

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

A Public Document

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> For Official Use Only
County of Los Angeles			
Division, Department, or Region (If Applicable)			
Board of Supervisors, First District			
Designated Agency Contact (Name, Title)			
Megan Moret, Ticket Administrator		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number	E-mail		
213.974.4111	mmoret@bos.lacounty.gov		

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass \$

40

Event Description Dodgers  
Provide Title/ExplanationDate(s) 7 3 15Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒If no: Dodgers

Name of Source

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐

If yes:

Official's Name (Last, First)

## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
staff	2	Per ticket policy 5.3 (k)

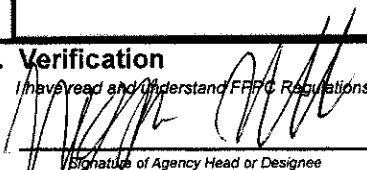
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:

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

## 4. Verification

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

	Megan Moret	Ticket Administrator	7/31/15
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment:

FPPC Form 802 (4/12)

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

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Megan Moret, Ticket Administrator			
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213.974.4111	mmoret@bos.lacounty.gov	Date of Original Filing: <input type="text"/> (Month, Day, Year)	

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

Face Value of Each Ticket/Pass \$

40

Event Description   
*Provide Title/Explanation*Date(s)   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒If no: *Name of Source*Was ticket distribution made at the behest of agency official? No ☒ Yes ☐If yes:   
*Official's Name (Last, First)***3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
staff	2	Per ticket policy 5.3 (k)
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

*Signature of Agency Head or Designee*

Megan Moret

*Print Name*

Ticket Administrator

*Title*

7/31/15

*(Month, Day, Year)*Comment:

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

Face Value of Each Ticket/Pass \$

40

Event Description Dodgers  
Provide Title/ExplanationDate(s) 7 / 7 / 15Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒If no: Dodgers  
Name of SourceWas ticket distribution made at the behest of agency official? No ☒ Yes ☐If yes: \_\_\_\_\_  
Official's Name (Last, First)**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
staff	2	Per ticket policy 5.3 (k)
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
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Signature of Agency Head or Designee

Megan Moret

Print Name

Ticket Administrator

Title

7/31/15

(Month, Day, Year)

Comment:

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Face Value of Each Ticket/Pass \$

40

Event Description Dodgers  
Provide Title/ExplanationDate(s) 7 8 15Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒If no: Dodgers

Name of Source

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐

If yes:

Official's Name (Last, First)

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
staff	2	Per ticket policy 5.3 (k)
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
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Print Name

Ticket Administrator

Title

7/31/15

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**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐

Event Description: Dodgers  
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐

Face Value of Each Ticket/Pass \$ 40

Date(s) 7 / 9 / 15

If no: Dodgers  
Name of Source

If yes: \_\_\_\_\_  
Official's Name (Last, First)

## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
staff	2	Per ticket policy 5.3 (k)
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
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 Megan Moret  
Signature of Agency Head or Designee

Ticket Administrator  
Title

7/31/15  
(Month, Day, Year)

Comment:

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213.974.4111	mmoret@bos.lacounty.gov	Date of Original Filing: <input type="text"/> (Month, Day, Year)	

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

Face Value of Each Ticket/Pass \$

40

Event Description  Provide Title/ExplanationDate(s)      Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒If no:  Name of SourceWas ticket distribution made at the behest of agency official? No ☒ Yes ☐If yes:  Official's Name (Last, First)**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
staff	2	Per ticket policy 5.3 (k)
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
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**4. Verification**

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Signature of Agency Head or Designee

Megan Moret

Print Name

Ticket Administrator

Title

7/31/15

(Month, Day, Year)

Comment:

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213.974.4111	mmoret@bos.lacounty.gov	Date of Original Filing: <input type="text"/> (Month, Day, Year)	

<b>2. Function or Event Information</b>		Face Value of Each Ticket/Pass \$ <input type="text" value="40"/>
Does the agency have a ticket policy? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Event Description <input type="text" value="Dodgers"/> <small>Provide Title/Explanation</small>	Date(s) <input type="text" value="7"/> <input type="text" value="28"/> <input type="text" value="15"/>
Ticket(s)/Pass(es) provided by agency? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Was ticket distribution made at the behest of agency official? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	If no: <input type="text" value="Dodgers"/> <small>Name of Source</small>
		If yes: <input type="text"/> <small>Official's Name (Last, First)</small>

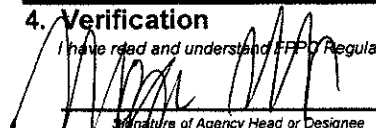
**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
staff	2	Per ticket policy 5.3 (k)
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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Megan Moret  
Print Name

Ticket Administrator  
Title

7/31/15  
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Board of Supervisors, First District			
Designated Agency Contact (Name, Title)			
Megan Moret, Ticket Administrator			
Area Code/Phone Number	E-mail		
213.974.4111	mmoret@bos.lacounty.gov		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐

Event Description Dodgers  
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐

Face Value of Each Ticket/Pass \$ 40

Date(s) 7 29 15

If no: Dodgers  
Name of Source

If yes:   
Official's Name (Last, First)

## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
staff	2	Per ticket policy 5.3 (k)
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(Include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

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Signature of Agency Head or Designee

Megan Moret

Print Name

Ticket Administrator

Title

7/31/15

(Month, Day, Year)

Comment:



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Board of Supervisors, First District			
Designated Agency Contact (Name, Title)			
Megan Moret, Ticket Administrator			
Area Code/Phone Number	E-mail		
213.974.4111	mmoret@bos.lacounty.gov		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐

Event Description:  Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐

Face Value of Each Ticket/Pass \$

Date(s)

If no:  Name of Source

If yes:  Official's Name (Last, First)

## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
staff	2	Per ticket policy 5.3 (k)

B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
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Signature of Agency Head or Designee

Megan Moret

Print Name

Ticket Administrator

Title

7/31/15

(Month, Day, Year)

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<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)			

## 2. Function or Event Information

Does the agency have a ticket policy? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Face Value of Each Ticket/Pass \$ 35
Event Description Hollywood Bowl <small>Provide Title/Explanation</small>	Date(s) 7 / 7 / 15
Ticket(s)/Pass(es) provided by agency? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If no: Hollywood Bowl <small>Name of Source</small>
Was ticket distribution made at the behest of agency official? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	If yes: _____ <small>Official's Name (Last, First)</small>

## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
staff	4	Per ticket policy 5.3 (k)
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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 Signature of Agency Head or Designee	Megan Moret Print Name	Ticket Administrator Title	7/31/15 (Month, Day, Year)
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Comment:

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<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)			

**2. Function or Event Information**Does the agency have a ticket policy? Yes ☒ No ☐Event Description Hollywood Bowl  
Provide Title/ExplanationTicket(s)/Pass(es) provided by agency? Yes ☐ No ☒Was ticket distribution made at the behest of agency official? No ☒ Yes ☐

Face Value of Each Ticket/Pass \$

35Date(s) 7 7 15If no: Hollywood Bowl  
Name of SourceIf yes: \_\_\_\_\_  
Official's Name (Last, First)**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

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Signature of Agency Head or Designee

Megan Moret

Print Name

Ticket Administrator

Title

7/31/15

(Month, Day, Year)

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**2. Function or Event Information**Does the agency have a ticket policy? Yes ☒ No ☐Event Description Hollywood Bowl  
Provide Title/ExplanationTicket(s)/Pass(es) provided by agency? Yes ☐ No ☒Was ticket distribution made at the behest of agency official? No ☒ Yes ☐Face Value of Each Ticket/Pass \$ 35Date(s) 7 / 7 / 15If no: Hollywood Bowl  
Name of SourceIf yes: \_\_\_\_\_  
Official's Name (Last, First)**3. Recipients**

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Signature of Agency Head or Designee

Megan Moret

Print Name

Ticket Administrator

Title

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(Month, Day, Year)

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Area Code/Phone Number	E-mail	Date of Original Filing: _____ (Month, Day, Year)	
213.974.4111	mmoret@bos.lacounty.gov		

**2. Function or Event Information**

Does the agency have a ticket policy?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Face Value of Each Ticket/Pass \$	35
Event Description	Hollywood Bowl <small>Provide Title/Explanation</small>	Date(s)	7/7/15
Ticket(s)/Pass(es) provided by agency?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If no:	Hollywood Bowl <small>Name of Source</small>
Was ticket distribution made at the behest of agency official?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	If yes:	 <small>Official's Name (Last, First)</small>

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
staff	4	Per ticket policy 5.3 (k)

B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>

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

**4. Verification**

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

Signature of Agency Head or Designee

Megan Moret

Print Name

Ticket Administrator

Title

7/31/15

(Month, Day, Year)

Comment:

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

A Public Document

<b>1. Agency Name</b>		Date Stamp	California Form <b>802</b> For Official Use Only
County of Los Angeles			
Division, Department, or Region (If Applicable)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: <input type="text"/> (Month, Day, Year)	
Board of Supervisors, First District			
Designated Agency Contact (Name, Title)			
Megan Moret, Ticket Administrator			
Area Code/Phone Number	E-mail		
213.974.4111	mmoret@bos.lacounty.gov		

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass \$

35

Event Description   
Provide Title/ExplanationDate(s)   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒If no: Name of SourceWas ticket distribution made at the behest of agency official? No ☒ Yes ☐If yes:   
Official's Name (Last, First)

## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
staff	4	Per ticket policy 5.3 (k)
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(Include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

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

Signature of Agency Head or Designee

Megan Moret

Print Name

Ticket Administrator

Title

7/31/15

(Month, Day, Year)

Comment:

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

A Public Document

<b>1. Agency Name</b>		Date Stamp	California Form <b>802</b> For Official Use Only
County of Los Angeles			
Division, Department, or Region (if Applicable)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	Date of Original Filing: <input type="text"/> (Month, Day, Year)
Board of Supervisors, First District			
Designated Agency Contact (Name, Title)			
Megan Moret, Ticket Administrator			
Area Code/Phone Number	E-mail		
213.974.4111	mmoret@bos.lacounty.gov		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐

Event Description  Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐

Face Value of Each Ticket/Pass \$

Date(s)

If no:   
Name of Source

If yes:   
Official's Name (Last, First)

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
staff	4	Per ticket policy 5.3 (k)

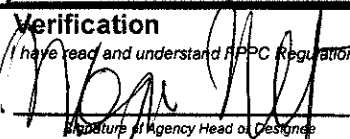
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>

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

**4. Verification**

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

	<input type="text" value="Megan Moret"/>	<input type="text" value="Ticket Administrator"/>	<input type="text" value="7/31/15"/>
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>
Comment: <input type="text"/>			

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

A Public Document

<b>1. Agency Name</b>		Date Stamp	California Form <b>802</b>
County of Los Angeles			For Official Use Only
Division, Department, or Region (If Applicable)			
Board of Supervisors, First District			
Designated Agency Contact (Name, Title)			
Megan Moret, Ticket Administrator			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
213.974.4111	mmoret@bos.lacounty.gov	Date of Original Filing:	
		(Month, Day, Year)	

**2. Function or Event Information**

Does the agency have a ticket policy?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Face Value of Each Ticket/Pass \$	35
Event Description	Hollywood Bowl	Date(s)	7/7/15
Provide Title/Explanation			
Ticket(s)/Pass(es) provided by agency?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If no:	Hollywood Bowl
		Name of Source	
Was ticket distribution made at the behest of agency official?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	If yes:	
		Official's Name (Last, First)	

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
staff	4	Per ticket policy 5.3 (k)
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/>
		If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/>
		If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

Signature of Agency Head or Designee

Print Name

Title

(Month, Day, Year)

Comment:



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

A Public Document

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> For Official Use Only
County of Los Angeles Division, Department, or Region (If Applicable) Board of Supervisors, First District Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator Area Code/Phone Number E-mail 213.974.4111 mmoret@bos.lacounty.gov			
<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)			

**2. Function or Event Information**

Does the agency have a ticket policy? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Face Value of Each Ticket/Pass \$ 35
Event Description Hollywood Bowl <small>Provide Title/Explanation</small>	Date(s) 7/7/15
Ticket(s)/Pass(es) provided by agency? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If no: Hollywood Bowl <small>Name of Source</small>
Was ticket distribution made at the behest of agency official? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	If yes: _____ <small>Official's Name (Last, First)</small>

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
staff	4	Per ticket policy 5.3 (k)

