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 $40
   Event Description
   Los Angeles Dodgers
   Date(s)
   5 1 2015
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
   If no: Los Angeles Dodgers
   Name of Source
   Was ticket distribution made at the behest of agency official? No [X] Yes [ ]
   If yes:

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)/Pass(es)
      Board of Supervisors Staff
      2
      Per Ticket Policy 5.3 (k)

   B. Name of Individual
      Number of Ticket(s)/Pass(es)
      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)/Pass(es)
      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.
   Megan Moret
   Signature of Agency Head or Designee
   Print Name
   Title
   5/20/15
   (Month, Day, Year)
   Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
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 [x] No [ ]  
Face Value of Each Ticket/Pass $ ___________

Event Description Los Angeles Dodgers  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]  
Date(s)  
5 2 2015

Was ticket distribution made at the behest of agency official? Yes [ ] No [x]  
If yes: ________________________________

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)/Pass(es)  
Describe the public purpose made pursuant to the agency’s policy

| Board of Supervisors Staff | 2 | Per Ticket Policy 5.3 (k) |

B. Name of Individual (last, first)  
Number of Ticket(s)/Pass(es)  
Identify one of the following:  
Ceremonial Role [ ] Other [ ] Income [ ]

| | | |
| Ceremonial Role [ ] Other [ ] Income [ ] |

C. Name of Outside Organization (include address and description)  
Number of Ticket(s)/Pass(es)  
Describe the public purpose made pursuant to the agency’s policy

4. Verification  
I have read and understand FPPC Regulations 18544.1 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.

Megan Moret  
Ticket Administrator  
5/20/15

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

Date of Original Filing: (Month, Day, Year)

2. Function or Event Information
   Does the agency have a ticket policy? [ ] Yes [X] No
   Event Description: Los Angeles Dodgers
   Ticket(s)/Pass(es) provided by agency? [ ] Yes [X] No
   Face Value of Each Ticket/Pass: $40
   Date(s): 5/3/2015
   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)/Pass(es)
      Describe the public 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)/Pass(es)

      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)/Pass(es)

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

4. Verification
   I have read and understand FPPC Regulations 18944, 18946, and 18947. I have verified that the distribution set forth above, is in accordance with the requirements.

   Megan Moret
   Title
   5/20/15

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 ☐
Event Description Los Angeles Dodgers
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
Was ticket distribution made at the behest of agency official? No ☑ Yes ☐
Face Value of Each Ticket/Pass $40
Date(s) 5/11/2015
If no: Los Angeles Dodgers
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)/Pass(es) Describe the public 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)/Pass(es) Identify one of the following:
(City, State) Ceremonial Role ☐ Other ☐ Income ☐
If checking “Ceremonial Role” or “Other” describe below:

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

4. Verification
I have read and understand FPPC Regulations 19441 and 19442. I have verified that the distribution set forth above, is in accordance with the requirements.
Megan Moret Ticket Administrator 5/20/15
Supervisor/Agency Head or Designee Sign Print Name Title (Month Day Year)
Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
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 [X] No [ ]
   Event Description Los Angeles Dodgers
   Face Value of Each Ticket/Pass $40
   Date(s) 5 12 2015
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
   If no: Los Angeles Dodgers
   Name of Source
   Was ticket distribution made at the behest of agency official? No [X] Yes [ ]
   If yes: Official's Name (Last, First)

3. Recipients
   A. Name of Agency, Department or Unit Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency's policy
      Board of Supervisors Staff 2 Per Ticket Policy 5.3 (k)

   B. Name of Individual (Last, First) Number of Ticket(s)/Pass(es) 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)/Pass(es) Describe the public purpose made pursuant to the agency's policy

4. Verification
   I have read and understand FPPC Regulations 19441 and 19442. I have verified that the distribution set forth above is in accordance with the requirements.
   Megan Moret Ticket Administrator 5/20/15
   Signature and Title of Agency Head or Designee
   Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
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 [x]  No
   Event Description  Los Angeles Dodgers
   Ticket(s)/Pass(es) provided by agency?  Yes  No [x]
   Was ticket distribution made at the behest of agency official?  No [x]  Yes [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)/Pass(es)  Describe the public 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)/Pass(es)
      Ceremonial Role  Other  Income
      If checking “Ceremonial Role” or “Other” describe below:

   C. Name of Outside Organization
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency’s policy

4. Verification
   I have read and understand FPPC Regulations 19544.1 and 19442. I have verified that the distribution set forth above, is in accordance with the requirements.
   Megan Moret  Ticket Administrator  5/20/15
   Signature of Agency Head or Designee  Print Name  Title
   Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
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**
   - Event Description: Los Angeles Dodgers
   - Face Value of Each Ticket/Pass $40
   - Date(s): 5/14/2015
   - Ticket(s)/Pass(es) provided by agency? **Yes**
   - If no: Los Angeles Dodgers
   - Was ticket distribution made at the behest of agency official? **No**

