A Public Document California 802

Date Stamp

	emonial Role Eve lency Name	nts and 110	cket/Pass Distribu
Franklin	unty of Los Angeles		
Div	ision, Department, or Re	gion (If Applicabl	le)
Во	ard of Supervisors, First	District	
De	signated Agency Contac	t (Name, Title)	
Me	gan Moret, Ticket Admi	nistrator	andren - at within mater 2 a compression

ns

Division, Department, or Reg	jion (If Applicabl	e)			For Official Use Only
Board of Supervisors, First D	District				
Designated Agency Contact	(Name, Title)				
Megan Moret, Ticket Admir	istrator			Amendment (Must pro	uide avalenation in Part 3 \
Area Code/Phone Number 213.974.4111	E-mail mmoret@bo	os.lacounty.gov		Date of Original Filing:	(Month, Day, Year)
Function or Event Info		Yes 🗵 No	Face Value c	of Each Ticket/Pass \$ 40	
Event Description Dodgers	Provide Title/Exp	Dianation	Date(s) 7	3 ,15	
Ticket(s)/Pass(es) provided	by agency?	Yes No 🗵	If no: Dodge	ers Name of Sour	се
Was ticket distribution made of agency official?	at the behest	No 🗵 Yes 🗖	If yes:	Official's Name (La	ıst, First)

3. Recipients

2.

• 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.

Α.	Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
staff		2	Per ticket policy 5.3 (k)
B.	Name of Individual (Lest First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
			Ceremonial Role C Other C Income Income Income 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
Inevé		<u>t 18942. I have v</u> Moret <i>Print</i> Nai	renified that the distribution set forth above, is in accordance with the requirements. Ticket Administrator 7/31/15 me Title (Month, Day, Year)
Con	nment:		FPPC Form 802 (4/12

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

Agency	Report of:	
-		

Ceremonial Role Events and Tick	(et/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
County of Los Angeles				
Division, Department, or Region (If Applicable)				For Official Use Only
Board of Supervisors, First District				
Designated Agency Contact (Name, Title)				
Megan Moret, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must)	provide explanation in Part 3.)
213.974.4111 mmoret@bos	lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information				
Does the agency have a ticket policy?	YesX No	Face Value o	f Each Ticket/Pass \$	40
Dedgers		Date(s) 7	,6 ,15	
Event Description Dougers Provide Title/Expla	nation			
Ticket(s)/Pass(es) provided by agency?	Yes No	× If no: Dodg∈		
	_		Name of S	ourca
Was ticket distribution made at the behest of agency official?	No× Yes	If yes:	Official's Name	(Last, First)
 Recipients Use Section A to identify the agency's department or u 	ınit. • Use Se	ction B to identify an Individu	al. • Use Section C to ide	ntify an outside organization.
A. Name of Agency, Department or Unit	Number of	and the second	lic purpose made pursuan	The second s
	Ticket(s)/ Pass(es)			
staff	2	Per ticket policy 5.3	(k)	
	2	i or nonot pointy ore		
	Number of			
B. Name of Individual (Lest, First)	Ticket(s)/ Pass(es)		Identify one of the follow	ving:
		Ceremonial Role	Other	income
		If checking "Ceremor	ial Role" or "Other" describe below	
		Ceremonial Role	Other	Income
			nial Role" or "Other" describe below	
				The second s
	1			
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the put	olic purpose made pursual	nt to the agency's policy
	Pass(es)		ato potenzione di contra di	
			······································	
1				
A Warisionation			1-10-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
4. Verification	18942, I have y	verified that the distribution set	forth above, is in accordance v	vith the requirements.
	Moret		et Administrator	7/31/15
Signature of Agency Viead of Designee	Print Na	me	Title	(Month, Day, Year)
V T				
Comment:				EDDC Earm 903 (4/13

C	eremonial Role Events and Ticl	ket/Pass	Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	County of Los Angeles				
	Division, Department, or Region (If Applicable,)			For Official Use Only
	Board of Supervisors, First District				
	Designated Agency Contact (Name, Title)				
	Megan Moret, Ticket Administrator				
	Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
	213.974.4111 mmoret@bos	s.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information				0
	Does the agency have a ticket policy?	Yes 🔀 No	Face Value o	f Each Ticket/Pass \$	
	Event Description Dodgers		Date(s) 7	,7 ,15	
	Provide Title/Expla	anation	Dodge		
	Ticket(s)/Pass(es) provided by agency?	Yes 🗖 No	× If no:	Name of So	urce
	Was ticket distribution made at the behest	No 🗶 Yes	1 (fund)	<u> </u>	
	of agency official?		If yes:	Official's Name (Last, First)
3.	Recipients				
	Use Section A to identify the agency's department or t		ction B to identify an individu	al. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
	staff	2	Per ticket policy 5.3	(k)	
	B. Name of Individual (Lest, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
			Ceremonial Role	Other	income 🔲
			If checking "Coremon	ial Role" or "Other" describe below:	
		1	Ceremonial Role	Other	Income
			If checking "Caremon	ial Role" or "Other" describe below:	
		Number of			
	C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	t to the agency's policy
		rass(es).			
۵			<u>]]</u>	·····	
- ./	I have realised understand FFP Reputations 18914.1 and	l 18942. have v	erified that the distribution set f	orth above, is in accordance w	ith the requirements.
/	//////////////////////////////////////		11	Administrator	7/31/15
/	VSgratere of Agency Headlor Designee	Print Na	ne	Title	(Month, Day, Year)
			<u></u>		
	Comment:				

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
County of Los Angeles				Form UUZ
Division, Department, or Region (If Applicable	•)			For Official Use Only
Board of Supervisors, First District		<u></u>		
Designated Agency Contact (Name, Title)				
Megan Moret, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must)	provide explanation in Part 3.)
213.974.4111 mmoret@box	s.lacounty.g	ον	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information		······································	Γ	40
Does the agency have a ticket policy?	Yes 🔀 No	Face Value of	of Each Ticket/Pass \$	
Event Description Dodgers		Date(s) 7	,8 ,15	
Provide Title/Expl	anation	Dodge	ars	
Ticket(s)/Pass(es) provided by agency?	Yes 🔲 No	If no:	Name of S	ource
Was ticket distribution made at the behest	No 🗶 Yes	lf yes:		
of agency official?		••••••••••••••••••••••••••••••••••••••	Official's Name	(Last, First)
3. Recipients				
Use Section A to identify the agency's department or		ction B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuar	it to the agency's policy
staff	2	Per ticket policy 5.3	(k)	
B. Name of Individual (Lest, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
		Ceremonial Role	C Other	income
		If checking "Ceremon	nial Role" or "Other" describe below	
	T	Ceremonial Role	Other	Income
		If checking "Caremo	nial Role" or "Other" describe below	:
C Name of Outside Organization	Number of			
C. Name of Outside Organization (Include address and description)	Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursual	nt to the agency's policy
		1	·····	
/				
4. Xegification				
/I have repoi and understand FPHC Regulations 18944.1 and				
	n Moret		et Administrator	7/31/15
Stringure of Agendy Hisati or Designee	Print Na	me	Title	(Month, Day, Year)
Commont				
Comment:	ww.com.com.com.com.com			EPPC Form 802

Agency Report of:			
Caremonial Role F	wonte and	Ticket/Pase	Dist

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
County of Los Angeles				T OTTI
Division, Department, or Region (If Applicable)			For Official Use Only
Board of Supervisors, First District				
Designated Agency Contact (Name, Title)				
Megan Moret, Ticket Administrator			Amendment (Must	provide explanation in Part 3.)
Area Code/Phone Number E-mail				
213.974.4111 mmoret@bo	s.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information				40
Does the agency have a ticket policy?	Yes 🗶 No	Face Value c	f Each Ticket/Pass \$ L	
Event Description Dodgers Provide Title/Expl	anation	Date(s) 7	9 15	
Ticket(s)/Pass(es) provided by agency?	Yes 🗖 No	× If no: Dodge	ers Name of S	OW/CP
Was ticket distribution made at the behest	No 🗵 Yes			
of agency official?	NO 🔛 Tesi	ld If yes:	Official's Name	(Last, First)
3. Recipients				
Use Section A to identify the agency's department or		ction B to identify an Individ	ual. • Use Section C to ide	ntify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuar	t to the agency's policy
staff	2	Per ticket policy 5.3	(k)	
B. Name of Individual (Lest, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
		Ceremonial Role	Other	income 🗖
		Ir checking "Ceremol	ial Role" or "Other" describe below	
		Ceremoniai Role	Other	income
		If checking "Ceremoi	aial Role" or "Other" describe below	
C Name of Outside Organization	Number of	Describe the pul	blic purpose made pursuar	at to the aponeu's policy
(include address and description)	Ticket(s)/ Pass(es)	Describe trie pui	wic pulpose made pulsual	u to una adauch a houch
<u> </u>				
4. Verification		adiad that the distribution	Endh nhava in i	with the securing mapping
	n Moret		<i>forth above, is in accordance u</i> et Administrator	7/31/15
Vicgu	Print Nat		Title	(Month, Day, Year)
Comment:	·····			

Agency Report of: Commonial Role Events and Ticket/Pa

Agency Name bunty of Los Angeles ivision, Department, or Region (If Applicable bard of Supervisors, First District esignated Agency Contact (Name, Title) legan Moret, Ticket Administrator	e)		Date Stamp	California Form 802
ivision, Department, or Region (If Applicable bard of Supervisors, First District esignated Agency Contact (Name, Title)	e)	<u></u>		
bard of Supervisors, First District esignated Agency Contact (Name, Title)	e)		#	
esignated Agency Contact (Name, Title)	<u> </u>			For Official Use Only
egan Moret, Ticket Administrator				
- g				provide explanation in Part 3.)
rea Code/Phone Number E-mail				
3.974.4111 mmoret@bc	os.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
unction or Event Information			Γ	40
oes the agency have a ticket policy?	Yes 🔀 No	Face Value	of Each Ticket/Pass \$	
vent Description Dodgers	· · · · · · · · · · · · · · · · · · ·	Date(s) 7	,10 ,15	
Provide Title/Exp		≍ If no: Dodg	ers	
icket(s)/Pass(es) provided by agency?	Yes 🗌 No	X If no:	Name of S	ource
/as ticket distribution made at the behest of agency official?	No 본 Yes	If yes:	Official's Name	(Last, First)
lecipients				
Use Section A to identify the agency's department or	unit. • Use Se	ction B to identify an individ	Iual. • Use Section C to ide	atify an outside organization.
Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
taff	2	Per ticket policy 5.3	(k)	
), Name of Individual (Last First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
en het de la de la destante de la de		Ceremonial Role If checking "Ceremo	Other Other Other Other Other Other	
		Ceremonial Role If checking "Ceremo	Other Definition of the service below.	
	Number of			
Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuar	It to the agency's policy
Phification		<u> </u>		
	n <u>d 18942. I have v</u> n Moret		<i>forth above, is in accordance v</i> et Administrator	vith the requirements. 7/31/15
Signature of Agency Heat or Designee	Print Na		Tille	(Month, Day, Year)
17	. ,			(mona, 5a), (6a)

Agency	Re	₽p	or	t c	of:				
-	-		-		1000		1000		

remonial Role Events and Tic	ket/Pass	Distributions	\$	A Public Documen
Agency Name			Date Stamp	California 802
County of Los Angeles				Form For Official Use Only
Division, Department, or Region (If Applicable)			
Board of Supervisors, First District				
Designated Agency Contact (Name, Title)				
Megan Moret, Ticket Administrator				provide explanation in Part 3.)
Area Code/Phone Number E-mail			Date of Original Filing	
213.974.4111 mmoret@bo	s.lacounty.g	00		(Month, Day, Year)
Function or Event Information			ue of Each Ticket/Pass \$	40
Does the agency have a ticket policy?	Yes 🗵 No		7	
Event Description Dodgers Provide Title/Expl	anation	Date(s) L		
Ticket(s)/Pass(es) provided by agency?	Yes No	X If no: Do	dgers	
nover(a)// assies/ provided by agency :			Name of S	ource
Was ticket distribution made at the behest of agency official?	No 본 Yes	If yes:	Official's Name	(Last. First)
• Use Section A to identify the agency's department or	unit. • Use Se	ction B to identify an inc	lividual. • Use Section C to ide	ntify an outside organization.
A. Name of Agency, Department or Unit	Number of		public purpose made pursua	
	Ticket(s)/ Pass(es)			
staff	2	Per ticket policy	5.3 (k)	
B. Name of Individual (Lest, First)	Number of Ticket(s)/ Pass(es)		Identify one of the folio	wing:
	1 000(00)	Ceremonial F	Role Other	Income
		lf checking "Ce	remonial Role" or "Other" describe below	<i>1</i> .
		Ceremonial F	Role Other	Income
		if checking "Ce	remonial Role" or "Other" describe below	<i>v</i> :
			· · · · · · · · · · · · · · · · · · ·	
	Number of			
C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the	e public purpose made pursua	nt to the agency's policy
			·····	
Verification 1		<u></u>		
I have read and understand FPO Regulations 18944.1 an		1 Г		
		1 17	Caluat Administrator	1 7/01/15
Mega	n Moret		Ficket Administrator	7/31/15
	n Woret Print Na			(Month, Day, Year)

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

Agency	Rep	ort	of:		

