agency?		if no: LA Phi		
	Ticket(3)/1 ass(es) provided by agency:	Yes No		Name of So	ource
	Was ticket distribution made at the behest of agency official?	No ∑ Yes	If yes:	Official's Name (Last, First)
	Recipients • Use Section A to identify the agency's department or it	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)	CAPAGE AND AND FRANCE AND	olic purpose made pursuan	CARRY SAME STREET
	Board of Supervisors Staff	2	Per ticket policy 5.3	(k)	
	B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	
100	(Last, First)	Pass(es)			
			Ceremonial Role If checking "Ceremon	Other Diel Role" or "Other" describe below:	Income L
			Ceremonial Role		Income
National Section 1				Other iial Role" or "Other" describe below:	Income
Management of the Control of the Con	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	If checking "Ceremon		Agreed at the second
and the state of t		Ticket(s)/	If checking "Ceremon	ial Role" or "Other" describe below:	Agreed at the second
		Ticket(s)/	If checking "Ceremon	ial Role" or "Other" describe below:	Agreed at the second
		Ticket(s)/ Pass(es)	If checking "Ceremon	ial Role" or "Other" describe below:	to the agency's policy

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California Q02
County of Los Angeles				Form OUZ
Division, Department, or Region (If Applicable	•)			For Official Use Only
Board of Supervisors, First District	HEROTOGRAPHIC ADMINISTRATION PARTY.		1	
Designated Agency Contact (Name, Title)			1	
Megan Moret, Ticket Administrator		A STATE OF THE STA		<u> </u>
Area Code/Phone Number E-mail			Amendment (Must pr	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			1	
Does the agency have a ticket policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$)
Event Description LA Phil		The state of the s	6 2015	
Event Description Provide Title/Expl	anation	Date(s) 3		
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 or		ction 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)/ Pass(es)	Describe the put	lic purpose made pursuant	to the agency's policy
Board of Supervisors Staff	2	Per ticket policy 5.3	(k)	
B. Name of Individual	Number of Ticket(s)/		Identify one of the following	10:
(Lest, First)	Pass(es)			
		Ceremonial Role If checking "Ceremon	Other describe below:	Income L
		Ceremonial Role If checking "Ceremon	Other Inial Role" or "Other" describe below:	Income
	Number of			
C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuant	to the agency's policy
4. Verification I have read and understand FPRC Regulations 18944.1 and Megan Signature of Agency Head or Designee		Ticke	forth above, is in accordance with et Administrator Tille	n the requirements. 3/13/15 (Month, Day, Year)
Comment:				

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

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
County of Los Angeles				FORM
Division, Department, or Region (If Applicable)			For Official Use Only
Board of Supervisors, First District	and the second s			
Designated Agency Contact (Name, Title)				
Megan Moret, Ticket Administrator				Large and the same
Area Code/Phone Number E-mail			Amendment (Must p	ovide 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	TO A STATE OF THE		0	
Does the agency have a ticket policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$ 9	4
Event Description LA Phil Provide Title/Expl		Date(s) 3	, 8 , 2015	
Ticket(s)/Pass(es) provided by agency?	Yes No	☐ If no: LA Phi	Name of Sou	
Was ticket distribution made at the behest	No⊠ Yes	If yes:		
of agency official?	***************************************		Official's Name (L	ast, First)
3. Recipients • Use Section A to identify the agency's department or	unit. • Use Se	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
Board of Supervisors Staff	4	Per ticket policy 5.3	(k)	
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the followi	ng:
		Ceremonial Role If checking "Ceremon	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	lic purpose made pursuant	to the agency's policy
1. Verification I have read and understand FPPC Regulations 18944.1 and Megar	1 18942. I have von Moret		orth above, is in accordance wit	h the requirements. 3/13/15
Signature of Agency Head or Designee	Print Nan		Title	(Month, Day, Year)
	, ,,,,,,,	M.S.s.	· into	(month, Day, real)
Comment:		T & T (A)		