B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>

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

**4. Verification**

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

Signature of Agency Head or Designee

Megan Moret

Print Name

Ticket Administrator

Title

7/31/15

(Month, Day, Year)

Comment:

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

**A Public Document**

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b>
County of Los Angeles			For Official Use Only
Division, Department, or Region (If Applicable)			
Board of Supervisors, First District			
Designated Agency Contact (Name, Title)			
Megan Moret, Ticket Administrator			
Area Code/Phone Number	E-mail		
213.974.4111	mmoret@bos.lacounty.gov	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: <div style="border: 1px solid black; width: 100px; height: 20px;"></div> <div>(Month, Day, Year)</div>	

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass \$

Event Description	Hollywood Bowl
	<i>Provide Title/Explanation</i>

Date(s) 7/7/15

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 yes: \_\_\_\_\_  
Official's Name (Last, First)

### 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
staff	4	Per ticket policy 5.3 (k)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

#### 4. Verification

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

Signature of Agency Head or Designee

Print Name \_\_\_\_\_

Title

(Month, Day, Year)

**Comment:**

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

A Public Document

<b>1. Agency Name</b>		Date Stamp	California Form <b>802</b>
County of Los Angeles			For Official Use Only
Division, Department, or Region (If Applicable)			
Board of Supervisors, First District			
Designated Agency Contact (Name, Title)			
Megan Moret, Ticket Administrator			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3)	
213.974.4111	mmoret@bos.lacounty.gov	Date of Original Filing: <input type="text"/> (Month, Day, Year)	

**2. Function or Event Information**

Does the agency have a ticket policy?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Face Value of Each Ticket/Pass \$	35
Event Description	Hollywood Bowl	Date(s)	7/7/15
Provide Title/Explanation			
Ticket(s)/Pass(es) provided by agency?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If no:	Hollywood Bowl
		Name of Source	
Was ticket distribution made at the behest of agency official?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	If yes:	Official's Name (Last, First)

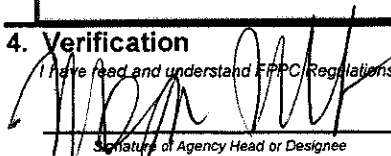
**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
staff	4	Per ticket policy 5.3 (k)
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/>
		If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/>
		If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

	Megan Moret	Ticket Administrator	7/31/15
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
Comment:			

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

A Public Document

**1. Agency Name**

County of Los Angeles

Division, Department, or Region (If Applicable)

Board of Supervisors, First District

Designated Agency Contact (Name, Title)

Megan Moret, Ticket Administrator

Area Code/Phone Number

213.974.4111

E-mail

mmoret@bos.lacounty.gov

Date Stamp

California  
Form**802**

For Official Use Only

☐ Amendment (Must provide explanation in Part 3.)

Date of Original Filing:

(Month, Day, Year)

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

Face Value of Each Ticket/Pass \$

35

Event Description Hollywood Bowl  
Provide Title/ExplanationDate(s) 7 7 15Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒If no: Hollywood Bowl

Name of Source

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐

If yes:

Official's Name (Last, First)

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
staff	4	Per ticket policy 5.3 (k)
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

I have read and understand FPPC Regulations 15944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee

Megan Moret

Print Name

Ticket Administrator

Title

7/31/15

(Month, Day, Year)

Comment:

FPPC Form 802 (4/12)

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

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

A Public Document

<b>1. Agency Name</b>		Date Stamp	California Form <b>802</b> For Official Use Only
County of Los Angeles			
Division, Department, or Region (If Applicable)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: <input type="text"/> (Month, Day, Year)	
Board of Supervisors, First District			
Designated Agency Contact (Name, Title)			
Megan Moret, Ticket Administrator			
Area Code/Phone Number	E-mail		
213.974.4111	mmoret@bos.lacounty.gov		

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐Face Value of Each Ticket/Pass \$ Event Description Date(s)   

Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒If no: 

Name of Source

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐If yes: 

Official's Name (Last, First)

## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
staff	4	Per ticket policy 5.3 (k)
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

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

	Megan Moret	Ticket Administrator	7/31/15
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment:

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

A Public Document

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> For Official Use Only
County of Los Angeles			
Division, Department, or Region (If Applicable)			
Board of Supervisors, First District			
Designated Agency Contact (Name, Title)			
Megan Moret, Ticket Administrator			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: (Month, Day, Year)	
213.974.4111	mmoret@bos.lacounty.gov		

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐

Event Description: Hollywood Bowl  
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐

Face Value of Each Ticket/Pass \$ 35

Date(s) 7 7 15

If no: Hollywood Bowl  
Name of Source

If yes: Official's Name (Last, First)


## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
staff	2	Per ticket policy 5.3 (k)
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

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


 Megan Moret
 Ticket Administrator
 7/31/15

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

Comment:

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

A Public Document

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> For Official Use Only
County of Los Angeles			
Division, Department, or Region (If Applicable)			
Board of Supervisors, First District			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Megan Moret, Ticket Administrator			
Area Code/Phone Number	E-mail		
213.974.4111	mmoret@bos.lacounty.gov		

## 2. Function or Event Information

Does the agency have a ticket policy?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Face Value of Each Ticket/Pass \$	35
Event Description	Hollywood Bowl <small>Provide Title/Explanation</small>	Date(s)	7/21/15
Ticket(s)/Pass(es) provided by agency?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If no:	Hollywood Bowl <small>Name of Source</small>
Was ticket distribution made at the behest of agency official?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	If yes:	_____ <small>Official's Name (Last, First)</small>

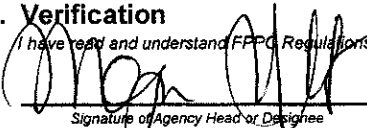
## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
staff	4	Per ticket policy 5.3 (k)
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

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

Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
	Megan Moret	Ticket Administrator	7/31/15
Comment: _____			

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

A Public Document

<b>1. Agency Name</b>		Date Stamp	California Form <b>802</b>
County of Los Angeles			For Official Use Only
Division, Department, or Region (If Applicable)			
Board of Supervisors, First District			
Designated Agency Contact (Name, Title)			
Megan Moret, Ticket Administrator			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
213.974.4111	mmoret@bos.lacounty.gov	Date of Original Filing: <input type="text"/> (Month, Day, Year)	