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Country of Los Angeles	eremonial Role Events and Tic	ket/Pass	Distributions		A Public Documen
County of Los Angeles Por Official Use Only Board of Supervisors, First District Per Official Use Only Beard of Supervisors, First District Per Official Use Only Designated Agency Contact (Name, 70th) Para Codd/Phone Number (Mast product science) in Part 37 Data Codd/Phone Number (Enamil Para Codd/Phone Number (Enamil Para Codd/Phone Number (Enamil Does the agency have a ticket policy Yes No Pace Value of Each Ticket/Pass § 10 Does the agency have a ticket policy Yes No Pace Value of Each Ticket/Pass § 10 Det of Original Filling: //Mont, 5er, Yes/ No Det of Original Filling: //Mont of Supervisors Face Value of Each Ticket/Pass § 10 Det of Original Filling: //Mont of Supervisors Face Value of Each Ticket/Pass § 10 Det of Original Filling: //Mont of Supervisors Face Value of Each Ticket/Pass § 10 Det of Original Filling: //Mont of Supervisors Face Value of Each Ticket/Pass § 10 Det of Original Filling: //Mont of Supervisors Face Value of Each Ticket/Pass § 10 Det of Generation to Unit Yes © In No. If no: Dodgers It description for the section Ato Identify an utility to each the section C to Identify an utilite originization. A supervisor or Other d	Agency Name			Date Stamp	California 802
Division, Department, or Region (If Applicable) Board of Supervisors, First District Designate 4 Agency Contact (Mane, Fille) Wegan Moret, Ticket Administrator Arma Code/Phone Number E-mail Date of Original Filling (Month, Day, Year) Date of Original Filling (Month, Day, Year) Function or Event Information Dodgers Provide release and the balance Provide release and at the balance Provide release and at the balance No Yeas Vias Stoket distribution made at the balants No Yeas Vias Stoket distribution made at the balants No Yeas Vias Stoket distribution made at the balants No Yeas Discribents Vias Stoket distribution made at the balants Name of Agency, Department or unit Name of Agency, Department or unit Taketed Paceted Describe the public purpose made pursuant to the agency's policy Staff 2 Per ticket policy 3.3 (k)	County of Los Angeles				
Designated Agency Contact (Nerre, 7Ner) Wegan Moret, Ticket Administrator Area Code/Phone Number E-mail Wegan Moret, Ticket Administrator Area Code/Phone Number E-mail Code Table Co	Division, Department, or Region (If Applicable	ə)			t of official cool only
Megan Moret, Ticket Administrator	Board of Supervisors, First District				
Area Code/Phone Number F.mail Immore Lethons (Code Doced accounts of the second second accounts of the second	Designated Agency Contact (Name, Title)				
Area Code/Phone Number E-mail 213.974.4111 mmoretel/bos.lacounty.gov Date of Original Filing: Month. Day, Year 213.974.4111 mmoretel/bos.lacounty.gov Date of Original Filing: Month. Day, Year 213.974.4111 mmoretel/bos.lacounty.gov Pace of Original Filing: Month. Day, Year 213.974.4111 mmoretel/bos.lacounty.gov Pace of Original Filing: Month. Day, Year 213.974.4111 mmoretel/bos.lacounty.gov Pace Value of Each Ticket/Pase § 40 Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pase § Event Description Oodgers Pace Value of Each Ticket/Pase § 40 Vas ticket distribution made at the behest or onit. No Yes If no: Dodgers Vas ticket distribution made at the behest or onit. • 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(a) Describe the public purpose made pursuant to the agency's policy B. Name of Individual Number of Ticket(a) Identify one of the following: Income Vastrig Pace of Outside Organization Norther of Ticket(a)<	Megan Moret, Ticket Administrator				myide explanation in Part 31
(Month, Day, Tear) (Month, Day, Tear) (Month, Day, Tear) Date (a) (Month, Day, Tear) Date (b) Description Dodgers Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes Name of Source Mass dicket distribution made at the behest of agency official? Name of Agency, Department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or unit. • Use Section A to identify the agency's department or Unit Receipients • Use Section A to identify the agency's department or Unit Receipients • Use Section A to identify the agency's department or Unit Receipients • Use Section A to identify the agency's department or Unit Receipients • Use Section A to identify the agency's department or Unit Receipients • Use Section A to identify the agency's department or Unit				—	
Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ HU Event Description Dodgers Dote(s) 29 15 Image: Source Provide TitleExplanation Ticket(s)/Pass(es) provided by agency? Yes No If no: Dodgers Was ticket distribution made at the behest of agency of tical? No Yes If no: Dota(a's Name of Source 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) Describe the public purpose made pursuant to the agency's policy Paster) Staff 2 Per ticket policy 5.3 (k) Identify one of the following: Income B. Name of Individual Number of Ticket(s) Identify Chemonial Role C Other C into following: Income C. Name of Outside Organization Number of Ticket(s) Describe the public purpose made pursuant to the agency's policy Pasters C. Name of Outside Organization Number of Ticket(s) Income Income C. Name of Outside Organization Number of Ticket(s) Describe the public purpose made pursuan		s.lacounty.g	OV	Date of Original Filing:	(Month, Day, Year)
Event Description Dotders Provide TitledExplanation Date(s) Ticket(s)/Pass(es) provided by agency? Yes No If no: Dotagers Name of Source Was ticket distribution made at the behest No Yes If yes: Official's Name (Last, First) Recipients Official's Name (Last, First) Subsection 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) Describe the public purpose made pursuant to the agency's policy Pass(es) Staff 2 Per ticket policy 5.3 (k) Income Income B. Name of Individual Number of Ticket(s) Issertion for other following: Income Proversitie Role Other Income Income C. Name of Outside Organization Number of Ticket(s) Describe the public purpose made pursuant to the agency's policy Past(s) Describe the public purpose made pursuant to the agency's policy Income Vertification Number of Ticket(s) Describe the public purpose made pursuant to the agency's policy				4	10
Event Description Provide TitleExplanation Provide TitleExplanation If no: Dodgers If no: Maria af Source If no: Official? NoE Yes Recipients If no: • 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 Titleket(s) Describe the public purpose made pursuant to the agency's policy Pass(es) Per ticket policy 5.3 (k) Identify one of the following: income Staff 2 Per ticket policy 5.3 (k) Income Income B. Name of individual (mumber of TitleKet(s) Edentify one of the following: Income If checking Ceremonial Role Other Income If checking Ceremonial Role Other Income If checking Ceremonial Role or Other describe below. Income If checking Ceremonial Role or Other describe below. Income If checking Ceremonial Role or Other describe below. Income If checking Commonal Role or Other describe below. Income Income	ALL MARKET AND A DESCRIPTION OF A DESCRIPT	Yes X No	Face Value o		
Ticket(s)/Pass(es) provided by agency? Yes No If no: Dodgers Was ticket distribution made at the behest of agency official? No Yes If yes: Official's Name of Source 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 Pass(es) Describe the public purpose made pursuant to the agency's policy staff 2 Per ticket policy 5.3 (k) Income B. Name of Individual (set Freq (include address and description) Number of Pass(es) Identify one of the following: Ceremonial Role Other Other is non- income Income Income If checking "Ceremonial Role or Other describe below. Income Income C. Name of Outside Organization (include address and description) Number of Taketicy Describe the public purpose made pursuant to the agency's policy Verification Income Income Income Income If wearded and updensions floated theout is not instrator Trice Income If checking take or Other describe backing Income Income	Event Description Dodgers		Date(s) /	29 15	
If Cket(s)/Pass(es) provided by agency? Yes No X If No X Yes Official's Name (Lest, First) Recipients • Use Section A to identify the agency's department or unit • Use Section B to identify an individual. • Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Tracketyle Describe the public purpose made pursuant to the agency's policy Staff 2 Per ticket policy 5.3 (k) Identify one of the following: Identify one of the following: B. Name of Individual (Act, Field) Member of Toteled (Commonial Role I) Other IIII (Income IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII			Dodge	rs	
Official? Official? Name (Lest, First) Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Number of Ticket(s) Describe the public purpose made pursuant to the agency's policy staff 2 Per ticket policy 5.3 (k) B. Name of Individual (Lest First) Number of Ticket(s) B. Name of Individual (Lest First) Identify one of the following: Pass(es) Ceremonial Role Other Income If checking "Commonial Role Other or "Other describe below: Income If checking "Commonial Role or or "Other describe below: Income Income If checking "Commonial Role or or "Other describe below: Income Income If checking "Commonial Role or or "Other describe below: Income Income If checking to com	Ticket(s)/Pass(es) provided by agency?	Yes No	if no:	and a second	ource
of agency official? Control of agency official? Control of agency official? Control of agency official? Control of agency ag	Was ticket distribution made at the behest	No 🗵 Yes	If ves:	· · · · · · · · · · · · · · · · · · ·	same and states see an assistant to an electron of
	of agency official?			Official's Name	'Last, First)
A. Name of Agency, Department or Unit Number of Theselogy Describe the public purpose made pursuant to the agency's policy staff 2 Per ticket policy 5.3 (k) B. Name of Individual (see, Fing) Number of Ticket(s) B. Name of Individual (see, Fing) Number of Ticket(s) Ceremonial Role Other Income Urbacking "Demonial Role" or "Other" describe below: Income Ceremonial Role Other Income Urbacking "Demonial Role" or "Other" describe below: Income Ceremonial Role Other Income Urbacking "Demonial Role" or "Other" describe below: Income Coremonial Role Other Income Urbacking "Demonial Role" or "Other" describe below: Income Urbacking "Demoni	Recipients				
A. Name of Agency, Department or Unit Titlest[s]/ Pass(es) Describe the public purpose made pursuant to the agency's policy staff 2 Per ticket policy 5.3 (k)			ction B to identify an individu	al. • Use Section C to ider	tify an outside organization.
B. Name of Individual (Lest, Find) Number of Ticket(s)/ Pass(es) Identify one of the following: B. Name of Individual (Lest, Find) Number of Ticket(s)/ Pass(es) Ceremonial Role Other Income Ceremonial Role Other Other Income Income If checking "Ceremonial Role Other Income Income If checking "Commonial Role Describe the public purpose made pursuant to the a	A. Name of Agency, Department or Unit	Ticket(s)/	Describe the pub	lic purpose made pursuan	t to the agency's policy
B. Name of individual (Lest, Find) Number of Ticket(s) Pass(es) Identify one of the following: Describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Income Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Income Commonial Role or Other" describe below: Income If checking "Ceremonial Role" or "Other" describe below: Income If checking "Ceremonial Role or "Other" describe below: Income If checking "Ceremonial Role or or "Other" describe below: Income Verification Number of Ticket(s)" Describe the public purpose made pursuant to the agency's policy Verification Magnet of Agency/read and the distribution set forth above. Is in accordance with the requirements. Megan Moret Investment of agency/read of besigne Print Name Ticket Administrator [7/31/15] Wegan Moret Tide (Month. Day, Year) Tide (Month. Day, Year)	staff	2	Per ticket policy 5.3	(k)	
B. Name of Individual (Lest Find) Toket(s)/ Pass(es) Identify one of the following: Pass(es) Ceremonial Role Other Income It checking "Ceremonial Role" or "Other" describe below: Income Ceremonial Role Other Income It checking "Ceremonial Role" or "Other" describe below: Income Ceremonial Role Other Income It checking "Ceremonial Role" or "Other" describe below: Income It 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 Verification Include address and description) Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Verification Include address and description Regen Moret Ticket Administrator T/31/15 Megan Moret Ticket Administrator Tile Month, Day, Year					
B. Name of Individual (Lest Find) Toket(s)/ Pass(es) Identify one of the following: Pass(es) Ceremonial Role Other Income It checking "Ceremonial Role" or "Other" describe below: Income Ceremonial Role Other Income It checking "Ceremonial Role" or "Other" describe below: Income Ceremonial Role Other Income It checking "Ceremonial Role" or "Other" describe below: Income It 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 Verification Include address and description) Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Verification Include address and description Regen Moret Ticket Administrator T/31/15 Megan Moret Ticket Administrator Tile Month, Day, Year					
It checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income Income It checking "Ceremonial Role" or "Other" describe below: Income It checking "Ceremonial Role" or "Other" describe below: C. Name of Outside Organization (Include address and description) Number of Ticket(sy) Describe the public.purpose made pursuant to the agency's policy Pass(es) Verification Inverted and understand FMPC Regulations 18944.1 and 18942.1 have varified that the distribution set forth above, is in accordance with the requirements. Megan Moret Megan Moret Ticket Administrator [//31/15] Megan Moret Title (Month, Day, Year)	B. Name of Individual (Lest, First)	Ticket(s)/		Identify one of the follow	dng:
C. Name of Outside Organization (Include address and description) Verification I have reside of understand FMPC Regulations 18944.1 and 18942.1 have varified that the distribution set forth above, is in accordance with the requirements. I have reside of understand FMPC Regulations 18944.1 and 18942.1 have varified that the distribution set forth above, is in accordance with the requirements. Megan Moret Megan Moret Print Name Title (Month, Day, Year			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 Verification In layered and understand FMPC Regulations 16944.1 and 18942.1 have verified that the distribution set forth above, is in accordance with the requirements. Megan Moret Ticket Administrator 7/31/15 Verified of Agency Head & Designee Print Name Title (Month, Day, Year)			If checking "Coremon	ial Role" or "Other" describe below:	
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 Verification In layered and understand FMPC Regulations 16944.1 and 18942.1 have verified that the distribution set forth above, is in accordance with the requirements. Megan Moret Ticket Administrator 7/31/15 Verified of Agency Head & Designee Print Name Title (Month, Day, Year)					
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 Pass(es) Verification I have read and understand FIAC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. I have read and understand FIAC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. I have read and understand FIAC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Megan Moret Ticket Administrator Tille (Month, Day, Year			Ceremonial Role	Other	income
C. Name of Outside Organization (include address and description) Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Verification I have read and understand FFPC Regulations 18944.1 and 18942.1 have varified that the distribution set forth above, is in accordance with the requirements. I have read and understand FFPC Regulations 18944.1 and 18942.1 have varified that the distribution set forth above, is in accordance with the requirements. I have read and understand FFPC Regulations 18944.1 and 18942.1 have varified that the distribution set forth above, is in accordance with the requirements. Megan Moret Describe the public purpose made pursuant to the agency's policy (Month, Day, Year			If checking "Ceremon	ial Role" or "Other" describe below.	
C. Name of Outside Organization (include address and description) Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Verification I have read and understand FFPC Regulations 18944.1 and 18942.1 have varified that the distribution set forth above, is in accordance with the requirements. I have read and understand FFPC Regulations 18944.1 and 18942.1 have varified that the distribution set forth above, is in accordance with the requirements. I have read and understand FFPC Regulations 18944.1 and 18942.1 have varified that the distribution set forth above, is in accordance with the requirements. Megan Moret Describe the public purpose made pursuant to the agency's policy (Month, Day, Year					
C. Name of Outside Organization (include address and description) Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Verification I have read and understand FFPC Regulations 18944.1 and 18942.1 have varified that the distribution set forth above, is in accordance with the requirements. I have read and understand FFPC Regulations 18944.1 and 18942.1 have varified that the distribution set forth above, is in accordance with the requirements. I have read and understand FFPC Regulations 18944.1 and 18942.1 have varified that the distribution set forth above, is in accordance with the requirements. Megan Moret Describe the public purpose made pursuant to the agency's policy (Month, Day, Year		Number of			
Verification I have resid and understand F/PC Regulations 16944.1 and 18942.1 have venified that the distribution set forth above, is in accordance with the requirements. Megan Moret Ticket Administrator 7/31/15 Instalue of Agency Head of Designee Print Name Title (Month, Day, Year		Ticket(s)/	Describe the put	lic purpose made pursuar	t to the agency's policy
I have read and understand FFFC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. I have read of a gency Head of Designee Megan Moret Ticket Administrator 7/31/15 Browalule of Agency Head of Designee Print Name Title (Month, Day, Year)					
I here read and understand FIFIC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. I here read Megan Moret Ticket Administrator 7/31/15 Browalue of Agency Head of Designee Print Name Title (Month, Day, Year)					
I here read and understand FIFIC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. I here read Megan Moret Ticket Administrator 7/31/15 Browalue of Agency Head of Designee Print Name Title (Month, Day, Year)					
I here read and understand FIFIC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. I here read Megan Moret Ticket Administrator 7/31/15 Browalue of Agency Head of Designee Print Name Title (Month, Day, Year)					
I here read and understand FIFIC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. I here read Megan Moret Ticket Administrator 7/31/15 Browalue of Agency Head of Designee Print Name Title (Month, Day, Year)					
Brografule of Agency Head of Designee Print Name Tille (Month, Day, Year		d 18942. I have y	verified that the distribution set	orth above, is in accordance v	<u>vith the requirements.</u>
	//////////////////////////////////////	n Moret	Ticke	et Administrator	7/31/15
	V brogalufe of Agency Head & Designee	Print Na	me	Tille	(Month, Day, Year)
	V				

Agency	Report	of:		
	mint Dat	La Elizabeta	and Tiel	cat/Day

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
County of Los Angeles		·····		Form UU2 For Official Use Only
Division, Department, or Region (If Applicable	e)].	For Onicial Ose Only
Board of Supervisors, First District				
Designated Agency Contact (Name, Title)				
Megan Moret, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must)	provide explanation in Part 3.)
213.974.4111 mmoret@bc	s.lacounty.g	ov	Date of Original Filing	(Month, Day, Year)
2. Function or Event Information				40
Does the agency have a ticket policy?	Yes 🗙 No	Face Value	of Each Ticket/Pass \$	
Event Description Dodgers		Date(s) 7	,31 ,15	
Provide Title/Exp	lanation		ore	
Ticket(s)/Pass(es) provided by agency?	Yes 🔲 No	If no: Dodg	Name of S	DI//CB
Was ticket distribution made at the behest	No 🗵 Yes			
of agency official?		lf yes:	Official's Name	(Last, First)
3. Recipients				
Use Section A to identify the agency's department or	unit. • Use Se	ction B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuar	it to the agency's policy
staff	2	Per ticket policy 5.3	(k)	
	Number of			
B. Name of Individual	Ticket(s)/ Pass(es)		Identify one of the follow	ving:
		Ceremonial Role	Other	income
		If checking "Ceremo	nial Role" or "Other" describe below	
		Ceremoniai Role	Other	Income
			nial Role" or "Other" describe below	
			a contraction of the second second	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the pu	blic purpose made pursual	
	Pass(es)			
			and the second	
		· · ·		
				· · · · · · · · · · · · · · · · · · ·
4. Verification	d 18942. have v	erified that the distribution set	forth above, is in accordance v	vith the requirements.
	n Moret		et Administrator	7/31/15
Signature of Agency Head or Designee	Print Nar		Title	(Month, Day, Year)
Comment:	· · · · · · · · · · · · · · · · · · ·			EDDC Form 902 (4/42

	nonial Role Events and	Ticket/Pas	s Distributions		A Public Documen
	ency Name			Date Stamp	California 802
	nty of Los Angeles				For Official Use Only
Divis	ion, Department, or Region (if App	olicable)	10 ¹¹		
Boar	d of Supervisors, First District				
Desi	gnated Agency Contact (Name, Title	<i>э)</i>		1	
Meg	an Moret, Ticket Administrator				
	Code/Phone Number E-mail			Amendment (Must	provide explanation in Part 3.)
213.9	74.4111 mmore	t@bos.lacounty.	gov	Date of Original Filing:	(Month, Day, Year)
. Fun	ction or Event Information			=1	
Does	the agency have a ticket policy?	Yes≚ N	o Face Value	of Each Ticket/Pass \$	35
F	t Description Hollywood Bowl		7	7 15	
Even	T Description Provide Tri	tle/Explanation	Date(s)	/	
Ticke	et(s)/Pass(es) provided by agency	? Yes N	o⊠ lf no: Holly∖	wood Bowl	
				Name of S	ource
	ticket distribution made at the beh gency official?	nest No⊠ Ye	s If yes:	Officially Margaret	(Frank Florid)
				Official's Name	
	ipients				
	Section A to identify the agency's departm	Number of	 A State State Sector Spectra A 	RANK TO THE ASSAULT DATE OF THE	the second s
A.	Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
staff		4	Per ticket policy 5.3	(k)	
				×	
В.	Name of Individual	Number of Ticket(s)/		Identify one of the follow	
	(Lest, First)	Pass(es)			ving:
			Ceremonial Role	Other	income
			If checking "Ceremo	nial Role" or "Other" describe below.	2022/01/2020/2020-01/2010/10/10/10/10/10/10/10/10/10/10/10/10/
			Ceremonial Role	Other	income
				nial Role" or "Other" describe below.	
C.	Name of Outside Organization	Number of Ticket(s)/		blic purpose made pursuar	t to the agency's policy
	(Include address and description)	Pass(es)			
					<u></u>
					anna mar ann an 11 an 2010 an 21 ann an Sanna ann an 12 a
1	A I				
Veri	fication ///////		<u></u>		
have		4.1 and 18942. have	verified that the distribution set	forth above, is in accordance w	rith the requirements.
[1/M (1/1 // M	legan Moret	Tick	et Administrator	7/31/15
Ħ	Signature of Agency Head or Designed	Print N	ame ame	Title	(Month, Day, Year)
		······································			
Com	ment:				