Agency Name			Data Stama	California 0.0
County of Los Angeles			Date Stamp	California 802
Division, Department, or Region (If Application)	able)	****		For Official Use Only
Board of Supervisors, First District	de 1994 Helisate II. Investi Estados Abel Atlantos de destribucios		1	
Designated Agency Contact (Name, Title)			1	
Megan Moret, Ticket Administrator			DAmondment (Mark	
Area Code/Phone Number E-mail			Amendment (Must p	provide explanation in Part 3.)
213.974.4111 mmoret@	bos.lacounty.g	IOV	Date of Original Filing:	(Month, Day, Year)
Function or Event Information			-	68
Does the agency have a ticket policy?	Yes⊠ No	Face Value	of Each Ticket/Pass \$	00
Event Description LA Phil		Date(s) 3	, 10 , 2015	
Provide Title/I Ticket(s)/Pass(es) provided by agency?	(**	I A Ph	il	THE RESIDENCE OF THE PROPERTY
	Yes□ No —		Name of So	urce
Was ticket distribution made at the behes of agency official?	st No⊠ Yes	If yes:	Official's Name (Last, First)
Recipients				
Use Section A to identify the agency's department	torunit. • Use Se 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 pursuant	to the agency's policy
Board of Supervisors Staff	4	Per ticket policy 5.3	(k)	
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
	r ass(as)	Ceremonial Role If checking "Ceremon	Other Inial 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 pursuant	to the agency's policy
		erified that the distribution set	forth above, is in accordance wi	th the requirements.
have read and understand FPPC Regulations 18944.1	and 18942. I have v gan Moret		<i>forth above, is in accordance wi</i> et Administrator	th the requirements.

Peremonial Role Events and 110	KevPass	Sinoitualitisia		A Public Document
. Agency Name			Date Stamp	California 802
County of Los Angeles				
Division, Department, or Region (If Applicable	e)		4	For Official Use Only
Board of Supervisors, First District				
Designated Agency Contact (Name, Title)]	
Megan Moret, Ticket Administrator			- I Amandanah (Kari	
Area Code/Phone Number E-mail			1	provide explanation in Part 3.)
213.974.4111 mmoret@bo	os.lacounty.g	jov	Date of Original Filing	(Month, Day, Year)
. Function or Event Information				168
Does the agency have a ticket policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$ I	
Event Description LA Phil		Date(s) 3	,12 ,2015	
Provide Title/Exp	planation	LA Phi	i	
Ticket(s)/Pass(es) provided by agency?	Yes□ No	If no:	Name of S	ource
Was ticket distribution made at the behest	No⊠ Yes	If yes:		
of agency official?	100 103	ii yes.	Official's Name	(Last, First)
. 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 ide	ntify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursual	nt to the agency's policy
Board of Supervisors Staff	4	Per ticket policy 5.3	(k)	
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the follow	wing:
		If checking "Ceremor	nial Role" or "Other" describe below	:
		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 put	blic purpose made pursua	nt to the agency's policy
Verification				
Mega Signature of Agency Head or Designee	nd 18942. I have v n Moret Print Nai	Ticke	et Administrator	3/13/15 (Month, Day, Year)
Comment:				(1101111, 559, 104)

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 mmoret@bos.lacounty.gov Date of Original Filing: 213.974.4111 (Month, Day, Year) 2. Function or Event Information 168 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes⊠ No□ 2015 LA Phil **Event Description** Date(s) Provide Title/Explanation _A Phil Ticket(s)/Pass(es) provided by agency? Yes No Name of Source No⊠ Yes□ Was ticket distribution made at the behest 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. • Use Section C to identify an outside organization. Number of A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Board of Supervisors Staff Per ticket policy 5.3 (k) Number of В. Name of Individual Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Other _ Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below Number of Name of Outside Organization Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) Verification ns 18<u>944.1 and 18942. I have verified that the distri</u>buti<u>o</u>n set forth above, is in accordance with the requirements. Megan Moret Ticket Administrator 3/13/15 e/of Agency Head or Desig Print Name Title (Month, Day, Year) Comment:

. Agency Name			Date Stamp	California 802
County of Los Angeles	the hand of the second of the		\$200000000 \$2000000000 • \$	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			- Amandment (Must	provide explanation in Part 3.)
Area Code/Phone Number E-mail	1			
213.974.4111 mmoret@bos.	iacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
Function or Event Information Does the agency have a ticket policy?	, ISI	□ Face Value o	of Each Ticket/Pass \$	168
I A Phil	∕es⊠ No		21 2015	
Event Description Provide Title/Explan	ation	Date(s) 3	W21 W2013	
Ticket(s)/Pass(es) provided by agency?	∕es□ Nol	If no: LA Phi		
			Name of So	ource
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name	(Last, First)
Recipients				
Use Section A to identify the agency's department or un	iit. • Use Sec	ction B to identify an Individu	ual. • Use Section C to ider	ntify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
Board of Supervisors Staff	2	Per ticket policy 5.3	(k)	
	Number of	PAS NO CREATER - 10		
B. Name of Individual	Ticket(s)/ Pass(es)		Identify one of the follow	ring:
		Ceremonial Role If checking "Ceremon	Other Other or "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 pursuan	t to the agency's policy
	Ticket(s)/	Describe the pub	lic purpose made pursuan	t to the agency's policy
	Ticket(s)/	Describe the pub	ilic purpose made pursuan	t to the agency's policy
(Include address and description) Verification	Ticket(s)/ Pass(es)			
(Include address and description)	Ticket(s)/ Pass(es)	urified that the distribution set f		

eremonial Role Events and Tic	Keurass	Distributions		A Public Documer
Agency Name			Date Stamp	California 802
County of Los Angeles				Form For Official Use Only
Division, Department, or Region (If Applicable)			To official coc offi
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 213.974.4111 mmoret@bo	s.lacounty.g	ov	Date of Original Filing	
Function or Event Information				168
Does the agency have a ticket policy?	Yes⊠ No	Face Value o	of Each Ticket/Pass \$	100
Event Description LA Phil		Date(s) 3	,22 ,2015	
Provide Title/Expl	anation	LA Phi	l	
Ticket(s)/Pass(es) provided by agency?	Yes No	If no:	Name of S	ource
Was ticket distribution made at the behest	No⊠ Yes	If yes:		
of agency official?	110-21-1031	il yes.	Official's Name	(Last, First)
Recipients				
Use Section A to identify the agency's department or		ction B to identify an individu	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 pub	lic purpose made pursuar	nt to the agency's policy
Board of Supervisors Staff	2	Per ticket policy 5.3	(k)	
B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	ving:
	Pass(es)	Ceremonial Role If checking "Ceremon	Other Initial Role" or "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 put	ilic purpose made pursuar	nt to the agency's policy
Megar Megar	Moret	Ticke	<i>forth above, is in accordance v</i> et Administrator	3/13/15
Signature of Agegcy Head or Designee	Print Nam	ne	Title	(Month, Day, Year)

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 202
County of Los Angeles				Form 602
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 pr	ovide explanation in Part 3.)
213.974.4111 mmoret@bos	s.lacounty.c	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 \$	68
Event Description LA Phil		Date(s) 3	24 , 2015	
Provide Title/Expla	anation	Action Value of the Asset of th	VL JL J	
Ticket(s)/Pass(es) provided by agency?	Yes□ No	If no: LA Phi	Name of Sou	ırce
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		ection B to identify an individ	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	olic purpose made pursuant	to the agency's policy
Board of Supervisors 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 "Ceremor	Other Other Other describe below:	Income
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/	Describe the put	lic purpose made pursuant	to the agency's policy
	Pass(es)			
4. Verification I have read and understand FPPC Regulations 18944.1 and	18942 have v	redified that the distribution set	forth above is in accordance with	h the requirements
Signature of Agency Head or Delighte		Ticke	et Administrator	3/13/15 (Month, Day, Year)
Comment:		2004 6 100		