3. **Recipients**
   - A. Name of Agency, Department or Unit
      - Board of Supervisors Staff
      - Number of Ticket(s)/Pass(es): 2
      - Describe the public purpose made pursuant to the agency's policy: Per Ticket Policy 5.3 (k)

   - B. Name of Individual
      - Number of Ticket(s)/Pass(es)
      - Ceremonial Role
      - Other
      - Income
      - If checking ‘Ceremonial Role’ or ‘Other’ describe below:

   - C. Name of Outside Organization
      - Number of Ticket(s)/Pass(es)
      - 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: Megan Moret
   - Title: Ticket Administrator
   - Date: 5/20/15
   - Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
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 [X] No [ ]
   Event Description
   Los Angeles Dodgers
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
   Face Value of Each Ticket/Pass: $40
   Date(s)
   5 15 2015
   If no:
   Los Angeles Dodgers
   Name of Source:
   If yes:
   Official's Name (Last, First)

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

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

B. Name of Individual
   (Last, First)
   Number of Ticket(s)/Pass(es)
   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)/Pass(es)
   Describe the public purpose made pursuant to the agency's policy

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18947. I have verified that the distribution set forth above, is in accordance with the requirements.
   Megan Moret  Ticket Administrator
   Date: 5/20/15

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**

**Face Value of Each Ticket/Pass**
- $40

**Date(s)**
- 5/16/2015

**Event Description**
- Los Angeles Dodgers

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

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

**2. Function or Event Information**

**Name of Source**
- Los Angeles Dodgers

**Official’s Name (Last, First)**

**3. Recipients**

- **A. Name of Agency, Department or Unit**
  - Board of Supervisors Staff
  - Number of Ticket(s)/Pass(es): 2
  - Per Ticket Policy 5.3 (k)

- **B. Name of Individual**
  - 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)/Pass(es)
  - Describe the public purpose made pursuant to the agency’s policy

**4. Verification**

- Megan Moret [Signature]
- Ticket Administrator
- 5/20/15

**Comment:**

**Note:** 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.

**FPPC Form 802 (4/12)**

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
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

   Date Stamp California Form 802
   Amendment (Must provide explanation in Part 4) Date of Original Filing (Month, Day, Year)

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Event Description Los Angeles Dodgers
   Face Value of Each Ticket/Pass $40
   Date(s) 5/17/2015
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   Name of Source Los Angeles Dodgers
   Was ticket distribution made at the behest of agency official? No ☑ 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)/Pass(es) Describe the public 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)/Pass(es) 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)/Pass(es) 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.

   Megan Moret, Ticket Administrator 5/20/15
   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
   - Board of Supervisors, First District
   - Megan Moret, Ticket Administrator

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes ☑
   - **Event Description** Los Angeles Dodgers
   - **Face Value of Each Ticket/Pass** $40
   - **Date(s)** 6/23/2015
   - **Ticket(s)/Pass(es) provided by agency?** Yes ☑
   - **Was ticket distribution made at the behest of agency official?** 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** Board of Supervisors Staff
   - **Number of Ticket(s)/Pass(es)** 2
   - **Describe the public purpose made pursuant to the agency's policy** Per Ticket Policy 5.3 (k)

4. **Verification**
   - **Signature of Agency Head or Designee** Megan Moret
   - **Title** Ticket Administrator
   - **Date** 5/20/15

5. **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
   mmorett@bos.lacounty.gov

2. Function or Event Information
   Does the agency have a ticket policy? Yes [x] No [ ]
   Face Value of Each Ticket/Pass $40
   Event Description
   Los Angeles Dodgers
   Date(s)
   5/24/2015
   Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
   If no:
   Name of Source
   Los Angeles Dodgers
   Official's Name (Last, First)
   Was ticket distribution made at the behest of agency official? No [x] Yes [ ]
   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)/Pass(es)
      Describe the public 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)/Pass(es)
      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)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy

4. Verification
   I hereby certify that the above information is true and complete to the best of my knowledge and belief.
   (Signature)
   Megan Moret
   Ticket Administrator
   5/20/15
   (Month, Day, Year)

Comment:

FPPC Toll-Free Helpline: 855/ASK-FPPC (855/275-7772)
FPPC Form 802 (4/12)
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 [x] No [ ]
   Face Value of Each Ticket/Pass $40
   Event Description Los Angeles Dodgers
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   Date(s) 5/25/2015
   Was ticket distribution made at the behest of agency official? Yes [ ] No [x]
   Name of Source Los Angeles Dodgers
   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)/Pass(es)
      Board of Supervisors Staff 2
      Per Ticket Policy 5.3 (k)

   B. Name of Individual
      Number of Ticket(s)/Pass(es)
      Ceremonial Role [ ] Other [ ] Income [ ]
      If checking “Ceremonial Role” or “Other” describe below:

   C. Name of Outside Organization
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency’s policy

4. Verification
   I hereby certify and understand FPPC Regulations 180441 and 18042. I have verified that the distribution set forth above is in accordance with the requirements.
   Megan Moret [Signature]
   Ticket Administrator
   5/20/15 (Month, Day, Year)
   [Print Name, Title]

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
   - Date Stamp:

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes [x] No [ ]
   - **Event Description** Los Angeles Dodgers
   - **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [x]
   - **Was ticket distribution made at the behest of agency official?** No [x] Yes [ ]
   - **Face Value of Each Ticket/Pass** $40
   - **Date(s)** 5 26 2015
   - **Name of Source** Los Angeles Dodgers
   - **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**
     - Board of Supervisors Staff
     - Number of Ticket(s)/Pass(es): 2
     - Per Ticket Policy 5.3 (k)
   - **B. Name of Individual**
     - **Number of Ticket(s)/Pass(es)**
     - **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)/Pass(es)**
     - **Describe the public purpose made pursuant to the agency’s policy**

4. **Verification**
   - I have read and understand FPPC Regulations 19441 and 19442. 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:** 5/20/15

**Comment:**

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FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
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

   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/Pas $ 40
   Event Description  Los Angeles Dodgers
   Provide Title/Explanation
   Date(s)  5  27  2015
   Ticket(s)/Pass(es) provided by agency?  Yes  No
   If no:  Los Angeles Dodgers
          Name of Source
   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 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)/Pass(es)  Describe the public purpose made pursuant to the agency's policy
      Board of Supervisors Staff  2  Per Ticket Policy 5.3 (k)

   B. Name of Individual (Last, First)  Number of Ticket(s)/Pass(es)  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)/Pass(es)  Describe the public purpose made pursuant to the agency's policy

4. Verification
   I have read and understand FPPC Regulations 19341.1 and 19342. I have verified that the distribution set forth above, is in accordance with the requirements.
   Megan Moret  Ticket Administrator  5/20/15
   Signature of Agency Head of Agency  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 [X] No [ ]
   Event Description: LA Phil
   Face Value of Each Ticket/Pass: $168
   Date(s): 5-1-2015
   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? No [X] Yes [ ]
   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)/Pass(es) | Describe the public purpose made pursuant to the agency’s policy
   [ ]
   [ ]
   [ ]

   B. Name of Individual
      (Last, First) | Number of Ticket(s)/Pass(es) | Ceremonial Role [X] Other [ ] income [ ]
      [ ]
      [ ]
      [ ]
      If checking “Ceremonial Role” or “Other” describe below:
      Ceremonial Role [X] Other [ ] income [ ]
      [ ]
      [ ]
      [ ]
      [ ]
      [ ]

   C. Name of Outside Organization
      (Include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency’s policy
      [ ]
      [ ]
      [ ]
      [ ]
      [ ]

4. Verification
   I have read and understand FPPC Regulations 18444.1 and 18447. I have verified that the distribution set forth above, is in accordance with the requirements.
   Megan Moret   Ticket Administrator   5/20/15
   Signature of Agency Head or Designee   Print Name   Title
   Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
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 $ 168
   Date(s) 5 2 2015
   Event Description
   LA Phil
   Ticket(s)/Pass(es) provided by agency? Yes □ No □
   Name of Source
   LA Phil
   Official’s Name (Last, First)
   Was ticket distribution made at the behest of agency official? No □ Yes □

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>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following: Ceremonial Role □ Other □ Income □</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charlie Klinakis</td>
<td>2</td>
<td>Ceremonial Role □ Other □ Income □</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

4. Verification
   I have read and understand FPPC Regulations §8444.1 and 18942. I have verified that the distribution set forth above is in accordance with the requirements:
   Megan Moret
   Title
   Print Name
   Date (Month, Day, Year)
   Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
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 mmore@bos.lacounty.gov

Date Stamp California Form 802
Date of Original Filing
(Month, Day, Year)

Amendment (Must provide explanation in Part 3)

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐

Event Description LA Phil

Face Value of Each Ticket/Pass $168

Date(s) 5 13 2015

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

If no: LA Phil

If yes: Name of Source

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>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

| B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Ceremonial Role ☑ Other ☐ Income ☑
|-------------------------------------|-----------------------------|---------------------------------------------------------------|
| Dan Halloway                        | 4                           | Ceremonial Role ☑ Other ☐ Income ☑

If checking “Ceremonial Role” or “Other” describe below:

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

4. Verification
I have read and understand FPPC regulations 18244.1 and 18247. I have verified that the distribution set forth above is in accordance with the requirements.