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
County of Los Angeles				Form UUZ
Division, Department, or Region (If Applicable	e)			For Official Use Only
Board of Supervisors, First District				
Designated Agency Contact (Name, Title)				
Megan Moret, Ticket Administrator				. 1
Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
213.974.4111 mmoret@bo	s.lacounty.g	lov	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information				
Does the agency have a ticket policy?	YesX No	Face Value o	of Each Ticket/Pass \$	5
Event Description Hollywood Bowl		7	,7 ,15	
Provide Title/Expl	anation	Date(s)		••••••••••••••••••••••••••••••••••••••
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: Hollyw	vood Bowl	
			Name of So	urce
Was ticket distribution made at the behest of agency official?	No 🗶 Yes	If yes:	Official's Name (ast First)
3. Recipients • Use Section A to identify the agency's department or	unit. 🔹 Use Se	ction B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	The Case of the Star Star		A Second S
	1			
staff	4	Per ticket policy 5.3	(K)	
B. Name of Individual (Lest First)	Number of Ticket(s)/		Identify one of the follow	ing:
	Pass(es)			
		Ceremonial Role If checking "Ceremon	ial Role" or "Other" describe below:	Income
		Ceremonial Role		Income
		If checking "Ceremon	ial Role" or "Other" describe below:	
C. Name of Outside Organization	Number of			
(include address and description)	Ticket(s)/ Pass(es)	Describe the put	dic purpose made pursuant	to the agency's policy
4 Verification	······································	4 D	- 1 - 2 - 2 - 1 - 1 - 2 - 1 - 2 - 2 - 2	* · · · · · · · · · · · · · · · · · · ·
/ Inaversed and understand FHPC Regulations 18 <u>944.1 and</u>		erified that the distribution set (forth above, is in accordance wi	th the requirements.
Megar	Moret	Ticke	et Administrator	7/31/15
Signature of Agency Head or Designee	Print Nar	ne	Title	(Month, Day, Year)
Comment:				EPRC Form 802 (4/12)

Ce	eremonial Role Events and Ticl	ket/Pass	Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	County of Los Angeles				Form
	Division, Department, or Region (If Applicable))			For Official Use Only
1	Board of Supervisors, First District				
	Designated Agency Contact (Name, Title)				
	Megan Moret, Ticket Administrator	······································			
l	Area Code/Phone Number E-mail			Amendment (Must	provide explanation in Part 3.)
	213.974.4111 mmoret@bos	.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information			, [
	Does the agency have a ticket policy?	YesX No	Face Value o	of Each Ticket/Pass \$	35
	Event Description Hollywood Bowl		Date(s) 7	,7 ,15	
	Provide Title/Expla	nation	r		
	Ticket(s)/Pass(es) provided by agency?	Yes No	K If no: Hollyv	vood Bowl	
		72		Name of Sc	ou/ce
	Was ticket distribution made at the behest of agency official?	No 🛛 Yes	If yes:	Official's Name ((Last, First)
_			<u> </u>	-	· · · · · · · · · · · · · · · · · · ·
J .	• Use Section A to identify the agency's department or u	unit. • Use Se	ction B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Department or Unit	Number of	en la si da l'hinnañ a		
	A. Hains of Agency, Department of Onit	Ticket(s)/ Pass(es)			
	staff	4	Per ticket policy 5.3	(k)	
		**	i el ticket policy 5.5	(1)	
		Number of			
	B. Name of Individual (Last, Firel)	Ticket(s)/ Pass(es)		identify one of the follow	ving:
			Ceremonial Role	Other	Income
			If checking "Caremoi	nial Role" or "Other" describe below;	
	- iteration				
			Ceremonial Role If checking "Ceremon	L Other L nial Role" or "Other" describe below:	Income
		r			
	C. Name of Outside Organization	Number of Ticket(s)/	Describe the pul	olic purpose made pursuan	t to the agency's policy
	(Include address and description)	Pass(es)		na sing kanalara na sing kanalara sing kanalara. Mangarakan sing kanalara si Mangarakan sing kanalara si	
4.	Verification				
$ \gamma $	Phave reed and understand FAPC/Requiations 18944.1 and Megan			<i>forth above, is in accordance w</i> et Administrator	
Y	Signature of Agency Head or Designee	Print Nat		EL AOIMINISU ALOI	7/31/15
	Signature of Agency mead of Designee	Print Nat	117	! T # B	(Month, Day, Year)
	Comment:		······		5000 Form 800 (4(40

Agency Report of: Ceremonial Role Events and Tick	(et/Pass	Distributions		A Public Document
. Agency Name County of Los Angeles Division, Department, or Region (If Applicable)			Date Stamp	California Form 802 For Official Use Only
Board of Supervisors, First District Designated Agency Contact (Neme, Title)				
Megan Moret, Ticket Administrator Area Code/Phone Number E-mail 213.974.4111 mmoret@bos	.lacounty.g	ov	Amendment (Must) Date of Original Filing:	rovide explanation in Part 3.) (Month, Day, Year)
Event Description Hollywood Bowl Provide Title/Expla	Yes <mark>⊠ No</mark> nation Yes⊡ No No⊠ Yes	Date(s) 7	f Each Ticket/Pass \$,7 15 rood Bowl Name of Sc Official's Name	
• Use Section A to identify the agency's department or u A. Name of Agency, Department or Unit	nit. • Use Se Number of Ticket(s)/	A STREET STREET STREET	ial. • Use Section C to ider	
staff	Pass(es) 4	Per ticket policy 5.3	(k)	
B. Name of individual (Lest First)	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon	Identify one of the follow Other Other	ring:
		Ceremonial Role If checking "Ceremon	Other D	income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuar	t to the agency's policy
			forth ebove, is in accordance v et Administrator Title	ith the requirements. 7/31/15 (Month, Day, Year)
Comment:				

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

Ceremonial Role Events and Ticl	ket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
County of Los Angeles				
Division, Department, or Region (If Applicable))			For Official Use Only
Board of Supervisors, First District				
Designated Agency Contact (Name, Title)				
Megan Moret, Ticket Administrator				
Area Code/Phone Number E-mail	·····		Amendment (Mustr	provide explanation in Part 3.)
213.974.4111 mmoret@bos	lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information			Ê	5
Does the agency have a ticket policy?	Yes 🗙 No	Face Value of	of Each Ticket/Pass \$	
Event Description Hollywood Bowl	····	Date(s) 7	,7 ,15	
Provide Title/Expla	nation	F	vood Bowl	
Ticket(s)/Pass(es) provided by agency?	Yes 🗖 No	× If no:	Name of Sc	urce
Was ticket distribution made at the behest of agency official?	No Yes	If yes:	Official's Name (Last, First)
3. Recipients				
Use Section A to identify the agency's department or u	mit. • Use Se	ction B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuan	to the agency's policy
staff	4	Per ticket policy 5.3	(k)	
	Number of			
B. Name of Individual (Lest, First)	Ticket(s)/ Pass(es)		Identify one of the follow	ing:
		Ceremonial Role	Other	Income
		If checking "Ceremon	ial Role" or "Other" describe below:	
		Ceremonial Role	Other	
		if checking "Ceremor	nial Role" or "Other" describe below:	
C. Name of Outside Organization	Number of			
(include address and description)	Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuan	t to the agency's policy
				······
4. Verification				<u></u>
Neve read and understand FFPC Regulations 18944 1 and				
Megan			et Administrator	7/31/15
Signature of Agency Head or Designee	Print Na	ne	Title	(Month, Day, Year)
Comment		······		

A Public Document

1.	Agency Name			Date Stamp	California 802
	County of Los Angeles				Form For Official Use Only
	Division, Department, or Region (If Applicable	»)			
	Board of Supervisors, First District				
	Designated Agency Contact (Name, Title)				
	Megan Moret, Ticket Administrator			Amendment (Must pr	ovide explanation in Part 3.)
I	Area Code/Phone Number E-mail				
	213.974.4111 mmoret@bo	s.lacounty.g	OV	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information		_	35	5
	Does the agency have a ticket policy?	Yes 🗶 No	Face Value c	of Each Ticket/Pass \$	
	Event Description Hollywood Bowl		Date(s) 7	,7 ,15	
	Provide Title/Expl	anation		vood Bowl	
	Ticket(s)/Pass(es) provided by agency?	Yes 🗖 No	If no:	Name of Sou	Irce
	Was ticket distribution made at the behest of agency official?	No 🎽 Yes	If yes:	Official's Name (L	ast, Firsl)
3.	Recipients				
	Use Section A to identify the agency's department or	unit. • Use See	 A Support State State 	New States and the second second	an tea de la consecta
	A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant i	to the agency's policy
	staff	4	Per ticket policy 5.3	(k)	
	B. Name of individual (Leet, First)	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng:
			Ceremonial Role If checking "Ceremon	D Other D Other Other describe below:	income
			Ceremonial Role	Other	income
			If checking "Coremon	ial Role" or "Othe r" describe below :	
		Number of			
	C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es).	Describe the pub	lic purpose made pursuant	to the agency's policy
4.	Verification Interest and understand IPPC Regunations 18944.1 and	1 18942 have vi	erified that the distribution sat f	onth above is in accordance will	h tha ramiramante
	Megar			et Administrator	7/31/15
L,	Righture of Agency Head of Cesting	Print Nan		Title	(Month, Day, Year)
			an a		,
	Comment:				

Agency Name			Date Stamp	California 80
County of Los Angeles				Form
Division, Department, or Region (If Applicable)				For Official Use Only
Board of Supervisors, First District				
Designated Agency Contact (Name, Title)				
Megan Moret, Ticket Administrator				provide explanation in Part 3.)
Area Code/Phone Number E-mail			Date of Original Filing	
213.974.4111 mmoret@bos	.iacounty.g	OV.	Date of Original Filmy	(Month, Day, Year)
Function or Event Information Does the agency have a ticket policy?	Yes× No	Eace Value o	of Each Ticket/Pass \$	35
Lally used Dowl			7 15	
Event Description Provide Title/Explain	nation	Date(s)	<u></u>	
Ticket(s)/Pass(es) provided by agency?	Yes No	K If no: Hollyv	vood Bowl	the state of the s
			Name of S	ource
Was ticket distribution made at the behest of agency official?	No 🔀 Yes	If yes:	Official's Name	(Last, First)
			· · · · · · · · · · · · · · · · · · ·	
 Recipients Use Section A to identify the agency's department or u 	nit. 🔺 Use Se	ction B to identify an Individ	ual. • Use Section C to ide	ntify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the put	dic purpose made pursua	nt to the agency's policy
	Pass(es)			
staff	4	Per ticket policy 5.3	(k)	
B. Name of Individual	Number of Ticket(s)/		Identify one of the follo	wina:
(Lest, First)	Pass(es)			
		Ceremonial Role If checking "Ceremon	hial Role" or "Other" describe below	income c
		Ceremonial Role	Other U	, ,
	-			
C. Name of Outside Organization	Number of Ticket(s)/	Describe the put	blic purpose made pursua	nt to the agency's policy
C. Name of Outside Organization (Include address and description)	Number of Ticket(s) Pass(es)	Describe the put	blic purpose made pursua	nt to the agency's policy
	Ticket(s)/	Describe the pu	olic purpose made pursua	nt to the agency's policy
	Ticket(s)/	Describe the pul	olic purpose made pursua	nt to the agency's policy
	Ticket(s)/	Describe the put	olic purpose made pursua	m to the agency's policy
(Include address and description)	Ticket(s)/	Describe the pul	olic purpose made pursua	nt to the agency's policy
(Include address and description)	Ticket(s) Pass(es)			
(Include address and description)	Ticket(s)/ Pass(es) 18942, I have y	erified that the distribution set		

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С	eremonial Role Events and Ticl	ket/Pass	Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	County of Los Angeles				
	Division, Department, or Region (If Applicable)			For Official Use Only
	Board of Supervisors, First District				:
	Designated Agency Contact (Name, Title)				
	Megan Moret, Ticket Administrator		<u> </u>		
	Area Code/Phone Number E-mail				provide explanation in Part 3.)
	213.974.4111 mmoret@bos	s.lacounty.g	οv	Date of Original Filing	(Month, Day, Year)
2.	Function or Event Information				35
	Does the agency have a ticket policy?	Yes 🗵 No	Face Value	of Each Ticket/Pass \$	
	Event Description Hollywood Bowl		Date(s) 7	,7 ,15	
	Provide Title/Expl	anation		upod Powl	
	Ticket(s)/Pass(es) provided by agency?	Yes No	× If no: Holly	Nood Bowl	0.00724
	Was ticket distribution made at the behest	No 🗵 Yes	n . [
	of agency official?	No 🖾 Yes	L If yes:	Official's Name	(Last, First)
3.	Recipients				
J.	Use Section A to identify the agency's department or i	unit. • Use Se	ction B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuar	nt to the agency's policy
	staff	4	Per ticket policy 5.3	(k)	
			, or the tot period are		
	B. Name of Individual (Last, First)	Number of Ticket(s)/		Identify one of the follo	wiņg:
	(cac, i us)	Pass(es)	Ceremonial Role	Other D	
				onial Role" or "Other" describe below	
					2000-000-000-000-000-000-000-000-000-00
			Ceremonial Role	Other	Income
				onial Role" or "Other" describe below	
	C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/	Describe the pu	iblic purpose made pursua	nt to the agency's policy
		Pass(es)			
				- Constantine	
-		1			n an
4	Verification	d 18942. I have v	erified that the distribution se	t forth above, is in accordance	with the requirements.
/		n Moret		et Administrator	7/31/15
	Signature of Agency Head or Designee	Print Na		Tille	(Month, Day, Year)
			<u></u>		
	Comment:				EDDC Earm 902 (4/42

Agency Report of: :-i D. onte and Ticket/Pase Distributions

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
County of Los Angeles				Polini
Division, Department, or Region (If Applicable)			For Official Use Only
Board of Supervisors, First District	oard of Supervisors, First District			
Designated Agency Contact (Name, Title)	······································			
Megan Moret, Ticket Administrator			C Amandment /////st	provide explanation in Part 3.)
Area Code/Phone Number E-mail				
213.974.4111 mmoret@bo	s.lacounty.g	OV	Date of Original Filing	(Month, Day, Year)
2. Function or Event Information				35
Does the agency have a ticket policy?	Yes X No	Face Value	of Each Ticket/Pass \$	
Event Description Hollywood Bowl		Date(s) 7	,7 ,15	
Ticket(s)/Pass(es) provided by agency?	Yes No	if no: Hollyw	vood Bowl	
			Name of S	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 Se	ction B to identify an individ	lual. • Use Section C to ide	entify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursual	nt to the agency's policy
staff	4	Per ticket policy 5.3	(k)	······································
B. Name of Individual (Lost, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follo	wing:
		Ceremonial Role If checking "Ceremo	Other Other Other	income 🗖
		Ceremonial Role If checking "Ceremo	Other D	income []
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua	int to the agency's policy
4. Verification				
have read and understand FPPC Redalations 18944.1 an Mega	<u>d 18942. I have v</u> n Moret		t forth above, is in accordance set Administrator	with the requirements. 7/31/15
Signature of Agency Head or Designee	Print Na	me	Title	(Month, Day, Year)
· · · · · · · · · · · · · · · · · · ·				
Comment:				

Ceremonial Role Events and Ticl	cet/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
County of Los Angeles				FOIIII
Division, Department, or Region (If Applicable)				For Official Use Only
Board of Supervisors, First District				
Designated Agency Contact (Name, Title)]	
Megan Moret, Ticket Administrator				rovide explanation in Part 3.)
Area Code/Phone Number E-mail				
213.974.4111 mmoret@bos	lacounty.go	ov	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information				5
	Yes 🗙 No	Face Value o	of Each Ticket/Pass \$	
Event Description Hollywood Bowl Provide Title/Expla	nation	Date(s) 7	7 15	
Ticket(s)/Pass(es) provided by agency?	Yes No	K If no: Hollyv	vood Bowl Name of Sc	DUICe
Was ticket distribution made at the behest of agency official?	No본 Yes	If yes:	Official's Name (Last, First)
3. Recipients			und a line Section C to iden	titu an autoida arranivation
• Use Section A to identify the agency's department or i	Number of		Ale Contractor de la terre-	
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the put	dic purpose made pursuan	t to the agency's policy
staff	4	Per ticket policy 5.3	(K)	
B. Name of Individual (Lest First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	/ing:
		Ceremonial Role # checking "Coremo	Dther nial Role" or "Other" describe below:	income
		Ceremonial Role If checking "Ceremo	Other Other or 'Other' describe below:	
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuar	it to the agency's policy
4. Verification				
I have feed and understand EppC Regulations 18944.1 and		1		
	n Moret		et Administrator	7/31/15
Schaufe of Agency Head or Designee	Print Na	me	Title	(Month, Day, Year)
Comment:				

