

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

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 \$: 168
 Date(s): 1 / 13 / 2015

If no: LA Phil
Name of Source

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

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

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
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
ELA Chamber of Commerce	2	Per Ticket Policy 5.3(i)

4. Verification
 (d)(5) _____ 14.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Megan Moret
Print Name

Ticket Administrator
Title

01/14/2015
(Month, Day, Year)