Megan Moret Ticket Administrator 5/20/15

Signature of Agency Head or Designee Print Name Title

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 [X] No [ ]
   - Event Description: LA Phil
   - Ticket(s)/Pass(es) provided by agency? Yes [X] No [ ]
   - Was ticket distribution made at the behest of agency official? Yes [X] No [ ]
   - Face Value of Each Ticket/Pass $: 168
   - Date(s): 5 5 2015
   - If no:
     - Name of Source: LA Phil
     - 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
<table>
<thead>
<tr>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   **B.** Name of Individual
<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Ceremonial Role [X] Other [ ] Income [ ]</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maria Cerdas</td>
<td>4</td>
<td>Ceremonial Role [X] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [X] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
</tbody>
</table>

   **C.** Name of Outside Organization (Include address and description)
<table>
<thead>
<tr>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<tr>
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</tr>
</tbody>
</table>

4. **Verification**
   - I hereby declare to the best of my knowledge and belief, that the statements made above are true and correct.
   - Signature of Agency Head or Designee: Megan Moret
   - Print Name: Ticket Administrator
   - Title: (Month, Day, Year)
   - Comment: 5/20/15

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
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 X No
Event Description LA Phil
Face Value of Each Ticket/Pass $168
Date(s) 5 6 2015
Ticket(s)/Pass(es) provided by agency? Yes No
If no: LA Phil
If yes: LA Phil Name of Source
Was ticket distribution made at the behest of agency official? No Yes
If yes: Official’s Name (Last, First)

3. Recipients
A. Name of Agency, Department or Unit Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency’s policy

B. Name of Individual (Last, First) Number of Ticket(s)/Pass(es) Identify one of the following:

Joe Lyons 4 
Ceremonial Role X Other □ Income □
If checking “Ceremonial Role” or “Other” describe below:


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


4. Verification
I have read and understand FPPC Regulations 19944.4 and 19945. I have verified that the distribution set forth above, is in accordance with the requirements.

Megan Moret Ticket Administrator 5/20/15
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 E-mail
   213.974.4111 mmoret@bos.lacounty.gov
   Date Stamp
   California Form 802
   For Official Use Only
   Amendment (Must provide explanation in Part 3)
   Date of Original Filing: (Month, Day, Year)

2. Function or Event Information
   Does the agency have a ticket policy? Yes [X] No [ ]
   Face Value of Each Ticket/Pass $168
   Event Description LA Phil
   Date(s) 5/9/2015
   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? No [X] Yes [ ]
   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)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board of Supervisors 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)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</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 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
   * 5/20/15
   Comment: 

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
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
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
Was ticket distribution made at the behest of agency official? No ☐ Yes ☑
Face Value of Each Ticket/Pass: $99
Date(s): 5/10/2015
If no:
Name of Source:
If yes:
Official’s Name (Last, First)

3. Recipients
A. Name of Agency, Department or Unit
   Number of Ticket(s)/Pass(es)
   Describe the public 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 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)/Pass(es)
   Describe the public purpose made pursuant to the agency's policy

4. Verification
I have read and understand FPPC Regulations 19544.1 and 19642. I have verified that the distribution set forth above is in accordance with the requirements.

Megan Moret
Ticket Administrator
Print Name
Title
Date: 5/20/15
(Month, Day, Year)
Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
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 $ 168
Event Description LA Phil
Provide Title/Explanation
Date(s) 5 12 2015
If no: LA Phil
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Name of Source
Was ticket distribution made at the behest of agency official? No ☐ 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>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board of Supervisors Staff</td>
<td>4</td>
<td>Per Ticket Policy 5.3 (k)</td>
</tr>
</tbody>
</table>

4. Verification
I have read and understand FPPC Regulations 18944.1 and 18946. I have verified that the distribution set forth above is in accordance with the requirements.

Signature of Agency Head or Designee Print Name Title
Megan Moret Ticket Administrator 5/20/15

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 [X] No [ ]
   - Event Description: LA Phil
   - Face Value of Each Ticket/Pass: $99
   - Date(s): 05/15/2015
   - Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
   - Was ticket distribution made at the behest of agency official? No [X] Yes [ ]

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)/Pass(es)
   - Describe the public purpose made pursuant to the agency's policy

   **B. Name of Individual (Last, First)**
   - Number of Ticket(s)/Pass(es)
   - Ceremonial Role [X] Other [ ]
   - If checking “Ceremonial Role” or “Other” describe below:

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

4. **Verification**
   - I have reviewed and understand FPPC Regulations 18945.1 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
   - 5/20/15
   - 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: mmore@bos.lacounty.gov

2. Function or Event Information
   Does the agency have a ticket policy? Yes [X] No [ ]
   Event Description: LA Phil
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
   Was ticket distribution made at the behest of agency official? No [X] Yes [ ]
   Face Value of Each Ticket/Pass $119
   Date(s): 16 2015
   Name of Source: LA Phil

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)/Pass(es) | Describe the purpose made pursuant to the agency's policy

   Board of Supervisors Staff | 2 | Per Ticket Policy 5.3 (k)

   B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:

   Ceremonial Role [ ] Other [ ] Income [ ]
   Ceremonial Role [ ] Other [ ] Income [ ]

   C. Name of Outside Organization (Include address and description) | Number of Ticket(s)/Pass(es) | Describe the 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.
   Megan Moret [Signature of Agency Head or Designee]