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C	eremonial Role Events and Ticl	ket/Pass	Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	County of Los Angeles				Form 002 For Official Use Only
	Division, Department, or Region (If Applicable))			For Oriclar Use Only
	Board of Supervisors, First District				
	Designated Agency Contact (Name, Title)				
	Megan Moret, Ticket Administrator				
	Area Code/Phone Number E-mail			Amendment (Must p	provide explanation in Part 3.)
	213.974.4111 mmoret@bos	s.lacounty.g	ον	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information				35
	Does the agency have a ticket policy?	YesX No	Face Value of	of Each Ticket/Pass \$	
	Event Description Hollywood Bowl		Date(s) 7	,7 ,15	
	Provide Title/Expla	anation			
	Ticket(s)/Pass(es) provided by agency?	Yes 🗖 No	If no: Hollyv	vood Bowl Name of So	
	Mere tisket distribution made at the behast		r-1		Maa I
	Was ticket distribution made at the behest of agency official?	No 🛛 Yes	lf yes:	Official's Name	(Last, First)
3.	Recipients	· · · · ·			
	Use Section A to identify the agency's department or a	unit. • Use Se	ction B to identify an Individ	ual. • Use Section C to ider	tify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pul	dic purpose made pursuan	t to the agency's policy
	staff	4	Per ticket policy 5.3	(k)	
	B. Name of Individual (Lest, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
			Ceremonial Role	Other	Income
			If checking "Ceremo	nial Role" or "Other" describe below:	
	,				
			Ceremonial Role	Other	Income
				nial Role" or "Other" describe below:	
	C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/	Describe the pu	blic purpose made pursuar	nt to the agency's policy
		Pass(es)			
4					a an
7	I have read and understand FPPA Reputations 18944.1 and	1 18942. have v	rerified that the distribution set	forth above, is in accordance v	vith the requirements.
E	MADA IVIAT Megar	n Moret	Tick	et Administrator	7/31/15
	Signature of Agency Head or Designed	Print Nai	me	Title	(Month, Day, Year)
	Comment:				

Agency Report of:		
Ceremonial Role Events	and Ticket/Pass Di	is

Ceremonial Role Events and Tio	cket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
County of Los Angeles				FUIII
Division, Department, or Region (If Applicab	le)			For Official Use Only
Board of Supervisors, First District				
Designated Agency Contact (Name, Title)				
Megan Moret, Ticket Administrator				rovide explanation in Part 3.)
Area Code/Phone Number E-mail				(Ovide explanation in Fail 3.)
	os.lacounty.g	0V	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information			3	5
Does the agency have a ticket policy?	Yes 🗙 No	Face Value of	of Each Ticket/Pass \$L	
Event Description Hollywood Bowl		Date(s) 7	7 15	
Provide Title/Ex		Hollyv	vood Bowl	
Ticket(s)/Pass(es) provided by agency?	Yes 🗖 No	If no:	Name of So	purce
Was ticket distribution made at the behest of agency official?	No 🗶 Yes	lf yes:	Official's Name (Last, First)
3. Recipients				
Use Section A to identify the agency's department o		ction B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuan	t to the agency's policy
staff	4	Per ticket policy 5.3	(k)	
B. Name of Individual (Lest, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
		Ceremonial Role	Other	income
		If checking *Ceremor	nial Role" or "Other" describe below:	
			· · · · · · · · · · · · · · · · · · ·	
		Ceremonial Role	Other	Income
		If checking "Ceremoi	nial Role" or "Other" describe below:	·······
			·	
C. Name of Outside Organization	Number of			
(include address and description)	Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuan	t to the agency's policy
			<u></u>	
4. Verification			5	the star manufacture at a star 1-
/ mave read and understand PPD Regulations 18944 1 a	nd 18942. Thave y an Moret		forth above, is in accordance w et Administrator	7/31/15
Sunature of Agency Head or Designee	Print Nai		Title	(Month, Day, Year)
				(Noted, 2027, 1981)
Comment:				

Agency	Report of:	
~		

eremonial Role Events and Tick	evrass	Distributions		A Public Documen		
Agency Name			Date Stamp	California 802		
County of Los Angeles				Form For Official Use Only		
Division, Department, or Region (If Applicable)				For Onicial Ose Only		
Board of Supervisors, First District						
Designated Agency Contact (Name, Title)						
Megan Moret, Ticket Administrator				L		
Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)		
213.974.4111 mmoret@bos.	lacounty.g	10V	Date of Original Filing:	(Month, Day, Year)		
Function or Event Information			3	5		
	Yes 🗵 No	Face Value of	of Each Ticket/Pass \$			
Event Description		Date(s) 7	7 ,15			
Provide Title/Explai	nation	Hollyv	vood Bowl			
Ticket(s)/Pass(es) provided by agency?	Yes 🗖 No	X If no:	Name of So	urce		
Was ticket distribution made at the behest	No X Yes	If yes:				
of agency official?			Official's Name (Last, First)		
Recipients						
Use Section A to identify the agency's department or u		ction B to identify an individ	ual. • Use Section C to iden	tify an outside organization.		
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuant	to the agency's policy		
staff	2	Per ticket policy 5.3	(k)			
B. Name of Individual (Lest, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:		
		Ceremonial Role	Other	Income		
		If checking "Caremon	nial Role" or "Other" describe below:			
		Ceremonial Role	Other	Income		
			nial Role" or "Other" describe below;			
		1				
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/	Describe the put	blic purpose made pursuan	t to the agency's policy		
	Pass(es)		una (blimant all contract contract).			
Verification						
	10010 11	rerified that the distribution set	forth above, is in accordance w	ith the requirements.		
Lineve read and understand FPPC Reputations 18944.1 and	<u>18942 (nave v</u>					
theye med and understand/FPPC Reputations 18944.1 and Megan			et Administrator	7/31/15		
Lifeve read and understand FPPC Reputations 18944.1 and		Tick	et Administrator			

Agency Report of: Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
County of Los Angeles			:	FORI
Division, Department, or Region (If Applicable	ə)			For Official Use Only
Board of Supervisors, First District				
Designated Agency Contact (Name, Title)				
Megan Moret, Ticket Administrator				anavitta avalanation in Part 2 l
Area Code/Phone Number E-mail				provide explanation in Part 3.)
213.974.4111 mmoret@bo	s.lacounty.g	ov	Date of Original Filing	(Month, Day, Year)
2. Function or Event Information			[35
Does the agency have a ticket policy?	Yes 🔀 No	Face Value o	f Each Ticket/Pass \$	
Event Description	t	Date(s)	,21 ,15	
Provide Title/Exp		Hollyw	ood Bowl	
Ticket(s)/Pass(es) provided by agency?	Yes No	x If no: └──	Name of S	ource
Was ticket distribution made at the behest of agency official?	No 🗵 Yes	If yes:	Official's Name	(Last, First)
3. Recipients				
Use Section A to identify the agency's department or		a stranger of the stranger	Na an an an ann an t-airte an t-airte	
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuar	nt to the agency's policy
staff	4	Per ticket policy 5.3	(k)	
B. Name of Individual (Lest, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follo	wing:
		Ceremonial Role If checking "Ceremon	Other D	income 🗖
		Ceremonial Role	Other	income
		If checking "Ceremon	ial Role" or "Other" describe below	<i>.</i>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursua	nt to the agency's policy
		1		
4. Verification I have year and understand FPPC Resultions 18944.1 and Mega	nd 18942. I have y In Moret		<i>forth above, is in accordance</i> et Administrator	with the requirements. 7/31/15
Signature of Agency Head or Designee	Print Na	me	Title	(Month, Day, Year)
Comment:				<u> </u>

Agency Name			Date Stamp	California 802
County of Los Angeles				For Official Use Only
Division, Department, or Region (If Applicable))			For Onicial Ose Only
Board of Supervisors, First District				
Designated Agency Contact (Name, Title)				
Megan Moret, Ticket Administrator			Amendment (Must	provide explanation in Part 3.)
Area Code/Phone Number E-mail 213.974.4111 mmoret@bc	s.lacounty.g	vc	Date of Original Filing	
Function or Event Information				(Month, Day, Year)
Does the agency have a ticket policy?	Yes No	Face Value c	of Each Ticket/Pass \$	35
Hollywood Bowl		Date(s) 7	,21 ,15	
Event Description	lanation	P1000000000000000000000000000000000000	rood Powl	
Ticket(s)/Pass(es) provided by agency?	Yes 🗖 No	X If no:	vood Bowl	ource
Was ticket distribution made at the behest	No 🔀 Yes	lf yes:		
of agency official?	100-000		Official's Name	(Last, First)
Recipients				
Use Section A to identify the agency's department of	unit. • Use See	Exercise a second second second	the second s	
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursual	nt to the agency's policy
staff		Per ticket policy 5.3	(k)	
		r er ticket policy 0.0		
B. Name of Individual (Lost First)	Number of Ticket(s)/ Pass(es)		Identify one of the follo	wing:
		Ceremonial Role	Other	income
		If checking "Ceremoi	niał Role" or "Other" describe below	£
		Ceremonial Role		Income
		it checking "Caremo	nial Role" or "Other" describe belov	
			·	
C. Name of Outside Organization	Number of Ticket(s)/	Describe the pul	blic purpose made pursua	nt to the agency's policy
(include address and description)	Pass(es)			
Verification /		<u></u>		
	nd 18942. I have v	erified that the distribution set	forth above, is in accordance	with the requirements.
have read and understand FPAC Regulations 18944.1 a				
	n Moret Print Na	Tick	et Administrator	7/31/15 (Month, Day, Year)

Agency Name			Date Stamp	California 802
County of Los Angeles Division, Department, or Region (If Applicable)				For Official Use Only
Board of Supervisors, First District Designated Agency Contact (Name, Title)				
Megan Moret, Ticket Administrator Area Code/Phone Number E-mail			Amendment (Must	rovide explanation in Part 3.)
213.974.4111 mmoret@bos	.lacounty.g	vc	Date of Original Filing:	(Month, Day, Year)
Function or Event Information			[
	Yes 🗵 No	Face Value o	f Each Ticket/Pass \$	35
Event Description Hollywood Bowl		Date(s) 7	,21 ,15	
Provide Title/Expla	nation	Particular and a second s	ood Bowl	
Ticket(s)/Pass(es) provided by agency?	Yes 🗖 No	X If no:	Name of Sci	wrce
Was ticket distribution made at the behest	No 🗶 Yes	If yes:		
of agency official?	NO Lesi	in yes. L	Official's Name	Last, First)
Recipients				
Use Section A to identify the agency's department or u		ction B to identify an Individu	al. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
staff	4	Per ticket policy 5.3	(k)	
				1. March 10. 10. 10. 10. 10. 10. 10. 10. 10. 10.
B. Name of individual	Number of Ticket(s)/		Identify one of the follow	/ing:
(Lest, First)	Pass(es)			- <u></u>
		Ceremonial Role If checking "Ceremon	ial Role" or "Other" describe below	income
		Ceremonial Role If checking "Ceremor	L Other L Dial Role" or "Other" describe below	income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the put	blic purpose made pursual	it to the agency's policy
	Pass(es)		an godor An China an Ch	
Verification				
Vernication Inave read and understand FPPC Regulations 18944.1 and	18942. have y	erified that the distribution set	forth above, is in accordance v	vith the requirements.
			. A. A. June ton to Assach as a	
() (Y Y) Megan	Moret	ICK	et Administrator	7/31/15

Ce	eremonial Role Events and Ticl	ket/Pass	Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	County of Los Angeles				Form
•	Division, Department, or Region (If Applicable))			For Official Use Only
	Board of Supervisors, First District				
	Designated Agency Contact (Name, Title)				
	Megan Moret, Ticket Administrator				
I	Area Code/Phone Number [E-mail		· · · · · · · · · · · · · · · · · · ·	Amendment (Must)	provide explanation in Part 3.)
	213.974.4111 mmoret@bos	s.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information				1
	Does the agency have a ticket policy?	Yes 🔀 No	Face Value of	of Each Ticket/Pass \$	35
	Event Description Hollywood Bowl Provide Title/Expla	anation	Date(s) 7	,21 ,15	
		Yes No	🗙 lf no: Hollyv	vood Bowl	
	Was ticket distribution made at the behest of agency official?	NoX Yes	If yes:	Official's Name (
3	Recipients				
	Use Section A to identify the agency's department or a	unit. • Use Se	ction B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	Nic purpose made pursuan	t to the agency's policy
	staff	4	Per ticket policy 5.3	(k)	
ļ	B. Name of Individual (Lest, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
			Ceremonial Role If checking "Ceremor	C Other C other other other other	income
1			Ceremonial Role If checking "Ceremor	U Other U pial Role" or "Other" describe below:	
	C, Name of Outside Organization	Number of			
	(include address and description)	Ticket(s)/ Pass(es)		olic purpose made pursuan	L to the agency's policy
4.		10010 ()			
/	have reed and understand FRFC Regulations 16944.1 and Megan		1	<i>forth above, is in accordance w</i> et Administrator	7/31/15
(Signaure of Agency Head or Designee	Print Nar	ne	Title	(Month, Day, Year)
	Comment:				
	OVERENTE, CONTRACTOR OF THE OWNER				

Agency	Re	port	of:	
-				

Agency Name		Date Stamp	California 80
County of Los Angeles			Form OU.
Division, Department, or Region (If Applicable)			For Official Use Only
Board of Supervisors, First District			
Designated Agency Contact (Name, Title)			
Megan Moret, Ticket Administrator Area Code/Phone Number [E-mail		Amendment (M	ust provide explanation in Part 3.)
213.974.4111 mmoret@bos	.lacounty.g	DV Date of Original Fili	ng: (Month, Day, Year)
Function or Event Information			
	Yes No	Face Value of Each Ticket/Pass	\$ 35
Hallwood Bowl		7 21 15	
Event Description	nation	Date(s)	<u>المسلم المسلم المس</u>
Ticket(s)/Pass(es) provided by agency?	Yes 🗖 No	× If no: Hollywood Bowl	
neket(s)/i disetes/ provided by dgeney?		Name d	of Source
Was ticket distribution made at the behest of agency official?	NoX Yes	If yes: Official's Na	me (Last, First)
Recipients • Use Section A to identify the agency's department or u	unit. • Use Se	tion 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 purs	and Strategic and states
staff	4	Per ticket policy 5.3 (k)	
B. Name of Individual (Lest First)	Number of Ticket(s)/ Pass(es)	Identify one of the fo	llowing:
		Ceremonial Role DOther D	incom
		Ceremoniai Role 🔲 Other 🖵	incom
		Ceremonial Role Other II If checking "Ceremonial Role" or "Other" describe b	
	Number of	If checking "Ceremonial Role" or "Other" describe b	alow:
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	It checking "Ceremonial Role" or "Other" describe b	alow:
	Ticket(s)/	If checking "Ceremonial Role" or "Other" describe b	alow:
	Ticket(s)/	If checking "Ceremonial Role" or "Other" describe b	alow:
	Ticket(s)/	If checking "Ceremonial Role" or "Other" describe b	alow:
	Ticket(s)/	If checking "Ceremonial Role" or "Other" describe b	alow:
(include address and description)	Ticket(s)/	If checking "Ceremonial Role" or "Other" describe b	alow:
	Ticket(s)/ Pass(es)	It checking "Ceremonial Role" or "Other" describe b Describe the public purpose made purs	www.
(Include address and description) Verification I begread and understand IPPC Regulations 18944.1 and	Ticket(s)/ Pass(es)	It checking "Ceremonial Role" or "Other" describe b Describe the public purpose made purs	uant to the agency's policy

Agency Report of: J TIAL 4/175

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
County of Los Angeles				Form UUZ
Division, Department, or Region (If Applicable	e)			For Official Use Only
Board of Supervisors, First District				
Designated Agency Contact (Name, Title)]	
Megan Moret, Ticket Administrator				provide explanation in Part 3.)
Area Code/Phone Number E-mail				
213.974.4111 mmoret@bc	s.lacounty.go	V	Date of Original Filing	:(Month, Dəy, Year)
2. Function or Event Information				35
Does the agency have a ticket policy?	Yes X No	Face Value of	of Each Ticket/Pass \$	
Event Description Hollywood Bowl	lanation	Date(s) 7	,21 ,15	
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: Hollyw	/ood Bowl Name of S	
Was ticket distribution made at the behest	No Yes	If yes:	Nanie 32. S	umr.e
of agency official?			Official's Name	(Last, First)
3. Recipients • Use Section A to identify the agency's department of	unit e lise Sec	ion B to identify an individu	ual a lise Section C to ide	entify an outside organization.
A. Name of Agency, Department or Unit	Number of		lic purpose made pursuar	
A. Warne of Agency, Department of Onit	Ticket(s)/ Pass(es)	Describe die pur	ne pulposa made pulada	in to the effective a pointy.
staff	4	Per ticket policy 5.3	(k)	
B. Name of Individual (Lost, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follo	wing:
		Ceremonial Role If checking "Ceremon	Other Antice Deformation of the other	income 🗖
			P3	
			L Other L nial Role" or "Other" describe below	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pul	olic purpose made pursua	nt to the agency's policy
4. Verification			5 00 - 20 0 - 20	
Mayeyeed and understand RPPC Regulations T8944.1 ar	nd 18942. I have ve	ntied that the distribution set	forth above, is in accordance	with the requirements.
/ I K Mega	in Moret	Tick	et Administrator	7/31/15
Signature of Agency Head or Designee	Print Nam	e	Title	(Month, Day, Year)
Comment.	· · · · · · · · · · · · · · · · · · ·			
				EPPC Form 802 (4/12)