**2. Function or Event Information**

Does the agency have a ticket policy?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Face Value of Each Ticket/Pass \$	35
Event Description	Hollywood Bowl <small>Provide Title/Explanation</small>	Date(s)	7/21/15
Ticket(s)/Pass(es) provided by agency?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If no:	Hollywood Bowl <small>Name of Source</small>
Was ticket distribution made at the behest of agency official?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	If yes:	<input type="text"/> <small>Official's Name (Last, First)</small>

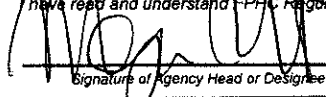
**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
staff	4	Per ticket policy 5.3 (k)
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(Include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

	Megan Moret	Ticket Administrator	7/31/15
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>
Comment: <input type="text"/>			



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

A Public Document

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b>
County of Los Angeles			For Official Use Only
Division, Department, or Region (If Applicable)			
Board of Supervisors, First District			
Designated Agency Contact (Name, Title)			
Megan Moret, Ticket Administrator		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number	E-mail	Date of Original Filing: _____ (Month, Day, Year)	
213.974.4111	mmoret@bos.lacounty.gov		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Face Value of Each Ticket/Pass \$ 35
Event Description: Hollywood Bowl <small>Provide Title/Explanation</small>	Date(s): 7 / 21 / 15
Ticket(s)/Pass(es) provided by agency? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If no: Hollywood Bowl <small>Name of Source</small>
Was ticket distribution made at the behest of agency official? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	If yes: _____ <small>Official's Name (Last, First)</small>

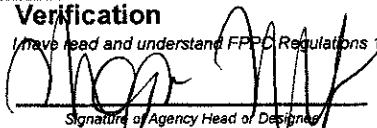
**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
staff	4	Per ticket policy 5.3 (k)
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(Include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

	Megan Moret	Ticket Administrator	7/31/15
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>
Comment: _____			

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

A Public Document

<b>1. Agency Name</b>		Date Stamp	California Form <b>802</b>
County of Los Angeles			For Official Use Only
Division, Department, or Region (if Applicable)			
Board of Supervisors, First District			
Designated Agency Contact (Name, Title)			
Megan Moret, Ticket Administrator			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
213.974.4111	mmoret@bos.lacounty.gov	Date of Original Filing: <input type="text"/> (Month, Day, Year)	

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

Face Value of Each Ticket/Pass \$

35

Event Description   
Provide Title/ExplanationDate(s)      Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒If no:   
Name of SourceWas ticket distribution made at the behest of agency official? No ☒ Yes ☐If yes:   
Official's Name (Last, First)**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
staff	4	Per ticket policy 5.3 (k)

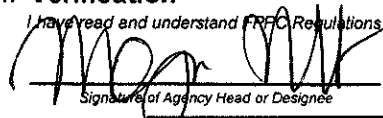
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below.</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below.</small>

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

**4. Verification**

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

	Megan Moret	Ticket Administrator	7/31/15
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment:

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

A Public Document

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> For Official Use Only
County of Los Angeles			
Division, Department, or Region (If Applicable)			
Board of Supervisors, First District			
Designated Agency Contact (Name, Title)			
Megan Moret, Ticket Administrator			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
213.974.4111	mmoret@bos.lacounty.gov	Date of Original Filing: <input type="text"/> (Month, Day, Year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐

Event Description: Hollywood Bowl  
Provide Title/Explanation

Face Value of Each Ticket/Pass \$ 35

Date(s) 7 21 15

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

If no: Hollywood Bowl  
Name of Source

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐

If yes:   
Official's Name (Last, First)

## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
staff	4	Per ticket policy 5.3 (k)
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

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

	Megan Moret	Ticket Administrator	7/31/15
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment:

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

**A Public Document**

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b>
County of Los Angeles			For Official Use Only
Division, Department, or Region (If Applicable)			
Board of Supervisors, First District			
Designated Agency Contact (Name, Title)			
Megan Moret, Ticket Administrator			
Area Code/Phone Number	E-mail		
213.974.4111	mmoret@bos.lacounty.gov	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
		Date of Original Filing:	(Month, Day, Year)

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass \$ 35

Event Description	Hollywood Bowl
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*Provide Title/Explanation*

Date(s) 7/21/15

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

If no: Hollywood Bowl  
Name of Source

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐

If yes: \_\_\_\_\_  
Official's Name (Last, First)

### 3. Recipients


• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

<b>A.</b> Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
staff	4	Per ticket policy 5.3 (k)
<b>B.</b> Name of individual <small>(Last, First)</small>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
<b>C.</b> Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

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

 Signature of Agency Head or Designee	Megan Moret Print Name	Ticket Administrator Title	7/31/15 (Month, Day, Year)
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**Comment:**

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

A Public Document

<b>1. Agency Name</b>		Date Stamp	California Form <b>802</b> For Official Use Only
County of Los Angeles			
Division, Department, or Region (If Applicable)			
Board of Supervisors, First District			
Designated Agency Contact (Name, Title)			
Megan Moret, Ticket Administrator			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
213.974.4111	mmoret@bos.lacounty.gov	Date of Original Filing: <input type="text"/> (Month, Day, Year)	

**2. Function or Event Information**Does the agency have a ticket policy? Yes ☒ No ☐Event Description   
Provide Title/ExplanationTicket(s)/Pass(es) provided by agency? Yes ☐ No ☒Was ticket distribution made at the behest of agency official? No ☒ Yes ☐Face Value of Each Ticket/Pass \$ Date(s)   If no:   
Name of SourceIf yes:   
Official's Name (Last, First)**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
staff	4	Per ticket policy 5.3 (k)
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

	Megan Moret	Ticket Administrator	7/31/15
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment:

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

A Public Document

<b>1. Agency Name</b>		Date Stamp	California Form <b>802</b>
County of Los Angeles			For Official Use Only
Division, Department, or Region (If Applicable)			
Board of Supervisors, First District			
Designated Agency Contact (Name, Title)			
Megan Moret, Ticket Administrator			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
213.974.4111	mmoret@bos.lacounty.gov	Date of Original Filing: <input type="text"/> (Month, Day, Year)	