   Date: 5/20/15
   Title: Ticket Administrator

   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

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

2. **Function or Event Information**
   - Does the agency have a ticket policy? Yes [x] No [x]
   - Face Value of Each Ticket/Pass: $99
   - Event Description: LA Phil
   - Date(s): 5/16/2015
   - Ticket(s)/Pass(es) provided by agency? Yes [x] No [x]
   - 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)/Pass(es)
   - Describe the public purpose made pursuant 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)
   - Identify one of the following:
     - Ceremonial Role [x] Other [x]
     - Income [x]
     - If checking "Ceremonial Role" or "Other" describe below:

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

4. **Verification**
   - I have read and understand FPPC Regulations 19944.1 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.
   - Megan Moret, Ticket Administrator
   - 5/20/15

   - Signature of Agency Head or Designee
   - Print Name
   - Title
   - (Month, Day, Year)

   - Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
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 [x] No [ ]
   Event Description: LA Phil
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   Face Value of Each Ticket/Pass $ [119]
   Date(s): 5/17/2015
   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)/Pass(es)
      Describe the public 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)/Pass(es)
      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)/Pass(es)
      Describe the public purpose made pursuant to the agency’s policy

4. Verification
   I have read and understand FPPC Regulations 19444.1 and 19447. I have verified that the distribution set forth above is in accordance with the requirements.
   Megan Moret [Signature of Agency Head of Designee]
   Ticket Administrator [Print Name]
   5/20/15 [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 E-mail
   213.974.4111 mmoret@bos.lacounty.gov

   Date Stamp
   California Form 802
   For Official Use Only
   Amendment (Must provide explanation in Part 3)
   Date of Original Filing (Month, Day, Year)

2. Function or Event Information
   Does the agency have a ticket policy? Yes x No
   Event Description LA Phil
   Face Value of Each Ticket/Pass $168
   Date(s) 5 17 2015
   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
   A. Name of Agency, Department or Unit
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency’s policy
      Board of Supervisors Staff 2 Per Ticket Policy 5.3-(k)

   B. Name of Individual
      (Last, First)
      Number of Ticket(s)/Pass(es)
      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)/Pass(es)
      Describe the public purpose made pursuant to the agency’s policy

4. Verification
   I have read and understand FPPC Regulations 19944.1 and 19945. I have verified that the distribution set forth above, is in accordance with the requirements.
   Megan Moret Ticket Administrator 5/20/15
   Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
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 X No □
   Event Description LA Phil
   Face Value of Each Ticket/Pass $168
   Date(s) 5 19 2015
   Ticket(s)/Pass(es) provided by agency? Yes X No □
   If no: LA Phil
   Name of Source
   Was ticket distribution made at the behest of agency official? No X Yes □
   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)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy

   B. Name of Individual
      (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role X Other □ Income □
      If checking "Ceremonial Role" or "Other" describe below:

      Ceremonial Role □ Other X Income □
      If checking "Ceremonial Role" or "Other" describe below:

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

4. Verification
   I hereby certify that I have reviewed and understand FPPC Regulations 4944.1 and 13942. I have verified that the distribution set forth above is in accordance with the requirements.
   Megan Moret Ticket Administrator 5/20/15
   Signature of Agency Head or Designee Print Name Title
   (Month, Day, Year)
   Comment

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
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 [x] No [ ]
   Event Description: LA Phil
   Face Value of Each Ticket/Pass: $168
   Date(s): 5/21/2015
   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? No [ ] Yes [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.

   A. Name of Agency, Department or Unit
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy

   B. Name of Individual
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role [x] Other [ ] Income [ ]
      If checking "Ceremonial Role" or "Other" describe below:
      Ben Wong
      2

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

4. Verification
   I have read and understand FPPC Regulations 18044.1 and 18045. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature & Agency Head or Designee: __________________________
   Print Name: __________________________
   Title: __________________________
   Date: 5/20/15

Comment: __________________________

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
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 $168
   Event Description LA Phil
   Date(s) 5/23/2015
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Name of Source
   If yes:
   Official’s Name (Last, First)
   Name of Source
   If no:
   LA Phil

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)/Pass(es)
      Describe the public purpose made pursuant to the agency’s policy
      Board of Supervisors Staff
      2
      Per Ticket Policy 5.3 (k)

   B. Name of Individual
      (Last, First)
      Number of Ticket(s)/Pass(es)
      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)/Pass(es)
      Describe the public purpose made pursuant to the agency’s policy

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18944.2. I have verified that the distribution set forth above is in accordance with the requirements.
   Megan Moret
   Ticket Administrator
   5/20/15
   (Month, Day, Year)
   Print Name
   Title
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 [x] No [ ]
   Event Description LA Phil
   Provides Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   Date(s) 5 23 2015
   Face Value of Each Ticket/Pass $99
   Name of Source
   If no: LA Phil
   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)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy
      Board of Supervisors Staff 2 Per Ticket Policy 5.3 (k)

   B. Name of Individual
      (Last, First)
      Number of Ticket(s)/Pass(es)
      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)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy

4. Verification
   I have read and understand FPPC regulations 18944.1 and 18945. 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  5/20/15
   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 [X] No [ ]
   Event Description: LA Phil
   Face Value of Each Ticket/Pass: $99
   Date(s): 5/24/2015
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
   If yes: LA Phil
   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)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy
      Board of Supervisors Staff
      2
      Per Ticket Policy 5.3 (k)

   B. Name of Individual (Last, First)
      Number of Ticket(s)/Pass(es)
      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)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy

4. Verification
   I have read and understand FPPC Regulations 19441 and 19442. I have verified that the distribution set forth above, is in accordance with the requirements.
   Megan Moret [Signature] Ticket Administrator
   Print Name
   Title
   (Month, Day, Year)
   5/20/15

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 [X] No [ ]
   - Event Description: LA Phil
   - Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
   - Was ticket distribution made at the behest of agency official? No [X] Yes [ ]
   - Face Value of Each Ticket/Pass: $168
   - Date(s): 5/26/2015
   - 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.

   **A. Name of Agency, Department or Unit**
   - Number of Ticket(s)/Pass(es)
   - Describe the public purpose made pursuant 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)
   - 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)/Pass(es)
   - Describe the public purpose made pursuant to the agency's policy

4. **Verification**
   - I have read and understand FPPC Regulations 18944.1 and 18944.2. I have verified that the distribution set forth above is in accordance with the requirements.
   - Megan Moret
   - Ticket Administrator
   - 5/20/15
   - Signature of Agency Head or Designee

Comment: [Blank]
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 [x] No [ ]
   Event Description: LA Phil
   Face Value of Each Ticket/Pass $99
   Date(s) 5/28/2015
   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? No [x] Yes [ ]
   If yes: Official’s Name (Last, First)

3. Recipients
   A. Name of Agency, Department or Unit  Number of Ticket(s)/Pass(es)  Describe the public purpose made pursuant to the agency’s policy
      Board of Supervisors Staff  2  Per Ticket Policy 5.3 (k)

   B. Name of Individual (Last, First)  Number of Ticket(s)/Pass(es)  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)/Pass(es)  Describe the public purpose made pursuant to the agency’s policy

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18949. I have verified that the distribution set forth above is in accordance with the requirements.
   Megan Moret  Ticket Administrator  5/20/15
   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 ☐
   Face Value of Each Ticket/Pass $168
   Date(s): 5/28/2015
   Event Description: LA Phil
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Name of Source: LA Phil
   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.
   A. Name of Agency, Department or Unit
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy
      Board of Supervisors Staff 2 Per Ticket Policy 5.3 (k)

B. Name of Individual
   (Last, First)
   Number of Ticket(s)/Pass(es)
   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)/Pass(es)
   Describe the public purpose made pursuant to the agency's policy

4. Verification
   I have read and understand FPPC regulations 18644.1 and 18642. I have verified that the distribution set forth above, is in accordance with the requirements.
   Megan Moret
   Signature of Agency Head or Designee
   Ticket Administrator
   Print Name
   Title
   Date: 5/20/15
   (Month, Day, Year)
   Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
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
Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
Was ticket distribution made at the behest of agency official? No [x] Yes [ ]
Face Value of Each Ticket/Pass $ 168
Date(s) 5/29/2015
If no:
Name of Source LA Phil
If yes:
Official’s Name (Last, First)

3. Recipients
A. Name of Agency, Department or Unit
Number of Ticket(s)/Pass(es)
Describe the public 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 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
Name of Individual (Last, First)
Number of Ticket(s)/Pass(es)
Describe the public purpose made pursuant to the agency’s policy

4. Verification
I have read and understand FPPC Regulations 18944.1 and 18945. 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 Ticket Administrator
Title 5/20/15
(Month, Day, Year)
Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
### Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

<table>
<thead>
<tr>
<th>1. Agency Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>County of Los Angeles</td>
</tr>
<tr>
<td>Division, Department, or Region (If Applicable)</td>
</tr>
<tr>
<td>Board of Supervisors, First District</td>
</tr>
<tr>
<td>Designated Agency Contact (Name, Title)</td>
</tr>
<tr>
<td>Megan Moret, Ticket Administrator</td>
</tr>
<tr>
<td>Area Code/Phone Number</td>
</tr>
<tr>
<td>213.974.4111</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Function or Event Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does the agency have a ticket policy?</td>
</tr>
<tr>
<td>Event Description</td>
</tr>
<tr>
<td>Provide Title/Explanation</td>
</tr>
<tr>
<td>Ticket(s)/Pass(es) provided by agency?</td>
</tr>
<tr>
<td>Was ticket distribution made at the behest of agency official?</td>
</tr>
<tr>
<td>Face Value of Each Ticket/Pass $</td>
</tr>
<tr>
<td>Date(s)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Recipients</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>Use Section A to identify the agency's department or unit.</em></td>
</tr>
<tr>
<td><em>Use Section B to identify an individual.</em></td>
</tr>
<tr>
<td><em>Use Section C to identify an outside organization.</em></td>
</tr>
</tbody>
</table>

#### A. Name of Agency, Department or Unit

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board of Supervisors Staff</td>
<td>4</td>
<td>Per Ticket Policy 5.3 (k)</td>
</tr>
</tbody>
</table>

#### B. Name of Individual

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

#### C. Name of Outside Organization

<table>
<thead>
<tr>
<th>Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</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.