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

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
County of Los Angeles				Form 002
Division, Department, or Region (If Applicable)]	For Official Use Only
Board of Supervisors, First District				
Designated Agency Contact (Name, Title)				
Megan Moret, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must)	provide explanation in Part 3.)
213.974.4111 mmoret@bo	s.lacounty.g	IOV	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information			[35
Does the agency have a ticket policy?	Yes No	Face Value c	of Each Ticket/Pass \$	
Event Description Hollywood Bowl		Date(s) 7	21 15	
Provide Title/Expl	anation	F	in and Bassid	
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: Hollyw	vood Bowl	
Was ticket distribution made at the behest		n [Name or St	Januar
of agency official?	No 🛛 Yes	lf yes:	Official's Name	(Last, First)
3. Recipients				
Use Section A to identify the agency's department or	unit. 🔹 Use Se	ction B to identify an individ	ual. • Use Section C to ider	tify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuan	t to the agency's policy
staff	1	Per ticket policy 5.3	(k)	
		renticket policy 3.3		
	Number of			
B. Name of Individual (Lest, First)	Ticket(s)/ Pass(es)		Identify one of the follow	ving:
		Ceremonial Role	Other	income
		If checking "Ceremon	ial Role" or "Other" describe below:	
		Ceremonial Role	Other	Income
			ial Role" or "Other" describe below:	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the put	nic purpose made pursuan	t to the agency's policy
	Pass(es)		an igirai in comune	
4. Verification				an ta ta ta Utatun na
4. Vernication /have lead and understand FPPO Regulations 18944.1 and	i 18942, i have v	erified that the distribution set i	orth above, is in accordance w	ith the requirements.
Megar			et Administrator	7/31/15
Signature of Agency Head or Designee	Print Na	ne L	Title	(Month, Day, Year)
Comment:			······	EDDC Exam 002 (4/42)

C	eremonial Role Events and Ticl	ket/Pass	Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	County of Los Angeles				10111
	Division, Department, or Region (If Applicable,)			For Official Use Only
	Board of Supervisors, First District				
	Designated Agency Contact (Name, Title)				
	Megan Moret, Ticket Administrator			F 1. A man alima w 6 (16)	
	Area Code/Phone Number E-mail				provide exclanation in Part 3.)
	213.974.4111 mmoret@bos	s.lacounty.g	ov	Date of Original Filing	(Month, Day, Year)
2.	Function or Event Information				35
	Does the agency have a ticket policy?	Yes 🗶 No	Face Value of	of Each Ticket/Pass \$	
	Event Description Hollywood Bowl Provide Title/Expla	anation	Date(s) 7	21 ,15	
	Ticket(s)/Pass(es) provided by agency?	Yes No	🗴 lf no: Hollyv	vood Bowl Name of S	
	Was ticket distribution made at the behest				ource
	of agency official?	No 🗶 Yes	lf yes:	Official's Name	(Last, First)
3.	Recipients • Use Section A to identify the agency's department or a	unit. • Use Se	ction B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	A LAND AND A LAND	olic purpose made pursual	
	staff	4	Per ticket policy 5.3	(k)	
	B. Name of Individual (Lest, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follo	wing:
			Ceremonial Role If checking "Ceremo	Other Other nial Role" or "Other" describe below	income 🗖
		-	Ceremonial Role If checking "Ceremo	D Other D Inial Role" or "Other" describe below	income 1
	C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua	nt to the agency's policy
				and the second secon	
4.	Verification /have read and understand FRPC Reputations 18044.1 and	d 18942. I have y	<u>(erified that the distribution set</u>	forth above, is in accordance	with the requirements.
,		n Moret		et Administrator	7/31/15
	Signature of Agency Head or Designee	Print Na	m e	Title	(Month, Day, Year)
•	<u> </u>				
	Comment:				EPPC Form 802 (4/12)

eremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
Agency Name			Date Stamp	California 802
County of Los Angeles				
Division, Department, or Region (If Applicable))			For Official Use Only
Board of Supervisors, First District				
Designated Agency Contact (Name, Title)	, , , , , , , , , , , , , , , , , , ,	2		
Megan Moret, Ticket Administrator			· · · · · · · · · · · · · · · · · · ·	
Area Code/Phone Number E-mail			Amendment (Must)	provide explanation in Part 3.)
213.974.4111 mmoret@bo	s.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
Function or Event Information			·	35
Does the agency have a ticket policy?	Yes 🗶 No	Face Value c	of Each Ticket/Pass \$	55
Event Description Hollywood Bowl		Date(s) 7	,21 ,15	
Provide Title/Expl	anation	Exercise sector		
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: Hollyw	vood Bowl	
			Name of S	ource
Was ticket distribution made at the behest of agency official?	No XYes	L If yes:	Official's Name	(Last, First)
• Use Section A to identify the agency's department or	unit. • Use Se	ction B to identify an Individu	ual. • Use Section C to ider	ntify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	Nic purpose made pursuan	t to the agency's policy
staff	4	Per ticket policy 5.3	(k)	
B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	klog
(Last, First)	Pass(es)		Barand Kanadi	
		Ceremonial Role If checking "Ceremon	L Other L	
		Ceremonial Role	Other	Income
		If checking "Ceremon	nial Role" or "Other" describe below	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the put	blic purpose made pursuar	it to the agency's policy
	Pass(es)			
L				
Verification			1	, 1197 bir in akaka khunanakakanakarana ∙
I have read and understand FrPO Regulations 18944.1 and			. ,	
IVI Joh (/// Megar	n Moret	Ticke	et Administrator	7/31/15
Signature of Agency Head or Designee	Print Na	ne	Tifle	(Month, Day, Year)

Ceremonial Role Events and Ticl	ket/Pass	Distributions		A Public Document
. Agency Name			Date Stamp	California 802
County of Los Angeles				Form For Official Use Only
Division, Department, or Region (If Applicable,)			
Board of Supervisors, First District				
Designated Agency Contact (Name, Title)				
Megan Moret, Ticket Administrator				
Area Code/Phone Number E-mail		······	Amenament (Must p	provide explanation in Part 3.)
213.974.4111 mmoret@bos	s.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
. Function or Event Information				35
	Yes 🗡 No	Face Value o	of Each Ticket/Pass \$	
Event Description Hollywood Bowl		Date(s) 7	,21 ,15	
Provide Title/Expla	anation	P	read Poyul	
Ticket(s)/Pass(es) provided by agency?	Yes No	X If no: Hollyw	vood Bowl Name of Sc	1/000
Was ticket distribution made at the behest	No 🗵 Yes	n ., [Nane of st	
of agency official?	NO Yes	L If yes:	Official's Name (Last, First)
Recipients				
• Use Section A to identify the agency's department or u	unit. 🔹 Use Se	ction B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	Nic purpose made pursuan	t to the agency's policy
staff	4	Per ticket policy 5.3	(k)	
B Name of Individual	Number of			
B. Name of Individual (Lest, First)	Ticket(s)/ Pass(es)		Identify one of the follow	ing:
		Ceremonial Role	Other	Income
		If checking "Ceremon	ial Role" or "Other" describe below:	
		Ceremonial Role	Other	Income I
			ial Role" or "Other" describe below:	
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/	Describe the pub	lic purpose made pursuan	t to the agency's policy
	Pass(es)			<u>na para di secono s</u>
		4	1	
	<u> </u>			
Verification	18942 have v	erified that the distribution set (orth above, is in accordance w	ith the requirements
Megan			et Administrator	7/31/15
Signature of Agency Head or Designee	Print Nar	Lunna	Title	(Month, Day, Year)
				(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Comment:				

Agency	Report of:	
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Ceremonial Role Events and Tick	(et/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
County of Los Angeles				Form For Official Use Only
Division, Department, or Region (If Applicable)				For Onicial Use Only
Board of Supervisors, First District				
Designated Agency Contact (Name, Title)]	
Megan Moret, Ticket Administrator				emuide evolution in Dart 31
Area Code/Phone Number E-mail		······································	1	provide explanation in Part 3.)
213.974.4111 mmoret@bos	alacounty.go	OV	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information				35
Does the agency have a ticket policy?	Yes 🗵 No	Face Value of	of Each Ticket/Pass \$	
Event Description Hollywood Bowl		Date(s) 7	,21 ,15	
Provide Title/Expla	anation		vood Bowl	
Ticket(s)/Pass(es) provided by agency?	Yes No	If no:	Name of S	ou/ce
Was ticket distribution made at the behest	No 🗵 Yes			
of agency official?	NOT Tes	If yes:	Official's Name	(Last, First)
3. Recipients				
Use Section A to identify the agency's department or	unit. • Use Se	ction B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuar	nt to the agency's policy
staff	4	Per ticket policy 5.3	(k)	
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the follo	wing:
		Ceremonial Role	Other	income
		If checking "Ceremo	nial Role" or "Other" describe below	£
		Ceremonial Role	Other	Income
			onial Role" or "Other" describe below	<i>v</i> :
			· · · · · · · · · · · · · · · · · · ·	
	Number of			
C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the pu	iblic purpose made pursua	nt to the agency's policy
	r 458(08).			
4. Verification				
4. Verification have read and understand FPAC Regulations 18944.1 and	d 18942. i have s	verified that the distripution se	t forth above, is in accordance.	with the requirements.
	n Moret		ket Administrator	7/31/15
Signature of Agency Head or Designee	Print Na	amé	Title	(Month, Day, Year)
		<u></u>		
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

Ceremonial Role Events and Tid	cket/Pass	Distributions		A Public Document
1. Agency Name		in the second	Date Stamp	California Form 802
County of Los Angeles Division, Department, or Region (If Applicab	[c]			For Official Use Only
	(6)			
Board of Supervisors, First District Designated Agency Contact (Name, Title)				
and the second			1	
Megan Moret, Ticket Administrator Area Code/Phone Number E-mail			Amendment (Must	provide explanation in Part 3.)
	os.lacounty.g	jov	Date of Original Filing	
2. Function or Event Information			3	
Does the agency have a ticket policy?	Yes 🔀 No	Face Value o	of Each Ticket/Pass \$	35
Event Description Hollywood Bowl		Date(s) 7	,21 ,15	
Provide Title/Exp		Hollyw	vood Bowl	
Ticket(s)/Pass(es) provided by agency?	Yes 🚺 No	X If no:	Name of S	ource
Was ticket distribution made at the behest	No 🗵 Yes	If yes:		
of agency official?			Official's Name	(Last, First)
3. Recipients				
Use Section A to identify the agency's department of	runit. • Use Se Number of	ction B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuan	t to the agency's policy
staff	4	Per ticket policy 5.3	(k)	
B. Name of Individual (Lest First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
		Ceremonial Role	Other Die Other Die Other Die Other	
	-	Ceremonial Role If checking "Ceremon	L Other L ial Role" or "Other" describe below:	Income
C. Name of Outside Organization	Number of			
(Include address and description)	Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuan	t to the agency's policy
			<u></u>	
. Nerification	d 19042 1 5-00	adiad that the state the state of the state		
/ I have read and understand FPPC requiations 18944.1 an	d 18942 <i>Thave ve</i> n Moret	11	orth above, is in accordance w t Administrator	
Signature at Agency Head of Designee	Print Narr		Title	7/31/15 (Month, Day, Year)
		No. 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 19	4 stage	(womn, Day, Tear)
Comment:				EBBC Form 902 (4/42)

Cerem	onial Role Events and Ticl	ket/Pass	Distributions		A Public Document
	icy Name			Date Stamp	California 802
	y of Los Angeles				
Divisio	on, Department, or Region (If Applicable))			For Official Use Only
Board	of Supervisors, First District				
Desigr	nated Agency Contact (Name, Title)	- 1 - 01 - 1 - 01 - 1 - 1 - 1 - 1 - 1 -			
Megar	Moret, Ticket Administrator				
Area C	ode/Phone Number E-mail	*******		Amendment (Must p	rovide explanation in Part 3.)
213.97	4.4111 mmoret@bos	lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
2. Func	tion or Event Information			3	5
		YesX No	Face Value of	of Each Ticket/Pass \$	
Event	Description Hollywood Bowl		Date(s) 7	,21 ,15	
	Provide Title/Expla	nation	Provenues		
Ticket(s)/Pass(es) provided by agency?	Yes 🗖 No	If no: Hollyw	/ood Bowl	
Mos ti	cket distribution made at the behest			Name of So	<i>urce</i>
	ency official?	No본 Yes	If yes:	Official's Name (I	l .ast, First)
3. Recip	niante				
	ection A to identify the agency's department or u	nit. • Use Se	ction B to identify an individ	ual. • Use Section C to ident	tify an outside organization.
Α.	Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	to the agency's policy
staff		2	Per ticket policy 5.3	(K)	
				• • • • • • • • • • • • • • • • • • •	
В.	Name of Individua) (Lest, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ng:
r			Ceremonial Role	Other	
			If checking "Ceremon	ial Role" or "Other" describe below:	
1			Corresponded Data		
			Ceremonial Role If checking "Ceremon	ial Role" or "Other La	Income
C.	Name of Outside Organization (Include address and description)	Number of Ticket(s)/	Describe the pub	lic purpose made pursuant	to the agency's policy
	(include address and description)	Pass(es)			
				, an	
4. Verifi		19042 1	adiad that the state of the state		
	d and understand APPC Refulations 18 <u>944.1 and</u> Megan			o rth above, is in accordance wil It Administrator	
	Induge of Agency Head or Designee	Print Nan			7/31/15
<u> </u>		r-106 N&A	IC	Title	(Month, Day, Year)
Comm	ient:				