**2. Function or Event Information**Does the agency have a ticket policy? Yes ☒ No ☐Event Description   
Provide Title/ExplanationTicket(s)/Pass(es) provided by agency? Yes ☐ No ☒Was ticket distribution made at the behest of agency official? No ☒ Yes ☐Face Value of Each Ticket/Pass \$ Date(s)   If no:   
Name of SourceIf yes:   
Official's Name (Last, First)**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
staff	4	Per ticket policy 5.3 (k)
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

	Megan Moret	Ticket Administrator	7/31/15
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment:

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

A Public Document

<b>1. Agency Name</b>		Date Stamp	California Form <b>802</b> For Official Use Only
County of Los Angeles			
Division, Department, or Region (If Applicable)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Board of Supervisors, First District			
Designated Agency Contact (Name, Title)			
Megan Moret, Ticket Administrator			
Area Code/Phone Number	E-mail		
213.974.4111	mmoret@bos.lacounty.gov		

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass \$

35

Event Description Hollywood Bowl  
Provide Title/ExplanationDate(s) 7 21 15Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒If no: Hollywood Bowl

Name of Source

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐If yes: \_\_\_\_\_  
Official's Name (Last, First)

## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
staff	4	Per ticket policy 5.3 (k)
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

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

Signature of Agency Head or Designee

Megan Moret

Print Name

Ticket Administrator

Title

7/31/15

(Month, Day, Year)

Comment:

FPPC Form 802 (4/12)

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

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

A Public Document

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> For Official Use Only
County of Los Angeles Division, Department, or Region (If Applicable) Board of Supervisors, First District Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator Area Code/Phone Number      E-mail 213.974.4111      mmoret@bos.lacounty.gov			
<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)			

## 2. Function or Event Information

Does the agency have a ticket policy?      Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Face Value of Each Ticket/Pass \$ 35
Event Description: Hollywood Bowl <small>Provide Title/Explanation</small>	Date(s): 7 / 21 / 15
Ticket(s)/Pass(es) provided by agency?      Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If no: Hollywood Bowl <small>Name of Source</small>
Was ticket distribution made at the behest of agency official?      No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	If yes: _____ <small>Official's Name (Last, First)</small>

## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
staff	4	Per ticket policy 5.3 (k)

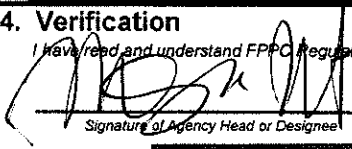
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>

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

## 4. Verification

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

 Signature of Agency Head or Designee	Megan Moret <small>Print Name</small>	Ticket Administrator <small>Title</small>	7/31/15 <small>(Month, Day, Year)</small>
Comment: _____			



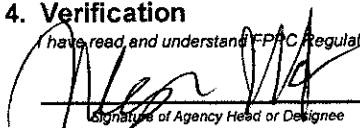
# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

<b>1. Agency Name</b>		Date Stamp	California Form <b>802</b> For Official Use Only
County of Los Angeles			
Division, Department, or Region (If Applicable)			
Board of Supervisors, First District			
Designated Agency Contact (Name, Title)			
Megan Moret, Ticket Administrator			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
213.974.4111	mmoret@bos.lacounty.gov	Date of Original Filing: <input type="text"/> (Month, Day, Year)	

<b>2. Function or Event Information</b>		Face Value of Each Ticket/Pass \$ <input type="text" value="35"/>
Does the agency have a ticket policy?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date(s) <input type="text" value="7"/> <input type="text" value="21"/> <input type="text" value="15"/>
Event Description	<input type="text" value="Hollywood Bowl"/>	If no: <input type="text" value="Hollywood Bowl"/>
	<small>Provide Title/Explanation</small>	<small>Name of Source</small>
Ticket(s)/Pass(es) provided by agency?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If yes: <input type="text"/>
Was ticket distribution made at the behest of agency official?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	<small>Official's Name (Last, First)</small>

<b>3. Recipients</b>		
• 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.		
<b>A. Name of Agency, Department or Unit</b>	<b>Number of Ticket(s)/Pass(es)</b>	<b>Describe the public purpose made pursuant to the agency's policy</b>
staff	4	Per ticket policy 5.3 (k)
<b>B. Name of Individual (Last, First)</b>	<b>Number of Ticket(s)/Pass(es)</b>	<b>Identify one of the following:</b>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/>
		<small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/>
		<small>If checking "Ceremonial Role" or "Other" describe below:</small>
<b>C. Name of Outside Organization (include address and description)</b>	<b>Number of Ticket(s)/Pass(es)</b>	<b>Describe the public purpose made pursuant to the agency's policy</b>

<b>4. Verification</b>			
<small>I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.</small>			
	<input type="text" value="Megan Moret"/>	<input type="text" value="Ticket Administrator"/>	<input type="text" value="7/31/15"/>
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>
Comment: <input type="text"/>			

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

A Public Document

<b>1. Agency Name</b>		Date Stamp	California Form <b>802</b> For Official Use Only
County of Los Angeles			
Division, Department, or Region (If Applicable)			
Board of Supervisors, First District			
Designated Agency Contact (Name, Title)			
Megan Moret, Ticket Administrator			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
213.974.4111	mmoret@bos.lacounty.gov	Date of Original Filing: <input type="text"/> (Month, Day, Year)	

**2. Function or Event Information**Does the agency have a ticket policy? Yes ☒ No ☐Face Value of Each Ticket/Pass \$ Event Description Date(s)   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒If no: Was ticket distribution made at the behest of agency official? No ☒ Yes ☐If yes:   
Official's Name (Last, First)**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
staff	4	Per ticket policy 5.3 (k)
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

	Megan Moret	Ticket Administrator	7/31/15
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment:

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

A Public Document

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> For Official Use Only
County of Los Angeles			
Division, Department, or Region (If Applicable)			
Board of Supervisors, First District			
Designated Agency Contact (Name, Title)			
Megan Moret, Ticket Administrator		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: <input type="text"/> (Month, Day, Year)	
Area Code/Phone Number	E-mail		
213.974.4111	mmoret@bos.lacounty.gov		

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐Face Value of Each Ticket/Pass \$ Event Description   
*Provide Title/Explanation*Date(s)   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒If no: *Name of Source*Was ticket distribution made at the behest of agency official? No ☒ Yes ☐If yes:   
*Official's Name (Last, First)*