Megan Moret | Ticket Administrator | 5/20/15 |

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 [X] No [ ]
   Event Description [L.A. Phil]
   Face Value of Each Ticket/Pass $168
   Date(s) 5 31 2015
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
   Was ticket distribution made at the behest of agency official? No [X] 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>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board of Supervisors Staff</td>
<td>2</td>
<td>Per Ticket Policy 5.3 (k)</td>
</tr>
</tbody>
</table>

4. Verification
   I have read and understand FPPC Regulations 18944, 18945. I have verified that the distribution set forth above is in accordance with the requirements.
   Signature of Agency Head or Designee
   Print Name
   Title
   (Month, Day, Year)

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
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 [X] No [ ]
   Face Value of Each Ticket/Pass $99
   Event Description LA Phil
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
   Date(s) 5 31 2015
   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)/Pass(es) Describe the public purpose made pursuant to the agency's policy
      
      Board of Supervisors Staff 2 Per Ticket Policy 5.3 (k)

   B. Name of Individual (Last, First) Number of Ticket(s)/Pass(es) 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)/Pass(es) Describe the public purpose made pursuant to the agency's policy
      

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18949. I have verified that the distribution set forth above is in accordance with the requirements.

   Signature of Agency Head of Designee Print Name Title
   Megan Moret Ticket Administrator 5/20/15 (Month, Day, Year)
   Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
## 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 [x] No [□]
- **Face Value of Each Ticket/Pass ($):** 25
- **Event Description:** Los Angeles County Museum of Art
- **Date(s):** 5/1/2015 12/31/15
- **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [x]
- **Was ticket distribution made at the behest of agency official?** Yes [x] No [□]

### 3. Recipients

#### A. Name of Agency, Department or Unit  
**Number of Ticket(s)/Pass(es)**  
**Describe the public purpose made pursuant to the agency's policy**

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

#### B. Name of Individual (Last, First)  
**Number of Ticket(s)/Pass(es)**  
**Identify one of the following:**

- **Ceremonial Role** [□]  
- **Other** [ ]  

**If checking “Ceremonial Role” or “Other” describe below:**

- **Income** [ ]

- **Ceremonial Role** [□]  
- **Other** [ ]  

**If checking “Ceremonial Role” or “Other” describe below:**

- **Income** [ ]

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

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

### 4. Verification

I have read and understand FPPC Regulations 49441 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.

**Signature of Agency Head of Contact**  
**Print Name**  
**Title**  
**Date (Month, Day, Year):** 5/20/15

**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: Los Angeles County Museum of Art
   - Face Value of Each Ticket/Pass: $25
   - Date(s): 5/1/2015 12/31/15
   - Ticket(s)/Pass(es) provided by agency? Yes[ ] No[ ]
   - If no: Los Angeles County Museum of Art
   - Name of Source
   - If yes: Los Angeles County Museum of Art
   - 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>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board of Supervisors Staff</td>
<td>2</td>
<td>Per Ticket Policy 5.3 (k)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Individual (First, Last)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ] Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</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: Megan Moret
   - Print Name: Ticket Administrator
   - Title: 5/20/15
   - (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 $25
Event Description: Los Angeles County Museum of Art
Provide Title/Explanation
Date(s): 5/1/2015 12/31/15
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Los Angeles County Museum of Art
Name of Source:

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
<table>
<thead>
<tr>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board of Supervisors Staff</td>
<td>Per Ticket Policy 5.3 (k)</td>
</tr>
</tbody>
</table>

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

C. Name of Outside Organization (Include address and description)
<table>
<thead>
<tr>
<th>Number of Ticket(s)/Pass(es)</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 18644.1 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: Megan Moret
Title: Ticket Administrator
Date (Month, Day, Year): 5/20/15

Comment: 

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
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 [x] No [ ]
   Face Value of Each Ticket/Pass $ 25
   Event Description: Los Angeles County Museum of Art
   Provide Title/Explanation
   Date(s) 5/1/2015 12/31/15
   Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
   If no: Los Angeles County Museum of Art
   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)/Pass(es) | Describe the public purpose made pursuant to the agency's policy

   Board of Supervisors Staff | 2 | Per Ticket Policy 5.3 (k)

   B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | 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)/Pass(es) | 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.

