

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

A Public Document

| | | | |
|---|-----------------------------------|--|---|
| 1. Agency Name | | Date Stamp | California Form 802 For Official Use Only |
| County of Los Angeles | | | |
| Division, Department, or Region (if applicable) First District, Board of Supervisors | | | |
| Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator | | | |
| Area Code/Phone Number 213.974.4111 | E-mail 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 \$ 45

Event Description: Dodgers Date(s) 3 / 30 / 18
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Dodgers
Name of Source

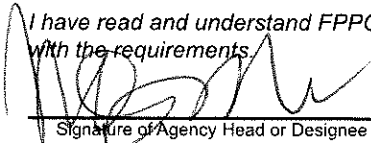
Was ticket distribution made at the behest of agency official? Yes No If yes: _____
Official's Name (Last, First)

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)/ Passes | 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)/ Passes | 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
| | | |
| | | |

4. Verification

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

| | | | |
|--|---------------------------|----------------------|-----------------------------------|
|  | Megan Moret | Ticket Administrator | 5/11/18 |
| <small>Signature of Agency Head or Designee</small> | <small>Print Name</small> | <small>Title</small> | <small>(month, day, year)</small> |

Comment: _____

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| 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 \$ 45

Event Description: Dodgers Date(s) 4 / 1 / 18

Provide Title/ Explanation

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

Name of Source

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

Official's Name (Last, First)

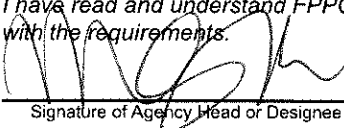
3. Recipients

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| A. Name of Agency, Department or Unit | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy |
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| Staff | 2 | Per ticket policy 5.3 (k) |
| | | |
| B. Name of Individual <small><i>(Last, First)</i></small> | Number of Ticket(s)/ Passes | Identify one of the following: |
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|---|---------------------------|-------------------------------|---|
|  Signature of Agency Head or Designee | Megan Moret Print Name | Ticket Administrator Title | 5/11/18 <small><i>(month, day, year)</i></small> |
|---|---------------------------|-------------------------------|---|

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| 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 213.974.4111 | E-mail mmoret@bos.lacounty.gov | | |

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 45

Event Description: Dodgers Date(s) 4 / 10 / 18
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Dodgers
Name of Source

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

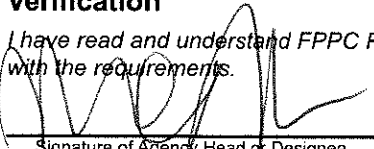
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| A. Name of Agency, Department or Unit | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy |
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| Staff | 2 | Per ticket policy 5.3 (k) |
| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | 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> |
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I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.


Megan Moret
Ticket Administrator
5/11/18
Signature of Agency Head or Designee
Print Name
Title
(month, day, year)

Comment: _____

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| 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 \$ 45

Event Description: Dodgers Date(s) 4 / 11 / 18
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Dodgers
Name of Source

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

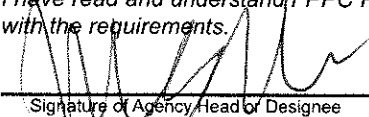
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| A. Name of Agency, Department or Unit | Number of Ticket(s)/ Passes | Describe the public purpose made pursuant to the agency's policy |
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| Staff | 2 | Per ticket policy 5.3 (k) |
| B. Name of Individual (Last, First) | | |
| | Number of Ticket(s)/ Passes | 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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| <small>Signature of Agency Head or Designee</small> | <small>Print Name</small> | <small>Title</small> | <small>(month, day, year)</small> |

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| Area Code/Phone Number 213.974.4111 | E-mail mmoret@bos.lacounty.gov | Date of Original Filing: _____ (month, day, year) | |

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 45

Event Description: Dodgers Date(s) 4 / 15 / 18
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Dodgers
Name of Source

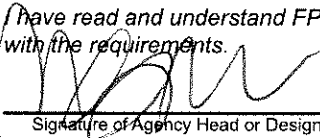
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Official's Name (Last, First)

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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
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| Staff | 2 | Per ticket policy 5.3 (k) |
| B. Name of Individual (Last, First) | | |
| | Number of Ticket(s)/ Passes | 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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Ticket Administrator
5/11/18
Signature of Agency Head or Designee Print Name Title (month, day, year)

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Event Description: Dodgers Date(s) 4 / 21 / 18

Provide Title/ Explanation

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

Name of Source

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

Official's Name (Last, First)

3. Recipients

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2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 45

Event Description: Dodgers Date(s) 4 / 22 / 18
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Dodgers
Name of Source

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

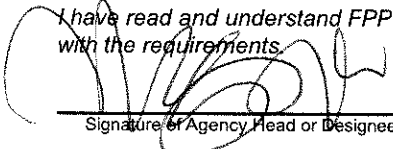
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Megan Moret
Ticket Administrator
5/11/18
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____

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| Area Code/Phone Number 213.974.4111 | E-mail mmoret@bos.lacounty.gov | | |

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 45
Event Description: Dodgers Date(s) 4 / 23 / 18
Provide Title/ Explanation
Ticket(s)/Pass(es) provided by agency? Yes No If no: Dodgers
Name of Source
Was ticket distribution made at the behest of agency official? Yes No If yes: _____
Official's Name (Last, First)

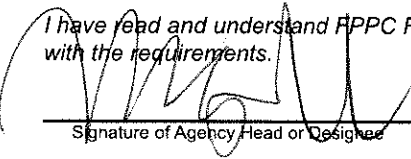
3. Recipients

• 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)/ Passes | Describe the public purpose made pursuant to the agency's policy |
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| | Staff | 2 | Per ticket policy 5.3 (k) |
| B. | Name of Individual <small>(Last, First)</small> | Number of Ticket(s)/ Passes | 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 Designer

Megan Moret
Print Name

Ticket Administrator
Title

5/11/18
(month, day, year)

Comment: _____

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| Designated Agency Contact <i>(Name, Title)</i> | | | |
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2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 45

Event Description: Dodgers Date(s) 4 / 24 / 18
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Dodgers
Name of Source

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

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| _____ <small>Signature of Agency Head or Designee</small> | Megan Moret _____ <small>Print Name</small> | Ticket Administrator _____ <small>Title</small> | 5/11/18 _____ <small>(month, day, year)</small> |
|--|---|---|---|

Comment: _____