Agency	Repo	rt of:	
-			

If checking "Ceremonial Role" or "Other" describe below:	eremonial Role Events and Ticl	ket/Pass	Distributions		A Public Docume
County of Los Angeles Division, Department, or Region (// Applicable) Board of Suppervisors, First District Designated Agency Contact (Name, Tille) Megan Moret, Ticket Administrator Area Code/Finane Number E-mail Area Code/Finane Number O- Brocket distribution made at the behest No X Yes No X Ves Code Tide/Separation A. Name of Agency, Department or Unit Number O- B. Name of Agency, Department or Unit Area Code Area Area Area Area Area Area Area Are	Agency Name			Date Stamp	California 802
Division, Department, or Region (if Applicable) Board of Supervisors, First District Designated Agency Contact (Name, Title) Wegan Moret, Tickel Administrator Aras Code/Phone Number E-mail Does the segency have a ticket policy? Yes No. Function or Event Information Does the segency have a ticket policy? Does the segency have a ticket policy? Yes Provide TitleExplanation Face Value of Each Ticket/Pass 5 Date(s) [7] 23 [15] Recipients No. Provide TitleExplanation If no: Hollywood Bowl Recipients No. Value Section A to identify the segency'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 Teckety Discy 5.3 (k) Describe the public purpose made pursuant to the segency's policy reaction default or "Other describe reduc. Staff 4 Per ticket policy 5.3 (k) Describe the					
Designated Agency Contact (Wame, 78te) Megan Moret, Ticket Administrator Area Code/Phone Number Land Area Code/Phone Number E-mail Jay 74.4111 Does the agency have a ticket policy? Yes Nome of Diginal Filings Mergan Moret, Ticket Administrator Provide Twode Two	Division, Department, or Region (If Applicable)			For Onicial Ose Only
Designated Agency Contact (Name, 7itle) Megan Moret, Ticket Administrator Area Code/Phone Number Email Jarge Administrator Area Code/Phone Number Email Jarge Administrator Immoretelebos.laccounty.gov Function or Event Information Does the agency have a ticket policy? Does the agency have a ticket policy? Yes INO Event Description Founde Title/Uplanation Ticket(s)/Pass(es) provided by agency? Yes INO Was ticket distribution made at the behest No I Yes I of agency Official? Mane of Solicon Recipients - Use Section Ato Memory's department or unit. - Use Section S to identify an outside organization. Name of Agency. Department or Unit Name or General Role Other I Moore department or Unit Staff 4 Per ticket policy 5.3 (k) Identify one of the following: Incommit General Conter I Incommit General Conter I Ceremonial Role Other I Other I Incommit General Conter I Incom	Board of Supervisors, First District				
Area Code/Phone Number E-mail Area Code/Phone Number Area Code/Phone N		·····		-	
Area Code/Phone Number E-mail Code/Phone Number E-mail 213.974.4111 mmoretel/bos.lacounty.gov Date of Orginal Filing: Month. Day. Viso/ Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 35 Event Description Hollywood Bowl Provise Title/Explanation Face Value of Each Ticket/Pass \$ 35 Date of Orginal Filing: Provise Title/Explanation Face Value of Each Ticket/Pass \$ 35 Date (s) Z3 115 Date of Source 11 11 Was ticket distribution made at the behest No (E) Yes (If yes (Official? Name (Last, First)) Name of Source Official? Name (Last, First) Recipients .use Section A to identify the agency's department or unit Vise Section B to identify an individual .e Use Section C to identify an outside organization. Name of Agency, Department or Unit Namber of Ticket(p) B. Name of individual (esc First) Describe the public purpose made purpusant to the agency's policy Ticket(p) Describe the public purpose made purpusant to the agency's policy is accessing "Commonal Role or Other dustribe before" Incom C. Name of Individual (esc First) Ceremonal Role or Other dustribe before Incom C. Name of O	Megan Moret, Ticket Administrator	<u></u>			i A
213.974.4111 mmoret@bos.lacounty.gov Date of Original Filing: Month; Day, Vear Function or Event Information Does the agency have a ticket policy? Yes INO Face Value of Each Ticket/Pass \$ 35 Event Description Follywood Bowl Date (s) [] [23] 15 35 Event Description Follywood Bowl Date (s) [] [23] 15 35 Was ticket distribution made at the behest No I Yes If no: Hollywood Bowl Was ticket distribution made at the behest No I Yes If yes: Official? Recipients • Use Section A to identify the sgency'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 Ticketey Describe the public purpose made pursuant to the agency's policy Feace(s) Identify one ot the following: Feace(s) Identify one ot the following: Feace(s) Ceremonial Role Other incom a decking "Cemmonal Role or Other Generatin Role or Other <td>0</td> <td></td> <td></td> <td>Amendment (Must</td> <td>provide explanation in Part 3.)</td>	0			Amendment (Must	provide explanation in Part 3.)
Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ Event Description Hollywood Bowl Provide TitleExplanation Date(s) 7 23 15 Ticket(s)/Pass(es) provided by agency? Yes No If no: Hollywood Bowl Was ticket distribution made at the behest of agency official? No Yes If no: Maria at Source Vess fiche A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section A to identify an outside organization. A. Name of Agency, Department or Unit Number of Ticket(s) Describe the public purpose made pursuant to the agency's policy Staff 4 Per ticket policy 5.3 (k) Identify one of the following: B. Name of individual (car, Prov) Ceremonial Role (core of other describe before) income if checking 'Ceremonial Role (core of other describe before) Income if checking 'Ceremonial Role 'or 'Other' describe before. C. Name of Outside Organization (Page Table Staff) Describe the public purpose made pursuant to the agency's policy Pass(es) C. Name of Outside Organization (Page Table Staff) Describe the public purpose made pursuant to the agency's policy Pass(es) C. Name of Outside Organization (Page Tab		s.lacounty.g	ov	Date of Original Filing	(Month, Day, Year)
Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ Event Description Hollywood Bowl Drowle Title/Explanation Date(s) J23 Ticket(s)/Pass(es) provided by agency? Yes No Yes No Yes Vas ticket distribution made at the behest no Yes No Yes If no. Hollywood Bowl If no. Hollywood Bowl Vas ticket distribution made at the behest no Yes No Yes If no. • 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 Name of Pase(e) Describe the public purpose made pursuant to the agency's policy Staff 4 Per ticket policy 5.3 (k) Identify one of the following: B. Name of Individual (Least freq) Number of Ticketigy Identify one of the following: Income If clacking "Ceemonal Role Other or Other Gesche before. Income Income C. Name of Unbide Organization (Income) Number of Ticketigy Describe the public purpose made pursuant to the agency's policy If clacking "Ceemonal Role Other or Other Gesche before. Income Income C.	Function or Event Information				35
Ticket(s)/Pass(es) provided by agency? Yes No II If no: Name of Source Was ticket distribution made at the behest of agency official? No II Yes Official's Name (Last, First) Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Number of Treat(s) Describe the public purpose made pursuant to the agency's policy Staff 4 Per ticket policy 5.3 (k) Identify one of the following: B. Name of individual (Last, First) Number of Treat(s) Identify one of the following: Income If no: Ceremonial Role Other Income Income	Does the agency have a ticket policy?	Yes 🗵 No	Face Value	of Each Ticket/Pass \$	
Ticket(s)/Pass(es) provided by agency? Yes No II If no: Hollywood Bowl Was ticket distribution made at the behest of agency official? No II yes Official's Name of Source 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 Treate of Pass(es) Describe the public purpose made pursuant to the agency's policy Staff 4 Per ticket policy 5.3 (k) Identify one of the following: B. Name of Individual (Less Agency) Number of Treate of Pass(es) Identify one of the following: Pass(es) Ceremonial Role Other Incom C. Name of Outside Organization (Include address and description) Number of Treate of Treate of Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) C. Name of Outside Organization (Include address and description) Number of Treate of Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Verification (Include address and description) Number of Treateding "Ceremonial Role" or "Other describe below. Incom Mame of Outside Organization (Include address and description) Name of Agency and partments. Incom Mame	Hollywood Bowl		Date(s) 7	23 15	
Ticket(s)/Pass(es) provided by agency? Yes No Name of Source Was ticket distribution made at the behest of agency official? No Yes If yes: Official's Name (Last, First) Recipients - Use Section A to identify the agency's department or 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) Describe the public purpose made pursuant to the agency's policy Pass(es) Staff 4 Per ticket policy 5.3 (k) B. Name of Individual (Matt Frag Ceremonial Role in Conter individual (Matt Frag Other individual (Ceremonial Role individual inditidation inditidatindinditidation individual individual individual	Provide Title/Expl	lanation			· · ·
Was ticket distribution made at the behest of agency official? No Yes If yes:	Ticket(s)/Pass(es) provided by agency?	Yes 🗖 No	If no: Holly		
of agency official? Official's Name (Last, First) Recipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Number of Tocket(s) Describe the public purpose made pursuant to the agency's policy Pass(es) \$1aff 4 Per ticket policy 5.3 (k) B. Name of Individual (Last, Find) Number of Tocket(s) Identify one of the following: Case, Find) Receiping "Commonial Role" or Other describe below. Income if checking "Commonial Role" or Other describe below. C. Name of Outside Organization (Income Tocket(s)) Number of Tocket(s) Describe the public purpose made pursuant to the agency's policy made address and description) C. Name of Outside Organization (Income Tocket(s)) Number of Tocket(s) Income Income (Include address and description) Number of Tocket(s) Describe the public purpose made pursuant to the agency's policy Pass(es) Verification Number of Tocket(s) Describe the public purpose made pursuant to the agency's policy Pass(es) Verification Number of Made address and description) Tocket(s) Describe the public purpose made pursuant to the agency's policy Pass(es) Verification Number of Made address and description					
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 Itelestepi Describe the public purpose made pursuant to the agency's policy pease(se) staff 4 Per ticket policy 5.3 (k) B. Name of Individual (set, Freq) Identify one of the following: pease(se) Ceremonial Role Other Incommit if checking "Ceremonial Role" or "Other" describe below: If checking "Ceremonial Role" or "Other" describe below: Incommit if checking "Ceremonial Role" or "Other" describe below: C. Name of Outside Organization (Include address and description) Ticket(s)/ Pass(e) Describe the public purpose made pursuant to the agency's policy if checking "Ceremonial Role" or "Other" describe below: C. Name of Outside Organization (Include address and description) Ticket(s)/ Pass(e) Describe the public purpose made pursuant to the agency's policy Pass(e) Verification (Include address and description) Ticket(s)/ Pass(e) Describe the public purpose made pursuant to the agency's policy Pass(e) Verification (Include address and description) Ticket Administrator T/31/15	•••••	No 🗳 Yes	lf yes:	Official's Name	(Last, First)
A. Name of Agency, Department or Unit Number of Teket(s)' Pass(es) Describe the public purpose made pursuant to the agency's policy staff 4 Per ticket policy 5.3 (k) B. Name of Individual (see, reay) Number of Teket(s)' Pass(es) B. Name of Individual (see, reay) Number of Teket(s)' Pass(es) Ceremonial Role Other Income Image: Ceremonial Role Other	Recipients	unit e Lise Se	ction B to identify an individ	dual. • Use Section C to ide	entify an outside organization.
A. Name of Agency, Department or Unit Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the spency's policy staff 4 Per ticket(s)/ Pass(es) Per ticket policy 5.3 (k) B. Name of Individual (text, 700) Number of Ticket(s)/ Pass(es) Identify one of the following: Ceremonial Role Other Ceremonial Role Other Income Income If checking "Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Income If checking "Ceremonial Role" or "Other" describe below: Income If checking "Ceremonial Role" or "Other" describe below: Income If checking "Ceremonial Role" or "Other" describe below: Income If checking "Ceremonial Role" or "Other" describe below: Income If checking "Ceremonial Role" or "Other" describe below: Income If checking "Ceremonial Role" or "Other" describe below: Income If checking "Ceremonial Role"			T. 16	Million All Sectors of the sec	
B. Name of Individual (Lee, Fan) Number of Ticket(s)' Pass(es) Identify one of the following: B. Name of Individual (Lee, Fan) Ticket(s)' Pass(es) Ceremonial Role Other Image: Income If checking "Ceremonial Role Image: Image: Image: Image: Income Income Income Income Image: Im	A. Name of Agency, Department or Unit	Ticket(s)/	Describe the pu	blic purpose made pursua	nt to the agency's policy
B. Name of Individual (Leer, Feg) Number of Ticket(s)' Pass(es) Identify one of the following: B. Name of Individual (Leer, Feg) Ticket(s)' Pass(es) Identify one of the following: Ceremonial Role Other Income if checking "Ceremonial Role Other Income Ceremonial Role Other Income Income Ceremonial Role Other Income Income Corremonial Role Other Income Income Verifi	ctoff		Per ticket policy 5.3	3 (k)	······
B. Name of Individual (Lest, Finit) Ticket(s) Pass(es) Identify one of the following: Ceremonial Role Other I Income If checking "Ceremonial Role Other I Income If checking "Ceremonial Role" or "Other" describe below: Income 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 Pass(es) Verification Insurfield that the distribution set forth above, is in accordance with the requirements. Megan Moret Ticket Administrator 7/31/15	31411		i el tieket policy ele		
B. Name of Individual (Lest Find) Ticket(s) Pass(es) Identify one of the following: Ceremonial Role Other I Income If checking "Ceremonial Role Other I Income If checking "Ceremonial Role" or "Other" describe below: Income 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 Pass(es) Verification Instanted for understand FAPP Reductions 18944.1 and 18942.1 have verified that the distribution set forth above, is in accordance with the requirements. Income Income Megan Moret Ticket Administrator 7/31/15					
(Leet, Find) Pass(es) Ceremonial Role Other Incommit the child of the control of the contro		Number of			2000 (1990) 2000 (1990)
If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Ceremonial Role Other Incommit 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 Varification Incommit checking "Ceremonial Role" or "Other" describe below: Varification Number of Ticket(s) Incommit checking "Ceremonial Role" or "Other" describe below: Incommit checking "Ceremonial Role" or "Other" describe below: Varification Number of Ticket(s) Describe the public purpose made pursuant to the agency's policy Varification Incommit checking "Ceremonial Role" or "Other" describe below: Incommit checking "Ceremonial Role" or "Other" describe below: Varification Megan Moret Incommit checking "Ceremonial Role" or "Other" describe below:				Identify one of the follo	wing:
Ceremonial Role Other Incommit to the child or "Other" describe below: C. Name of Outside Organization (include address and description) Number of Ticket(s) Describe the public purpose made pursuant to the agency's policy (include address and description) Describe the public purpose made pursuant to the agency's policy Verification /// Pass(es) Describe the public purpose made pursuant to the agency's policy // have readed the understand FAM Reduitations 18944.1 and 18942.1 have verified that the distribution set forth above, is in accordance with the requirements. Ticket Administrator // Megan Moret Ticket Administrator 7/31/15					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 Pass(es) Verification Insteired and understand FAPA Reduletions 18944 1 and 18942 1 have verified that the distribution set forth above, is in accordance with the requirements. Megan Moret Ticket Administrator 7/31/15			If checking "Cerema	onial Role" or "Other" describe befor	N.
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 Pass(es) Verification Insteired and understand FAPA Reduletions 18944 1 and 18942 1 have verified that the distribution set forth above, is in accordance with the requirements. Megan Moret Ticket Administrator 7/31/15					
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 Pass(es) Verification Insuereed that understand FRM Redulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Megan Moret Ticket Administrator 7/31/15			Ceremonial Role	Other	income
C. Name of Outside Organization (include address and description) Ticket(s)/ Pass(es) Verification Insterred and understand FPP0 Reduidions 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Megan Moret Ticket Administrator 7/31/15			If checking "Cerem	onial Role" or "Other" describe belo	W:
C. Name of Outside Organization (include address and description) Ticket(s)/ Pass(es) Verification Insterred and understand FPP0 Reduidions 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Megan Moret Ticket Administrator 7/31/15					
C. Name of Outside Organization (include address and description) Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Verification Insuerced (ind understand FIPO Reduizions 18944.1 and 18942.1 have verified that the distribution set forth above, is in accordance with the requirements. Megan Moret Ticket Administrator 7/31/15		Number of		kon en senten er en stad	
Verification Ineversed find understand FRPA Reductions 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Megan Moret Ticket Administrator 7/31/15		Ticket(s)/	Describe the pu	ublic purpose made pursua	ant to the agency's policy
Inaverded And understand FAPO Redulations 18944.1 and 18942.1 have verified that the distribution set forth above, is in accordance with the requirements. Megan Moret Ticket Administrator 7/31/15			1		
Inheter read and understand FPPA Reduitions 18944.1 and 18942.1 have verified that the distribution set forth above, is in accordance with the requirements. Megan Moret Ticket Administrator 7/31/15					
Inaverded And understand FAPO Redulations 18944.1 and 18942.1 have verified that the distribution set forth above, is in accordance with the requirements. Megan Moret Ticket Administrator 7/31/15			1		
Inaverded And understand FAPO Redulations 18944.1 and 18942.1 have verified that the distribution set forth above, is in accordance with the requirements. Megan Moret Ticket Administrator 7/31/15					
Inaverded And understand FAPO Redulations 18944.1 and 18942.1 have verified that the distribution set forth above, is in accordance with the requirements. Megan Moret Ticket Administrator 7/31/15		1			are a construction of a Multinumber of the
	Verification				
Signature of Agency Head or Designee Print Name Title (Month, Day, Ye	I/nave/read and understand FAPU Regulations 18 <u>944.1 ar</u>				
	I/nave/read and understand FAPU Regulations 18 <u>944.1 ar</u>				7/31/15

	ionial Role Events and Tic	ket/Pass	Distributions		A Public Document
	ncy Name		na an a	Date Stamp	California Form 802
	y of Los Angeles on, Department, or Region (If Applicable	N1			For Official Use Only
		;)			
	of Supervisors, First District				
	nated Agency Contact (Name, Title)	· ···· · · · · · · · · · · · · · · · ·		7	
	n Moret, Ticket Administrator			Amendment (Must p	rovide explanation in Part 3.)
	Code/Phone Number E-mail 74.4111 mmoret@bo	s lacounty o	1014	Date of Original Filing:	
		s.iacourity.g	juv		(Month, Day, Year)
	tion or Event Information the agency have a ticket policy?				5
		Yes 🗵 No		of Each Ticket/Pass \$	
Event	Description Hollywood Bowl Provide Title/Expl	anation	Date(s)	23 15	
Tickot	(s)/Pass(es) provided by agency?		IX If no: Hollyv	vood Bowl	
noket	(s)r ass(es) provided by agency?	Yes No		Name of So	Urce
	cket distribution made at the behest	No 🛛 Yes	If yes:		
ot ag	ency official?			Official's Name (Last, First)
	pients				
	ection A to identify the agency's department or i	Number of	Extended States and a set of the	Ale a fa regulation de la terra	and the second second second second second
A.	Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuant	to the agency's policy
staff		4	Per ticket policy 5.3	(k)	
<u> </u>			,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,		
B.	Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
			Ceremonial Role	Other	Income
			If checking "Ceremon	ial Role" or "Other" describe below:	
		1	Ceremonial Role	Other	
			4	ial Role" or "Other" describe below:	
Ļ					
C.	Name of Outside Organization (Include address and description)	Number of Ticket(s)/	Describe the pub	iic purpose made pursuant	to the agency's policy
		Pass(es)			
Contraction of the local division of the loc					
Varifi	cation				
have re	cation of and understand FAPC Redulations 18 <u>944.1 and</u>	18942. I have ve	arified that the distribution set f	orth above, is in accordance wit	h the requirements.
' //	6 M Megan			t Administrator	7/31/15
- Si	proture of Agency Head or Designee	Print Nan		Tille	(Month, Day, Year)
_			****		
Comm	ient: L				

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
County of Los Angeles				r onn
Division, Department, or Region (If Applicable)			For Official Use Only
Board of Supervisors, First District				
Designated Agency Contact (Name, Title)				
Megan Moret, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
213.974.4111 mmoret@bos	s.lacounty.g	να	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information			5	
Does the agency have a ticket policy?	Yes 🗙 No	Face Value c	of Each Ticket/Pass \$	5
Event Description Hollywood Bowl Provide Title/Expla	anation	Date(s) 7	23 15	
Ticket(s)/Pass(es) provided by agency?	Yes No	X If no: Hollyw	/OOd BOWI	UICC R
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 it		tion B to identify an individu	ual. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuant	t to the agency's policy
staff	4	Per ticket policy 5.3	(k)	
B. Name of Individual (Lest, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
		Ceremonial Role If checking "Ceremon	L Other L ial Role" or "Other" describe below:	
		Ceremonial Role	Other	Income
		If checking "Ceremon	ial Role" or "Other" describe below:	
C. Name of Outside Organization	Number of			
(include address and description)	Ticket(s)/ Pass(es)	Describe the put	lic purpose made pursuan	t to the agency's policy
4. Verification			· · · · · · · · · · · · · · · · · · ·	
	1 8942 / have ve Moret		forth above, is in accordance w et Administrator	th the requirements. 7/31/15
Signature of Agency Aead or Designee	Print Nan	e	Tifie	(Month, Day, Year)
Comment:				· · · · · · · · · · · · · · · · · · ·