   Megan Moret
   Title: Ticket Administrator
   Date: 5/20/15
   Signature of Agency Head or Designee

   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

2. **Function or Event Information**
   - Does the agency have a ticket policy? Yes [x] No [ ]
   - Event Description: Los Angeles County Museum of Art
   - Face Value of Each Ticket/Pass $25
   - Date(s): 5 [ ] 1 [ ] 2015 [ ] 12 [ ] 31 [ ] 15
   - Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   - If no: Los Angeles County Museum of Art
   - Name of Source: [ ]
   - If yes: [ ]

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**
   - Board of Supervisors Staff
   - Number of Ticket(s)/Pass(es): 2
   - Describe the public purpose made pursuant to the agency’s policy: Per Ticket Policy 5.3 (k)

   **B. Name of Individual**
   - [ ]
   - Number of Ticket(s)/Pass(es): [ ]
   - 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)/Pass(es): [ ]
   - Describe the public purpose made pursuant to the agency’s policy:

4. **Verification**
   - I have read and understood FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.
   - Signature: [ ]
   - Print Name: Megan Moret
   - Title: Ticket Administrator
   - Date: 5/20/15

**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 [X] No
Event Description
Los Angeles County Museum of Art
Provide Title/Explanation
Face Value of Each Ticket/Pass $25
Date(s)
5 1 2015
12 31 15
Ticket(s)/Pass(es) provided by agency? Yes [ ] No [X]
If no:
If yes:
Los Angeles County Museum of Art
Name of Source
Name of 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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board of Supervisors 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)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role [ ] Other [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income [ ]</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>C. Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</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 19344.1 and 19342. I have verified that the distribution set forth above, is in accordance with the requirements.
Megan Moret
Ticket Administrator
5/20/15

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: Los Angeles County Museum of Art
   Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
   Was ticket distribution made at the behest of agency official? No [x] Yes [ ]
   Face Value of Each Ticket/Pass: $25
   Date(s): 5/1/2015 12/31/15
   If no:
   Los Angeles County Museum of Art
   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)/Pass(es)
      Describe the public 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)/Pass(es)
      Ceremonial Role [ ] Other [ ] Income [ ]
      If checking "Ceremonial Role" or "Other" describe below:
      Ceremonial Role [ ] Other [ ] Income [ ]

   C. Name of Outside Organization (Include address and description)
      Number of Ticket(s)/Pass(es)
      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: [Signature]
   Agency Head or Designee: Megan Moret
   Print Name: Ticket Administrator
   Title: (Month, Day, Year)
   Date: 5/20/15

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
   Date Stamp
   California Form 802
   For Official Use Only
   Amendment (Must provide explanation in Part 1)
   Date of Original Filing

2. Function or Event Information
   Does the agency have a ticket policy? Yes [x] No [ ]
   Event Description
   Los Angeles County Museum of Art
   Provide Title/Explanation
   Face Value of Each Ticket/Pass: $25
   Date(s)
   1 2015
   12 31 15
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   If no: Los Angeles County Museum of Art 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)/Pass(es)
   Describe the public 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)/Pass(es)
   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)/Pass(es)
   Describe the public purpose made pursuant to the agency’s policy

4. Verification
   I have read and understand FPPC Regulations 19441 and 19442. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Megan Moret
   Title
   Print Name
   Ticket Administrator
   5/20/15
   (Month, Day, Year)
   Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
# 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 [x] No []
- **Face Value of Each Ticket/Pass:** $25
- **Event Description:** Los Angeles County Museum of Art
- **Date(s):** 5/1/2015 12/31/15
- **Ticket(s)/Pass(es) provided by agency?** Yes [x] No []
- **Official’s Name (Last, First):** Los Angeles County Museum of Art
- **Name of Source:**
- **If no:**
- **If yes:**

### 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
<table>
<thead>
<tr>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Board of Supervisors Staff 2</td>
<td>Per Ticket Policy 5.3 (k)</td>
</tr>
</tbody>
</table>

#### B. Name of Individual
<table>
<thead>
<tr>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ceremonial Role [ ] Other [ ]</td>
</tr>
</tbody>
</table>

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

#### C. Name of Outside Organization
<table>
<thead>
<tr>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 4. Verification
- I have read and understand FPPC regulations 19344.1 and 19342. I have verified that the distribution set forth above is in accordance with the requirements.
- **Signature:** [Signature]
- **Print Name:** [Print Name]
- **Title:** [Title]
- **Date:** 5/20/15

**Comment:**

---

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
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 X No □
   Face Value of Each Ticket/Pass $25
   Event Description Los Angeles County Museum of Art
   Date(s) 5 1 2015 12 31 15
   Ticket(s)/Pass(es) provided by agency?  Yes □ No X
   If no: Los Angeles County Museum of Art
   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)/Pass(es)
      Describe the public 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)/Pass(es)
      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)/Pass(es)
      Describe the public purpose made pursuant to the agency’s policy

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18945. I have verified that the distribution set forth above is in accordance with the requirements.
   Megan Moret(X) Ticket Administrator
   Signature of Agency Head or Designee  Print Name  Title
   (Month, Day, Year) 5/20/15

Comment: 

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)