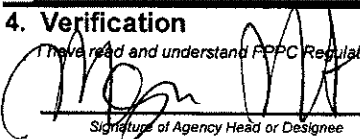
## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
staff	2	Per ticket policy 5.3 (k)
<b>B. Name of Individual (Last, First)</b>		
	Number of Ticket(s)/Pass(es)	Identify one of the following: Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
<b>C. Name of Outside Organization (Include address and description)</b>		
	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

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

	Megan Moret	Ticket Administrator	7/31/15
<i>Signature of Agency Head or Designee</i>	<i>Print Name</i>	<i>Title</i>	<i>(Month, Day, Year)</i>

Comment:

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

A Public Document

<b>1. Agency Name</b>		Date Stamp	California Form <b>802</b>
County of Los Angeles			For Official Use Only
Division, Department, or Region (If Applicable)			
Board of Supervisors, First District			
Designated Agency Contact (Name, Title)			
Megan Moret, Ticket Administrator			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
213.974.4111	mmoret@bos.lacounty.gov	Date of Original Filing: <input type="text"/> (Month, Day, Year)	

**2. Function or Event Information**Does the agency have a ticket policy? Yes ☒ No ☐Face Value of Each Ticket/Pass \$ Event Description Date(s)   

Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒If no: 

Name of Source

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐If yes: 

Official's Name (Last, First)

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
staff	4	Per ticket policy 5.3 (k)
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/>
		If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/>
		If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

	Megan Moret	Ticket Administrator	7/31/15
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment:

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

A Public Document

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> For Official Use Only
County of Los Angeles			
Division, Department, or Region (If Applicable)			
Board of Supervisors, First District			
Designated Agency Contact (Name, Title)			
Megan Moret, Ticket Administrator			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
213.974.4111	mmoret@bos.lacounty.gov		

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

Face Value of Each Ticket/Pass \$

35

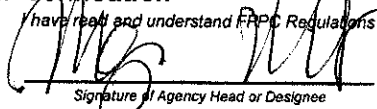
Event Description Hollywood Bowl  
Provide Title/ExplanationDate(s) 7 23 15Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒If no: Hollywood BowlWas ticket distribution made at the behest of agency official? No ☒ Yes ☐If yes: \_\_\_\_\_  
Official's Name (Last, First)**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
staff	4	Per ticket policy 5.3 (k)
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

	Megan Moret	Ticket Administrator	7/31/15
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment:

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

A Public Document

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> For Official Use Only
County of Los Angeles			
Division, Department, or Region (If Applicable)			
Board of Supervisors, First District			
Designated Agency Contact (Name, Title)			
Megan Moret, Ticket Administrator			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: (Month, Day, Year)	
213.974.4111	mmoret@bos.lacounty.gov		

## 2. Function or Event Information

Does the agency have a ticket policy?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Face Value of Each Ticket/Pass \$	35
Event Description	Hollywood Bowl <small>Provide Title/Explanation</small>	Date(s)	7/23/15
Ticket(s)/Pass(es) provided by agency?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If no:	Hollywood Bowl <small>Name of Source</small>
Was ticket distribution made at the behest of agency official?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	If yes:	 <small>Official's Name (Last, First)</small>

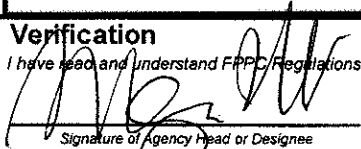
## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
staff	4	Per ticket policy 5.3 (k)
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

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

Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
	Megan Moret	Ticket Administrator	7/31/15
Comment:			

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

A Public Document

<b>1. Agency Name</b>		Date Stamp	California Form <b>802</b> For Official Use Only
County of Los Angeles			
Division, Department, or Region (If Applicable)			
Board of Supervisors, First District			
Designated Agency Contact (Name, Title)			
Megan Moret, Ticket Administrator			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
213.974.4111	mmoret@bos.lacounty.gov	Date of Original Filing: <input type="text"/> (Month, Day, Year)	

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

Face Value of Each Ticket/Pass \$

35

Event Description: Hollywood Bowl  
Provide Title/Explanation

Date(s) 7 23 15

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

If no: Hollywood Bowl

Name of SourceWas ticket distribution made at the behest of agency official? No ☒ Yes ☐

If yes:

Official's Name (Last, First)**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
staff	4	Per ticket policy 5.3 (k)
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

  
Signature of Agency Head or Designee

Megan Moret

Print Name

Ticket Administrator

Title

7/31/15

(Month, Day, Year)

Comment:

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

A Public Document

<b>1. Agency Name</b>		Date Stamp	California Form <b>802</b> For Official Use Only
County of Los Angeles			
Division, Department, or Region (If Applicable)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	Date of Original Filing: <input type="text"/> (Month, Day, Year)
Board of Supervisors, First District			
Designated Agency Contact (Name, Title)			
Megan Moret, Ticket Administrator			
Area Code/Phone Number	E-mail		
213.974.4111	mmoret@bos.lacounty.gov		


**2. Function or Event Information**Does the agency have a ticket policy? Yes ☒ No ☐Event Description   
Provide Title/ExplanationTicket(s)/Pass(es) provided by agency? Yes ☐ No ☒Was ticket distribution made at the behest of agency official? No ☒ Yes ☐Face Value of Each Ticket/Pass \$ Date(s)   If no:   
Name of SourceIf yes:   
Official's Name (Last, First)**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
staff	4	Per ticket policy 5.3 (k)
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

	Megan Moret	Ticket Administrator	7/31/15
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment:



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

A Public Document

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County of Los Angeles			
Division, Department, or Region (If Applicable)			
Board of Supervisors, First District			
Designated Agency Contact (Name, Title)			
Megan Moret, Ticket Administrator			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
213.974.4111	mmoret@bos.lacounty.gov	Date of Original Filing: <input type="text"/> (Month, Day, Year)	

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

Face Value of Each Ticket/Pass \$

35

Event Description Hollywood Bowl  
Provide Title/ExplanationDate(s) 7 23 15Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒If no: Hollywood Bowl

Name of Source

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐If yes:   
Official's Name (Last, First)**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
staff	4	Per ticket policy 5.3 (k)
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

Signature of Agency Head or Designee

Megan Moret

Print Name

Ticket Administrator

Title

7/31/15

(Month, Day, Year)

Comment:

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

A Public Document

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> For Official Use Only
County of Los Angeles			
Division, Department, or Region (If Applicable)			
Board of Supervisors, First District			
Designated Agency Contact (Name, Title)			
Megan Moret, Ticket Administrator		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: <span style="border: 1px solid black; padding: 2px;">(Month, Day, Year)</span>	
Area Code/Phone Number	E-mail		
213.974.4111	mmoret@bos.lacounty.gov		

## 2. Function or Event Information

Does the agency have a ticket policy?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Face Value of Each Ticket/Pass \$	<span style="border: 1px solid black; padding: 2px;">35</span>		
Event Description	<span style="border: 1px solid black; padding: 2px;">Hollywood Bowl</span> <small>Provide Title/Explanation</small>	Date(s)	<span style="border: 1px solid black; padding: 2px;">7</span>	<span style="border: 1px solid black; padding: 2px;">23</span>	<span style="border: 1px solid black; padding: 2px;">15</span>
Ticket(s)/Pass(es) provided by agency?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If no:	<span style="border: 1px solid black; padding: 2px;">Hollywood Bowl</span> <small>Name of Source</small>		
Was ticket distribution made at the behest of agency official?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	If yes:	<span style="border: 1px solid black; padding: 2px;">(Official's Name Last, First)</span>		

## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
staff	4	Per ticket policy 5.3 (k)

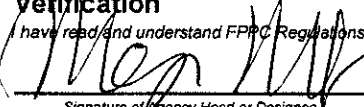
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>

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

## 4. Verification

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

	<span style="border: 1px solid black; padding: 2px;">Megan Moret</span>	<span style="border: 1px solid black; padding: 2px;">Ticket Administrator</span>	<span style="border: 1px solid black; padding: 2px;">7/31/15</span>
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>
Comment: <span style="border: 1px solid black; padding: 2px;"> </span>			

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

A Public Document

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> For Official Use Only
County of Los Angeles			
Division, Department, or Region (If Applicable)			
Board of Supervisors, First District			
Designated Agency Contact (Name, Title)			
Megan Moret, Ticket Administrator		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number	E-mail		
213.974.4111	mmoret@bos.lacounty.gov		

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass \$

35

Event Description Hollywood Bowl  
Provide Title/ExplanationDate(s) 7 23 15Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒If no: Hollywood Bowl

Name of Source

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐If yes: \_\_\_\_\_  
Official's Name (Last, First)

## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
staff	4	Per ticket policy 5.3 (k)
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

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

Signature of Agency Head or Designee

Megan Moret

Print Name

Ticket Administrator

Title

7/31/15

(Month, Day, Year)

Comment:

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

A Public Document

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> For Official Use Only
County of Los Angeles			
Division, Department, or Region (If Applicable)			
Board of Supervisors, First District			
Designated Agency Contact (Name, Title)			
Megan Moret, Ticket Administrator		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Area Code/Phone Number	E-mail		
213.974.4111	mmoret@bos.lacounty.gov		

## 2. Function or Event Information

Does the agency have a ticket policy?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Face Value of Each Ticket/Pass \$	35
Event Description	Hollywood Bowl <small>Provide Title/Explanation</small>	Date(s)	7/23/15
Ticket(s)/Pass(es) provided by agency?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If no:	Hollywood Bowl <small>Name of Source</small>
Was ticket distribution made at the behest of agency official?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	If yes:	_____ <small>Official's Name (Last, First)</small>

## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
staff	4	Per ticket policy 5.3 (k)

B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>

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

## 4. Verification

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

Signature of Agency Head or Designee

Megan Moret

Print Name

Ticket Administrator

Title

7/31/15

(Month, Day, Year)

Comment:

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

A Public Document

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> For Official Use Only
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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	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
213.974.4111	mmoret@bos.lacounty.gov		

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

Face Value of Each Ticket/Pass \$

35

Event Description Hollywood Bowl  
Provide Title/ExplanationDate(s) 7 23 15Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒If no: Hollywood Bowl

Name of Source

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐

If yes:

Official's Name (Last, First)

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
staff	4	Per ticket policy 5.3 (k)
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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Signature of Agency Head or Designee

Megan Moret

Print Name

Ticket Administrator

Title

7/31/15

(Month, Day, Year)

Comment:

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

A Public Document

<b>1. Agency Name</b>		Date Stamp	California Form <b>802</b> For Official Use Only
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Division, Department, or Region (If Applicable)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Board of Supervisors, First District			
Designated Agency Contact (Name, Title)			
Megan Moret, Ticket Administrator			
Area Code/Phone Number	E-mail		
213.974.4111	mmoret@bos.lacounty.gov		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes ☒ No ☐

Event Description: Hollywood Bowl  
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐

Face Value of Each Ticket/Pass \$ 35

Date(s) 7 23 15

If no: Hollywood Bowl  
Name of Source

If yes: \_\_\_\_\_  
Official's Name (Last, First)


## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
staff	4	Per ticket policy 5.3 (k)
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

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


 Signature of Agency Head or Designee

Megan Moret
 Ticket Administrator
 7/31/15

Print Name
 Title
 (Month, Day, Year)

Comment:

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

**A Public Document**

1. <b>Agency Name</b>		Date Stamp	California Form <b>802</b> For Official Use Only
County of Los Angeles			
Division, Department, or Region (If Applicable)		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.)	Date of Original Filing: <span style="border: 1px solid black; padding: 2px 20px;"> </span> (Month, Day, Year)
Board of Supervisors, First District			
Designated Agency Contact (Name, Title)			
Megan Moret, Ticket Administrator			
Area Code/Phone Number	E-mail		
213.974.4111	mmoret@bos.lacounty.gov		

## 2. Function or Event Information

Does the agency have a ticket policy?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Face Value of Each Ticket/Pass \$	55
Event Description	Hollywood Bowl	Date(s)	7 23 15
Provide Title/Explanation			
Ticket(s)/Pass(es) provided by agency?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If no:	Hollywood Bowl
Was ticket distribution made at the behest of agency official?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	If yes:	Name of Source
		Official's Name (Last, First)	


### 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit		Number of Ticket(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 (Last, First)		Number of Ticket(s)/ Pass(es)	Identify one of the following:
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization (Include address and description)		Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

#### 4. Verification

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

 Signature of Agency Head or Designee	Megan Moret Print Name	Ticket Administrator Title	7/31/15 (Month, Day, Year)
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**Comment:**