Agency Report of:	
Ceremonial Role Events and Ticket/Pass Dist	ribi

Ceremonial Role Events and Ti	cket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
County of Los Angeles				rom
Division, Department, or Region (If Applicat	ble)			For Official Use Only
Board of Supervisors, First District				
Designated Agency Contact (Name, Title)			-	
Megan Moret, Ticket Administrator	1000 4000 (m g/, 1, 1 · · ·			
Area Code/Phone Number E-mail			Amendment (Must)	provide explanation in Part 3.)
213.974.4111 mmoret@b	os.lacounty.g	jov	Date of Original Filing	(Month, Day, Year)
2. Function or Event Information				26
Does the agency have a ticket policy?	Yes 🗙 No	Face Value of	of Each Ticket/Pass \$	35
Event Description Hollywood Bowl		Date(s) 7	,23 ,15	
Provide Title/Ex	planation	Protection of the local data	/ 2 / 2 /	
Ticket(s)/Pass(es) provided by agency?	Yes 🗌 No	If no: Hollyv	vood Bowl Name of S	ource
Was ticket distribution made at the behest of agency official?	No 🗵 Yes	If yes:	Official's Name	() act Fireh
			Omoral S Name	
3. Recipients • Use Section A to identify the agency's department of	or unit. • Use Se	ection B to identify an Individ	ual. • Use Section C to ide	ntify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	blic purpose made pursuar	it to the agency's policy
staff	4	Per ticket policy 5.3	(k)	
B. Name of Individual	Number of			
(Last, First)	Ticket(s)/ Pass(es)		Identify one of the follow	ving:
		Ceremonial Role	Other	income
		і) спескілд "Сагаты	nial Role" or "Other" describe below.	
		Ceremonial Role	Other United Role" or "Other" describe below.	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the put	blic purpose made pursuar	t to the agency's policy
	Pass(es)			
4. Verification				· · · · · · · · · · · · · · · · · · ·
/ I have read and understand FPRC Requisitions 18944.1 a	and 18942. I have v	verified that the distribution set i	forth above, is in accordance w	rith the requirements.
/ /////////// Mega	an Moret	Ticke	et Administrator	7/31/15
Signature (Agency Head or Designee	Print Na	me L	Title	(Month, Day, Year)
Comment:				

Ceremonial Role Events and Ticl	ket/Pass	Distributions		A Public Document
I. Agency Name			Date Stamp	California 802
County of Los Angeles				Form
Division, Department, or Region (If Applicable,)			For Official Use Only
Board of Supervisors, First District				
Designated Agency Contact (Name, Title)				
Megan Moret, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must	provide explanation in Part 3.)
213.974.4111 mmoret@bos	s.lacounty.g	ov	Date of Original Filing	(Month, Day, Year)
2. Function or Event Information				35
Does the agency have a ticket policy?	Yes 🛛 No	Face Value of	of Each Ticket/Pass \$	
Event Description Hollywood Bowl	anation	Date(s) 7	23 15	
Ticket(s)/Pass(es) provided by agency?	Yes No	× If no: Hollyv	vood Bowl	Cource
Was ticket distribution made at the behest of agency official?	NoX Yes	If yes:	Official's Name	(Last, First)
3. Recipients • Use Section A to identify the agency's department or	unit. • Use Se	ction B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	I STAR STORE	blic purpose made pursua	
staff	4	Per ticket policy 5.3	(K)	
B. Name of Individual (Last First)	Number of Ticket(s)/ Pass(es)		Identify one of the follo	wing:
		Ceremonial Role If checking "Ceremo	D Other D other describe below	income
		Ceremonial Role	Other	Income
		If checking "Ceremo	nial Role" or "Other" describe belo	M.
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua	nt to the agency's policy
			······	
4. Verification	d 18942 have u	HI	forth above, is in accordance	with the requirements.
	n Moret		et Administrator	7/31/15
Signetule of Agency Head or Designee	Print Na	me	Title	(Month, Day, Year)
Comment:				

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

Ceremonial Role Events and Ticl	ket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
County of Los Angeles				
Division, Department, or Region (If Applicable)			For Official Use Only
Board of Supervisors, First District				
Designated Agency Contact (Name, Title)				
Megan Moret, Ticket Administrator				novide explanation in Part 3.)
Area Code/Phone Number E-mail				
213.974.4111 mmoret@bos	s.lacounty.g	0V	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information	1	guang		85
Does the agency have a ticket policy?	Yes X No	Face Value	of Each Ticket/Pass \$	
Event Description Hollywood Bowl Provide Title/Expla	nation	Date(s)	23 15	
Ticket(s)/Pass(es) provided by agency?	Yes No	Hollyv	vood Bowl	
			Name of So	SUICE
Was ticket distribution made at the behest of agency official?	No 🎽 Yes	lf yes:	Official's Name (Last, First)
3. Recipients				
Use Section A to identify the agency's department or i	unit. • Use Se Number of	T ST LL S VAL AL TANK	Alexandro de la compañía de la comp	
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
staff	4	Per ticket policy 5.3	(k)	
	Number of			
B. Name of Individual (Lost, First)	Ticket(s)/ Pass(es)		Identify one of the follow	ing:
		Ceremonial Role It checking "Ceremo	Other D nial Role" or "Other" describe below:	income
		Ceremonial Role	Other	income
			nial Role" or "Other" describe below:	
			- 3 To of 4 March 200	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
		<u> </u>		
4. Verification // /				
have read and understand FPC Requiation 18944.1 and	<u> 18942. have v</u>	verified that the distribution set	forth above, is in accordance w	ith the requirements.
1 1 KAN VVA Megar	Moret	Tick	et Administrator	7/31/15
Signature of Agency Head or Designee	Print Na	me	Title	(Month, Day, Year)
Comment:				

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
County of Los Angeles				Form 002
Division, Department, or Region (If Applicable	ə)			For Official Use Only
Board of Supervisors, First District				
Designated Agency Contact (Name, Title)		· · · · · · · · · · · · · · · · · · ·		
Megan Moret, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Mustr	rovide explanation in Part 3.)
213.974.4111 mmoret@bo	s.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information			·	
Does the agency have a ticket policy?	Yes× No	Face Value o	of Each Ticket/Pass \$	5
Event Description		Date(s) 7	,23 ,15	
Provide Title/Exp	lanation			
Ticket(s)/Pass(es) provided by agency?	Yes No	X If no: Hollyw	/ood Bowl	
			Name of Sc	wrce
Was ticket distribution made at the behest of agency official?	NoX Yes	If yes:	Official's Name (Last, First)
			-	-
 Recipients Use Section A to identify the agency's department or 	unit. • Use Se	ction B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the pub	lic purpose made pursuan	to the agency's policy
	Pass(es)			
staff	4	Per ticket policy 5.3	(k)	
		r er tieket poney o.o		
	Number of		and the second secon	
B. Name of Individual (Lest, First)	Ticket(s)/ Pass(es)		Identify one of the follow	ing:
		Ceremonial Role	Other	Income
		If checking "Ceremon	ial Role" or "Other" describe below:	·····
		Ceremonial Role	Other	Income
		1	hial Role" or "Other" describe below:	acome a
			· · · · · · · · · · · · · · · · · · ·	are an
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the put	lic purpose made pursuan	t to the agency's policy
	Pass(es)			ting a set i ha part i f
1 Volimation	J			
4. Verification have reported and understand FPPC Regulations 18944.1 and	d 18942. I have v	erified that the distribution set (orth above, is in accordance w	ith the requirements.
	n Moret		et Administrator	7/31/15
Signature of prency Head or Designee	Print Nar	[Title	(Month, Day, Year)
	····	<u></u>		
Comment:				EPPC Form 802 (4/12)

Agency Report o	f:		
Ceremonial Role	Events and	I Ticket/Pass	C

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
County of Los Angeles				rom
Division, Department, or Region (If Applicable))			For Official Use Only
Board of Supervisors, First District	······			
Designated Agency Contact (Name, Title)			1	
Megan Moret, Ticket Administrator			Amondmont /////	provide explanation in Part 3.)
Area Code/Phone Number E-mail				UVVICE EXUIDING W// JILP art 2.)
213.974.4111 mmoret@bo	s.lacounty.g	OV .	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information				35
Does the agency have a ticket policy?	Yes X No	Face Value o	of Each Ticket/Pass \$	
Event Description Hollywood Bowl		Date(s) 7	,23 ,15	
. Provide Title/Exp		Hollyv	vood Bowl	
Ticket(s)/Pass(es) provided by agency?	Yes 🗖 No	If no:	Name of S	ource
Was ticket distribution made at the behest	No 🎽 Yes	If yes:		
of agency official?			Official's Name	(Last, First)
3. Recipients				
Use Section A to identify the agency's department or		ction B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuar	nt to the agency's policy
staff	4	Per ticket policy 5.3	(k)	
B. Name of Individual	Number of Ticket(s)/		Identify one of the folio	wing:
(Lasi, First)	Pass(es)			
		Ceremonial Role If checking "Ceremo	L Other L nial Role" or "Other" describe below	income
		Ceremonial Role	nial Role" or "Other" describe below	Incomé
		in uncoking Osierino		
C. Name of Outside Organization	Number of Ticket(s)/	Describe the pu	blic purpose made pursua	nt to the agency's policy
(include address and description)	Pass(es)			
		<u> </u>		
		1		
4. Verification	nd 18942 / hours	verified that the distribution of	forth above is in accordance :	with the requirements
	n Moret		et Administrator	7/31/15
Signature of Agency Head or Designee	Print Na		Title	(Month, Day, Year)
Comment:	······			

A Public Document California 802

income

income

Agency Name				Date Stamp	California
County of Los Ange	les				Form
Division, Departmen	it, or Region (If Applicab	le)			For Official
Board of Superviso Designated Agency			· · · · · · · · · · · · · · · · · · ·		
Megan Moret, Ticke	t Administrator			Amendment (Must p	rovide explanation i
Area Code/Phone N 213.974.4111		os.lacounty.g	ov	Date of Original Filing:	(Month, Day, Ye
Function or Eve				af Fach The Lord Dates of 3	5
Does the agency ha		Yes 🗶 No		of Each Ticket/Pass \$	
Event Description	ollywood Bowl Provide Title/Ex	planation	Date(s)		LN
Ticket(s)/Pass(es) p	rovided by agency?	Yes No	× If no: Holly	wood Bowl	
Was ticket distribution of agency official?	on made at the behest	NoX Yes	If yes:	Official's Name (
Recipients • Use Section A to identi	ly the agency's department o	r unit. • Use Se	ction B to identify an Indivi	dual. • Use Section C to iden	tify an outside org
	y, Department or Unit	Number of Ticket(s)/ Pass(es)	I STALK SMALLER AND	iblic purpose made pursuan	
staff		4	Per ticket policy 5.3	3 (k)	
	of Individual (Lest, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ring:
ſ			Ceremonial Role	Other Other Other Other Other	

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

(Month, Day, Year)

Other

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

Ceremonial Role

С.	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
/ /	Fication	1944.1 and 18942. I have veri	ied that the distribution set forth above, is in accordance with	the requirements.
V	VIA VVB	Megan Moret	Ticket Administrator	7/31/15
v		Print Name	Tille	(Month, Da

Comment:

Agency Report of:

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
I. Agency Name			Date Stamp	California 802
County of Los Angeles				Form
Division, Department, or Region (If Applicable)			For Official Use Only
Board of Supervisors, First District				
Designated Agency Contact (Name, Title)	<u></u>			
Megan Moret, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must)	provide explanation in Part 3.)
213.974.4111 mmoret@bo:	s.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information			-	35
Does the agency have a ticket policy?	Yes× No	Face Value of	of Each Ticket/Pass \$	
Event Description Hollywood Bowl		Date(s) 7	,23 ,15	
Provide Title/Expl	anation	5	vand Davul	
Ticket(s)/Pass(es) provided by agency?	Yes 🚺 No	If no: Hollyv	vood Bowl	01//20
Man tight distribution made at the behapt		n [Natile M. St	
Was ticket distribution made at the behest of agency official?	No 🔀 Yes	lf yes:	Official's Name	(Last, First)
3. Recipients				
Use Section A to identify the agency's department or	unit. • Use Se	ction B to identify an individ	ual. • Use Section C to ider	ntify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuan	it to the agency's policy
staff	4	Per ticket policy 5.3	(k)	
B. Name of Individual (Lest, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
		Ceremonial Role If checking "Ceremo	DOther Charles Dother Charles Delow.	
		Ceremonial Role If checking "Ceremo	nial Role" or "Other Led nial Role" or "Other" describe below	income L
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuar	nt to the agency's policy
4. Verification	d 18040 / have -	JI	forth about is in apportance .	with the norminaments
	n Moret	addition of the second s	et Administrator	7/31/15
Sighalage of Agency Head or Gesignee	Print Na		Tille	(Month, Day, Year)
				(
Comment:				FPPC Form 802 (4/12

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

Ceremonial Role Events and Tick	cet/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
County of Los Angeles				
Division, Department, or Region (If Applicable)				For Official Use Only
Board of Supervisors, First District				
Designated Agency Contact (Name, Title)			3	
Megan Moret, Ticket Administrator	the companyant of the test of the			
Area Code/Phone Number E-mail	·····		Amendment (Must	provide explanation in Part 3.)
213.974.4111 mmoret@bos	.lacounty.g	lov	Date of Original Filing	(Month, Day, Year)
2. Function or Event Information	******		, 	
Does the agency have a ticket policy?	YesX No	Face Value c	of Each Ticket/Pass \$	35
Event Description Hollywood Bowl Provide Title/Explai		Date(s) 7	,23 ,15	
	Yes 🗖 No	× If no: Hollyw	vood Bowl Name of S	Cource
Was ticket distribution made at the behest of agency official?	No본 Yes	if yes:	Official's Name	(Last, First)
3. Recipients				
Use Section A to identify the agency's department or u	nit. • Use Se	ction B to identify an individe	ual. • Use Section C to ide	ntify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	Nic purpose made pursua:	nt to the agency's policy
staff	4	Per ticket policy 5.3	(K)	
B. Name of Individual (Lest, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follo	wing:
		Ceremonial Role If checking "Ceremon	Other D	
		Ceremonial Role If checking "Ceremon	Other D	
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursua	nt to the agency's policy
4. Verification	•			
Chave read and inderstand FPPC Regulations 18944.1 and		1		
Megan	Moret	Ticke	et Administrator	7/31/15
Signature of Agency Head or Designed	Print Nar	ne	Title	(Month, Day, Year)
Comment:				EBBC Form 802 (4/12)

Agency Report of:

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Ce	eremonial Role Events and Tick	et/Pass	Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	County of Los Angeles				IOIM
E	Division, Department, or Region (If Applicable)				For Official Use Only
	Board of Supervisors, First District				
1	Designated Agency Contact (Name, Title)				
	Megan Moret, Ticket Administrator				I Contra in Contra i
	Area Code/Phone Number E-mail				provide exolanation in Part 3.)
	213.974.4111 mmoret@bos.	lacounty.g	ον	Date of Original Filing	:(Month, Day, Year)
2.	Function or Event Information				35
		Yes 🗙 No	Face Valu	e of Each Ticket/Pass \$	
	Event Description Hollywood Bowl		Date(s) 7	,23 ,15	
	Provide Title/Explai	nation		lywood Bowl	
	Ticket(s)/Pass(es) provided by agency?	Yes 🚺 No	X If no:	Name of S	Source
	Was ticket distribution made at the behest	No 🗶 Yes	If yes:		
	of agency official?	NO end les		Official's Name	(Last, First)
3.	Recipients				
	Use Section A to identify the agency's department or u		ction B to identify an indi	vidual. • Use Section C to ide	entify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the	public purpose made pursua	nt to the agency's policy
	staff	4	Per ticket policy 5	5.3 (k)	
	B. Name of Individual (Leet, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follo	wing
			Ceremonial Ro		
			If checking "Cere	emonial Role" or "Other" describe below	V.
			Ceremonial R	cie 🔲 Other 🖵	income
			If checking "Cen	emonial Role" or "Other" describe belo	<i>N</i> :
		Number of		. A do to and the state of the	
	C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the	public purpose made pursua	int to the agency's policy
4.	Verification				
	/have read any understand FPFIC Regulations 18944.1 and				
	Megan	Moret	T	icket Administrator	7/31/15
	Signature of Agency Head or Designed	Print Na	me	Title	(Month, Day, Year)
	Comment				
	Comment:				FPPC Form 802 (4/12

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

Agency Report of:

Cerem	nonial Role Events and Ticl	ket/Pass	Distributions		A Public Document
1. <u>Age</u>	ncy Name			Date Stamp	California 802
Coun	ty of Los Angeles		· · · · · · · · · · · · · · · · · · ·		Form 002
Divis	ion, Department, or Region (If Applicable))			For Unicial Ose Only
Board	d of Supervisors, First District				
	nated Agency Contact (Name, Title)			-	
Mega	an Moret, Ticket Administrator			(m) .	
	Code/Phone Number E-mail			Amendment (Must p	rovide explanation in Part 3.)
213.9	74.4111 mmoret@bos	s.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
2. Fun	ction or Event Information			3	5
Does	the agency have a ticket policy?	Yes 🗙 No	Face Value	of Each Ticket/Pass \$	
Euco	t Description Hollywood Bowl		Date(s) 7	,23 ,15	
Even	Provide Title/Expla	anation	F		
Ticke	t(s)/Pass(es) provided by agency?	Yes No	If no: Holly	wood Bowl	
164	tintent distribution made at the baboat	. 🖾	m [
	ticket distribution made at the behest gency official?	No 🖾 Yes	lf yes:	Official's Name (Last, First)
3. Rec					
• Use	Section A to identify the agency's department or i	unit. • Use Se	ction B to identify an Indivi	idual. • Use Section C to iden	tify an outside organization.
A .	Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the p	ublic purpose made pursuant	to the agency's policy
staff		2	Per ticket policy 5.	3 (k)	
B.	Name of Individual (Lest, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
			Ceremonial Role If checking "Ceren	e D Other D noniel Rale" or "Other" describe below:	income
			Ceremonial Role If checking "Ceren	e U Other U nonial Role" or "Other" describe below:	income
		Number of		an an airtin an an airtig	
с. —	Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the p	oublic purpose made pursuan	t to the agency's policy
					<u></u>
	ification read and understand FPPG Regulations 18944.1 and	d 18942 have s	verified that the distributions	et forth above, is in accordance w	ith the requirements.
(nave		n Moret		ket Administrator	7/31/15
/	Signature of Agency Head or Designee	Print Na		Title	(Month, Day, Year)
[
Con	nment:	······			FPPC Form 802 (4/12

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

Agency	Rep	port	of:	

Ce	eremonial Role Events and Tick	(et/Pass	Distributions		A Public Document
1.	Agency Name			Date Stamp	California 802
	County of Los Angeles				FUNIT
	Division, Department, or Region (If Applicable)				For Official Use Only
	Board of Supervisors, First District				
	Designated Agency Contact (Name, Title)				
	Megan Moret, Ticket Administrator				
	Area Code/Phone Number E-mail			Amendment (Must p	provide explanation in Part 3.)
Ì	213.974.4111 mmoret@bos	lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information			-	100
	Does the agency have a ticket policy?	Yes 🔀 No	Face Value of	of Each Ticket/Pass \$	
	Event Description		Date(s) 7	,12 ,15	
	Provide Title/Expla	nation	LA Ph	:1	
	Ticket(s)/Pass(es) provided by agency?	Yes 🗖 No	× If no:	II Name of Sc	DUICA
	Was ticket distribution made at the behest	NoX Yes	n ., [
	of agency official?	Notes Yes	If yes:	Official's Name	(Last, First)
3.	Recipients				
•.	Use Section A to identify the agency's department or u	ınit. 🔹 Use Se	ction B to identify an individ	lual. • Use Section C to ider	ntify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
	staff	4	Per ticket policy 5.3	(k)	
	B. Name of Individual (Lest First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
			Ceremonial Role	Other	income
			If checking "Ceremo	nial Role" or "Other" describe below:	
			Ceremonial Role		income
		1	If checking "Caremo	onial Role" or "Other" describe below.	
	C. Name of Outside Organization	Number of			in a second
	(include address and description)	Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuar	it to the agency's policy
4.	Verification				
[I have read and understand IPHC Regulations 18944.1 and				
	Megan			et Administrator	7/31/15
1	Signiture of Agency Heal or Definatee	Print Na	me	Tifle	(Month. Day, Year)
	Comment:				
					FPPC Form 802 (4/12)

remonial Role Events and Tick				A Public Documen
Agency Name	······		Date Stamp	California 802
County of Los Angeles				Form For Official Use Only
Division, Department, or Region (If Applicable)				
Board of Supervisors, First District				
Designated Agency Contact (Name, Title)				
Megan Moret, Ticket Administrator			Amendment (Must	provide explanation in Part 3.)
Area Code/Phone Number E-mail	lacountura	ov.	Date of Original Filing:	
13.974.4111 mmoret@bos	.lacounty.g		pute of original trang	(Month, Day, Year)
Function or Event Information			f Each Ticket/Pass \$	105
	Yes X No	7		
Event Description	nation	Date(s)		
	_	🗙 lf no: LA Phil		
nokel(s)/Fass(es) provided by agency r	Yes No		Name of S	ource
Was ticket distribution made at the behest of agency official?	No 🎽 Yes	If yes:	Official's Name	(Last, First)
Recipients				
 Use Section A to identify the agency's department or used 		ction B to identify an individu	al. • Use Section C to ide	ntify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	lic purpose made pursuar	it to the agency's policy
staff	4	Per ticket policy 5.3 (ίκ)	
B. Name of Individual	Number of Ticket(s)/		Identify one of the follo	vina:
(Lasi, Firsi)	Pass(es)			
		Ceremonial Role If checking "Ceremon	ial Role" or "Other" describe below	Income
		Ceremonial Role	ial Role" or "Other" describe below	Income
		in checking Gerenion		
C. Name of Outside Organization	Number of Ticket(s)/	Describe the pub	lic purpose made pursua	nt to the agency's policy
(Include address and description)	Pass(es)			en egy and a second
		lr		
A. L. /				5
		a italihatika dishihulina noti	terth above in in annordance	with the movies monte
Verification	1190/0 1			
Inavergeed and understand FPPC Reputations 18 <u>944.1 and</u>				
Inavergeed and understand FPPC Reputations 18 <u>944.1 and</u>	<u>18942 I have v</u> Moret Print Na	Ticke	et Administrator	7/31/15 (Month. Day, Year)

1. Agency Name Date Stamp California 8002 County of Los Angeles Division. Department, or Region (I/Applicable) For Orisial Use Only Board of Supervisors, First District Dete Stamp For Orisial Use Only Designated Agency Contact (Name 766) Amendment: (More purpose analysis in Part 2) Date of Original Filing: Amendment: (More purpose analysis in Part 2) Date of Original Filing: Amendment: (More purpose analysis in Part 2) Date of Original Filing: Amendment: (More purpose analysis in Part 2) Date of Original Filing: Amendment: (More purpose analysis in Part 2) Date of Original Filing: Amendment: (More purpose analysis in Part 2) Date of Original Filing: Amendment: (More purpose analysis in Part 2) Date (s)/Pass(es) provided by agency? Yes] NoE If how APhil Mane of Joseph Vesticket distribution made at the behest NoE Yes] Official's Name (Last, First) Official's Name (Last, First) 3. Recipients • Use Section A to identify an outside organization. A. Name of Agency, Department or unit Number of Teaching Commonal flate or Other Section B to identify an individual, • Use Section C to identify an outside organization. B. Name of Individual Marked Individual Mark	C	eremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
Common Pression Pressing Pressing Pressing Pressing Pressing Pressing Pressing Pres	1.	Agency Name			Date Stamp	California 802
Division, Department, or Region (if Applicable) Board of Supervisors, First District Designated Agency Contact (Man, 7/80) Megan Moret, Ticket Administrator Area. Code/Phone Number 213.974.4111 Immoret@bos.laccounty.gov Date of Original Filing: Query Contact Does the agency have a ticket policy? Yes No Event Description Ponde TrateSystanation Ticket(s)/Pass(es) provided by agency? Yes No Yes Official? Amendment (Most Rode and Space Provide TrateSystanation Ticket(s)/Pass(es) provided by agency? Yes No Yes Official? Amendment (Most Rode and Space Viss Sticket distribution made at the behest No Yes If yes: Official? Amend Agency, Department or Unit Number of Tracket(a) Pasterio Describe the public purpose made pursuant to the agency's policy Pasterio Ceremonial Role Other B. Name		County of Los Angeles				
Designated Agency Contact (Name, Tile) Megan Moret, Ticket Administrator Area Code(Phone Number 213.974.4111 mmoret@boslacounty.gov 2. Function or Event Information Dees the agency have a ticket policy? Provide TitleExplanation Dees the agency have a ticket policy? Yes! None TitleExplanation Provide TitleExplanation Ticket(s)/Pass(es) provided by agency? Yes! Meagency Official? 3. Recipients - Vestice to to identify the agency's department or unit. Name of Agency, Department or Unit Number of Ticket(p) Table of Information Construct to the agency's policy Perticket policy 5.3 (k) Staff 4 Perticket policy 5.3 (k) Staff 4 Perticket policy 5.3 (k) Ceremonial Role Other Name of Information Number of TitleExely Describe the public purpose made pursuant to the agency's policy Passes Other Recipients Name of Information Meesing Channonial Role Other N		Division, Department, or Region (If Applicable)		· · ·	For Official Use Only
Designated Agency Contact (Name, Tile) Megan Moret, Ticket Administrator Area Code(Phone Number 213.974.4111 mmoret@boslacounty.gov 2. Function or Event Information Dees the agency have a ticket policy? Provide TitleExplanation Dees the agency have a ticket policy? Yes! None TitleExplanation Provide TitleExplanation Ticket(s)/Pass(es) provided by agency? Yes! Meagency Official? 3. Recipients - Vestice to to identify the agency's department or unit. Name of Agency, Department or Unit Number of Ticket(p) Table of Information Construct to the agency's policy Perticket policy 5.3 (k) Staff 4 Perticket policy 5.3 (k) Staff 4 Perticket policy 5.3 (k) Ceremonial Role Other Name of Information Number of TitleExely Describe the public purpose made pursuant to the agency's policy Passes Other Recipients Name of Information Meesing Channonial Role Other N		Board of Supervisors, First District				
Area Code/Phone Number E-mail IAmendment (Must powde optioning in 2at 3) 213 374.4111 mmoret@bos lacounty.gov Date of Ordginal Filling: Month, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ ID5 Dest the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ ID5 Version of Event Information Provide TitleExplanation Face Value of Each Ticket/Pass \$ ID5 Provide TitleExplanation Provide TitleExplanation If no: Amme of Source Info Version 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 Ticket(s) Pess(es) Describe the public purpose made pursuant to the agency's policy Staff 4 Per ticket policy 5.3 (k) Identify one of the following: Income Staff 4 Per ticket policy 5.3 (k) Income Income Corremonal Ride Other acute table Income Income Corremonal Ride Other acute table Income Income S		·····			1	
Area Code/Phone Number E-mail IAmendment (Must powde optioning in 2at 3) 213 374.4111 mmoret@bos lacounty.gov Date of Ordginal Filling: Month, Day, Year) 2. Function or Event Information Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ ID5 Dest the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ ID5 Version of Event Information Provide TitleExplanation Face Value of Each Ticket/Pass \$ ID5 Provide TitleExplanation Provide TitleExplanation If no: Amme of Source Info Version 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 Ticket(s) Pess(es) Describe the public purpose made pursuant to the agency's policy Staff 4 Per ticket policy 5.3 (k) Identify one of the following: Income Staff 4 Per ticket policy 5.3 (k) Income Income Corremonal Ride Other acute table Income Income Corremonal Ride Other acute table Income Income S		Megan Moret, Ticket Administrator				
213.974.4111 mmorete@bos.lacounty.gov Dete of Original Filing:		~		· · · · · · · · · · · · · · · · · · ·	Amendment (Must pr	ovide explanation in Part 3.)
Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ Event Description A Phil Date(s) 7 Provide TitleExplanation Date(s) 7 9 15 Ticket(s)/Pass(es) provided by agency? Yes No If no: A Phil Name of Source Was ticket distribution made at the behest of agency? Yes No If yes: Official's Neme (Last, Finit) 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 TitleHigh Describe the public purpose made pursuant to the agency's policy Staff 4 Per ticket policy 5.3 (k) Identify one of the following: B. Name of Individual (Interfer) Number of TitleHigh Identify one of the following: Income If checking "Commonial Role C Other C other database and description) Number of TitleHigh Income Income If checking "Commonial Role C Other C other database and description) Number of TitleHigh Income Income If checking "Commonial Role C Other C			s.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
Event Description A Phil Provide TitleExpanation Date(s) Ticket(s)/Pass(es) provided by agency? Yes Was ticket distribution made at the behest No No Yes If no: A Phil Name of Source Was ticket distribution made at the behest No Yes If yes: Official's Name (Last, First) 3. Recipients •Use Section B to identify an individual. • Use Section C to identify an outside organization. A. Name of Agency, Department or Unit Number of Teket(s) Pass(es) Describe the public purpose made pursuant to the agency's policy Staff 4 B. Name of Individual (Last First) Describe the public purpose made pursuant to the agency's policy Pass(es) Ceremonial Role Other If checking Identify one of the following: income If checking "Ceremonial Role Other income income If checking "Ceremonial Role	2.	Function or Event Information				1 1 1
Provide TitleExplanation Date(s) I <		Does the agency have a ticket policy?	Yes 🗙 No	Face Value of	of Each Ticket/Pass \$	
Provide TitleExplanation Ticket(s)/Pass(es) provided by agency? Yes No I If no: LA Phil Mans of Source Was ticket distribution made at the behest No Yes I If yes: Official's Name (Last, First) Recipients it yes Comparison of the second state of the second state of agency official? A. Name of Agency, Department or unit Number of Ticket(s) B. Name of Individual Number of Ticket(s) B. Name of individual Number of Ceremonial Rele Conter Conter describe before C. Name of Outside Organization Number of Ticket(s) Pass(es) Ceremonial Rele Conter Conter describe before C. Name of Outside Organization Number of Ticket(s) Pass(es) Ceremonial Rele Conter Conter describe before C. Name of Outside Organization Number of Ticket(s) Pass(es) Ceremonial Rele Conter Conter describe before Number of Ticket(s) Pass(es) Ceremonial Rele Conter Conter describe before Number of Numer Number of Nu		Event Description LA Phil		Date(s) 7	19 , 15	
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Signature of Agency Wead of Designee Print Name Title (Month, Day, Year)	1					7/31/15
	,	Standart of Agency Meadlart Designee	Print Nar	ne	Tifie	(Month, Day, Year)
Comment:		Comment:			Anno ann an Anna an Ann	

A Public Document California 802

For Official Use Only

Form

Date Stamp

Agency Name	
County of Los Angeles	
Division, Department, or Re	gion (If Applicable)
Board of Supervisors, First I	District
Designated Agency Contact	t (Name, Title)
Megan Moret, Ticket Admir	nistrator
Area Code/Phone Number	E-mail
213.974.4111	mmoret@bos.lacounty.gov

	Board of Supervisors, First District				
1	Designated Agency Contact (Name, Title)				
	Megan Moret, Ticket Administrator				provide explanation in Part 3.)
	Area Code/Phone Number E-mail				ľ l
	213.974.4111 mmoret@bos	lacounty.go	vc	Date of Original Filing:	(Month, Day, Year)
2.	Function or Event Information	_		. 1	20
		Yes 🛛 No	Face Value	of Each Ticket/Pass \$	
	Event Description		Date(s) 7	25 15	
	Provide Title/Expla		LA Ph	1	
	Ticket(s)/Pass(es) provided by agency?	Yes 🗖 No	X If no:	Name of Sc	DUICE
	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 u	nit. • Use Sec	ction B to identify an individ	lual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
	staff	4	Per ticket policy 5.3	; (k)	
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
			Ceremonial Role If checking "Cerem	Other Other or "Other" describe below:	
			Ceremonial Role	Other	income
			1	onial Role" or "Other" describe below:	
		Number of		e de manterente en forca (1963)	
	C. Name of Outside Organization (Include address and description)	Ticket(s)/ Pass(es)	Describe the pu	iblic purpose made pursuar	t to the agency's policy
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4.	Verification			2 2 2 2	ville dh a un an sina ma n 4a
	I have read and understand FIPOR equilitions 18 <u>944.1 and</u> Megan			<u>t forth above, is in accordance v</u> cet Administrator	7/31/15
	Signature of Agency Head or Designee	Print Nai		Tille	(Month, Day, Year)
	Comment:	1 M 10 M			

		Distributions		
Agency Name			Date Stamp	California
County of Los Angeles				FOIL
Division, Department, or Region (If Applicable)]	For Official Use Only
Board of Supervisors, First District				
Designated Agency Contact (Name, Title)				
Megan Moret, Ticket Administrator				
Area Code/Phone Number E-mail				provide explanation in Part 3.)
213.974.4111 mmoret@bos	lacounty.g	ov	Date of Original Filing	(Month, Day, Year)
Function or Event Information				120
Does the agency have a ticket policy?	Yes 🗙 No	Face Value	of Each Ticket/Pass \$	
Event Description LA Phil		Date(s) 7	,31 ,15	
Provide Title/Expla	nation			
Ticket(s)/Pass(es) provided by agency?	Yes 🚺 No	If no: LA Ph		
			Name of S	
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name	(Last, First)
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• Use Section A to identify the agency's department or a	ınit. 🔹 Use Se	ction B to identify an individ	dual. • Use Section C to ide	ntify an outside organization.
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	Number of			
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		Ceremonial Role	Other	Income
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