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

A Public Document

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> For Official Use Only
County of Los Angeles			
Division, Department, or Region (If Applicable)			
Board of Supervisors, First District			
Designated Agency Contact (Name, Title)			
Megan Moret, Ticket Administrator			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: (Month, Day, Year)	
213.974.4111	mmoret@bos.lacounty.gov		

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass \$

35

Event Description Hollywood Bowl  
Provide Title/ExplanationDate(s) 7 23 15Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒If no: Hollywood Bowl

Name of Source

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐If yes: Official's Name (Last, First)

## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Staff	2	Per ticket policy 5.3 (k)
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

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

Signature of Agency Head or Designee

Megan Moret

Print Name

Ticket Administrator

Title

7/31/15

(Month, Day, Year)

Comment:



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

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<b>1. Agency Name</b>		Date Stamp	California Form <b>802</b> For Official Use Only
County of Los Angeles			
Division, Department, or Region (If Applicable)			
Board of Supervisors, First District			
Designated Agency Contact (Name, Title)			
Megan Moret, Ticket Administrator		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: <input type="text"/> (Month, Day, Year)	
Area Code/Phone Number	E-mail		
213.974.4111	mmoret@bos.lacounty.gov		

**2. Function or Event Information**Does the agency have a ticket policy? Yes ☒ No ☐Face Value of Each Ticket/Pass \$ Event Description   
*Provide Title/Explanation*Date(s)   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒If no: *Name of Source*Was ticket distribution made at the behest of agency official? No ☒ Yes ☐If yes:   
*Official's Name (Last, First)***3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
staff	4	Per ticket policy 5.3 (k)

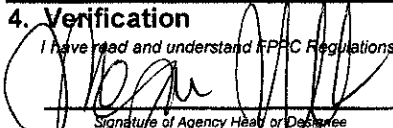
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>

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

**4. Verification**

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

	Megan Moret	Ticket Administrator	7/31/15
<i>Signature of Agency Head or Designee</i>	<i>Print Name</i>	<i>Title</i>	<i>(Month, Day, Year)</i>
Comment: <input type="text"/>			

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

A Public Document

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b>
County of Los Angeles			For Official Use Only
Division, Department, or Region (If Applicable)			
Board of Supervisors, First District			
Designated Agency Contact (Name, Title)			
Megan Moret, Ticket Administrator			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
213.974.4111	mmoret@bos.lacounty.gov	Date of Original Filing: <input type="text"/> (Month, Day, Year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Face Value of Each Ticket/Pass \$ <u>105</u>
Event Description <u>LA Phil</u> <small>Provide Title/Explanation</small>	Date(s) <u>7</u> <u>18</u> <u>15</u>
Ticket(s)/Pass(es) provided by agency? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If no: <u>LA Phil</u> <small>Name of Source</small>
Was ticket distribution made at the behest of agency official? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	If yes: <input type="text"/> <small>Official's Name (Last, First)</small>

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
staff	4	Per ticket policy 5.3 (k)
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

**4. Verification**

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

Signature of Agency Head or Designee

Megan Moret

Print Name

Ticket Administrator

Title

7/31/15

(Month, Day, Year)

Comment:

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

A Public Document

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> For Official Use Only
County of Los Angeles			
Division, Department, or Region (If Applicable)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: <span style="border: 1px solid black; padding: 2px;">(Month, Day, Year)</span>	
Board of Supervisors, First District			
Designated Agency Contact (Name, Title)			
Megan Moret, Ticket Administrator			
Area Code/Phone Number	E-mail		
213.974.4111	mmoret@bos.lacounty.gov		

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐

Event Description LA Phil  
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official? No ☒ Yes ☐

Face Value of Each Ticket/Pass \$ 105

Date(s) 7 19 15

If no: LA Phil  
Name of Source

If yes:   
Official's Name (Last, First)

## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
staff	4	Per ticket policy 5.3 (k)

B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>

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

## 4. Verification

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

Signature of Agency Head or Designee

Megan Moret

Print Name

Ticket Administrator

Title

7/31/15

(Month, Day, Year)

Comment:

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

A Public Document

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County of Los Angeles			
Division, Department, or Region (If Applicable)			
Board of Supervisors, First District			
Designated Agency Contact (Name, Title)			
Megan Moret, Ticket Administrator			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
213.974.4111	mmoret@bos.lacounty.gov		

<b>2. Function or Event Information</b>		Face Value of Each Ticket/Pass \$	120
Does the agency have a ticket policy?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Date(s)	7/25/15
Event Description	LA Phil	If no:	LA Phil
	<i>Provide Title/Explanation</i>		<i>Name of Source</i>
Ticket(s)/Pass(es) provided by agency?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If yes:	
Was ticket distribution made at the behest of agency official?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		<i>Official's Name (Last, First)</i>

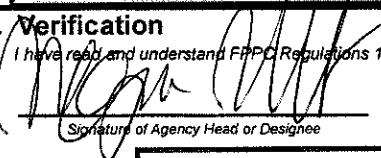
## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
staff	4	Per ticket policy 5.3 (k)
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

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

 Signature of Agency Head or Designee	Megan Moret	Ticket Administrator	7/31/15
	<i>Print Name</i>	<i>Title</i>	<i>(Month, Day, Year)</i>
Comment: _____			

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

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Division, Department, or Region (If Applicable)			
Board of Supervisors, First District			
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Megan Moret, Ticket Administrator			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
213.974.4111	mmoret@bos.lacounty.gov		

## 2. Function or Event Information

Does the agency have a ticket policy?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Face Value of Each Ticket/Pass \$	120
Event Description	LA Phil <small>Provide Title/Explanation</small>	Date(s)	7/31/15
Ticket(s)/Pass(es) provided by agency?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If no:	LA Phil <small>Name of Source</small>
Was ticket distribution made at the behest of agency official?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	If yes:	 <small>Official's Name (Last, First)</small>

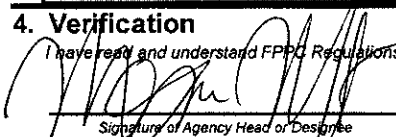
## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
staff	4	Per ticket policy 5.3 (k)
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

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

 Signature of Agency Head or Designee	Megan Moret <small>Print Name</small>	Ticket Administrator <small>Title</small>	7/31/15 <small>(Month, Day, Year)</small>
Comment: _____			