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

1. Agency Name
   County of Los Angeles
   Division, Department, or Region (if applicable)
   Board of Supervisors, First District
   Designated Agency Contact (Name, Title)
   Megan Moret, Ticket Administrator
   Area Code/Phone Number E-mail
   213.974.4111 mmoret@bos.lacounty.gov

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $ 45
   Event Description: Dodgers
   Date(s) 8 / 1 / 18
   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.

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

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Vernacular Role ☐ Other ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot;, describe below:</td>
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<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot;, describe below:</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>

4. Verification

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

Signature of Agency Head or Designee
Megan Moret
Print Name
Ticket Administrator
8/8/18 (month, day, year)

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

1. Agency Name
County of Los Angeles

Division, Department, or Region (if applicable)
Board of Supervisors, First District

Designated Agency Contact (Name, Title)
Megan Moret, Ticket Administrator

Area Code/Phone Number
213.974.4111

E-mail
mmoret@bos.lacounty.gov

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

Event Description: Dodgers

Face Value of Each Ticket/Pass $45

Date(s) 8/2/18

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.

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<th>A. Name of Agency, Department or Unit</th>
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Signature of Agency Head or Designee

Signature of Agency Head or Designee

Megan Moret

Print Name

Ticket Administrator

Title

8/8/18

(month, day, year)

Comment: ____________________________

FPPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Agency Name: County of Los Angeles
Division, Department, or Region (if applicable): Board of Supervisors, First District
Designated Agency Contact (Name, Title): Megan Moret, Ticket Administrator
Area Code/Phone Number: 213.974.4111
E-mail: mmoret@bos.lacounty.gov

2. Function or Event Information
Does the agency have a ticket policy? Yes [ ] No [x]
Face Value of Each Ticket/Pass: $45
Event Description: Dodgers
Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
Date(s): 8 / 3 / 18
Was ticket distribution made at the behest of agency official? Yes [ ] No [x]

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

A. Name of Agency, Department or Unit | Number of Ticket(s)/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 [ ] Other [ ] Income [ ]
If checking "Ceremonial Role" or "Other" describe below:

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.

Signature of Agency Head or Designee: [Signature]
Print Name: Megan Moret
Title: Ticket Administrator
Date: 8/8/18

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

1. Agency Name
   County of Los Angeles
   Division, Department, or Region (if applicable)
   Board of Supervisors, First District
   Designated Agency Contact (Name, Title)
   Megan Moret, Ticket Administrator
   Area Code/Phone Number
   213.974.4111
   E-mail
   mmoret@bos.lacounty.gov

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Face Value of Each Ticket/Pass $45
   Event Description: Dodgers
   Date(s) 8 / 4 / 18
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Dodgers
   Was ticket distribution made at the behest of agency official? Yes ☐ No ☒
   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.

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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
   Date 8/8/18

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

1. Agency Name
   County of Los Angeles
   Board of Supervisors, First District
   Megan Moret, Ticket Administrator

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

2. Function or Event Information
   Does the agency have a ticket policy?   Yes ☐   No ☑
   Face Value of Each Ticket/Pass $ 45
   Event Description: Dodgers
   Ticket(s)/Pass(es) provided by agency?    Yes ☐   No ☑
   Date(s)     8 / 5 / 18
   Was ticket distribution made at the behest of agency official?    Yes ☐   No ☑
   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)/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 ☐     Other: ☐   Income ☐
       ____________________________ | ____________________________ | ____________________________
       Ceremonial Role ☐     Other: ☐   Income ☐
       ____________________________ | ____________________________ | ____________________________

   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.

   Signature of Agency Head or Designee ____________________________
   Megan Moret Print Name ____________________________
   Ticket Administrator Title ____________________________
   8/8/18 (month, day, year)

Comment: ____________________________

FPPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
County of Los Angeles
Division, Department, or Region (if applicable)
Board of Supervisors, First District
Designated Agency Contact (Name, Title)
Megan Moret, Ticket Administrator
Area Code/Phone Number
213.974.4111
E-mail
mmoret@bos.lacounty.gov

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☐
Face Value of Each Ticket/Pass $ 45
Event Description: Dodgers
Provide Title/Explaination
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
Date(s) 8 / 13 / 18
If no: Dodgers
Name of Source
Was ticket distribution made at the behest of agency official? Yes ☐ No ☒
Name of Official (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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<tr>
<th>A. Name of Agency, Department or Unit</th>
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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
8/8/18
(month, day, year)

Comment: ____________________________________________

FPPC Form 802 (2/2016)
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Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   County of Los Angeles
   Division, Department, or Region (if applicable)
   Board of Supervisors, First District
   Designated Agency Contact (Name, Title)
   Megan Moret, Ticket Administrator
   Area Code/Phone Number
   213.974.4111
   E-mail
   mmoret@bos.lacounty.gov

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☐
   Event Description: Dodgers
   Face Value of Each Ticket/Pass $45
   Date(s) 8/14/18
   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 ☐ Other ☐ Income ☐
      If checking "Ceremonial Role" or "Other" describe below:

   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.

   Signature of Agency Head or Designee
   Megan Moret
   Print Name
   Ticket Administrator
   Title
   8/8/18
   (month, day, year)

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

1. Agency Name
County of Los Angeles
Division, Department, or Region (if applicable)
Board of Supervisors, First District
Designated Agency Contact (Name, Title)
Megan Moret, Ticket Administrator
Area Code/Phone Number 213.974.4111
E-mail mmoret@bos.laounty.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) 8 / 15 / 18
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
If no:
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.

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Signature of Agency Head or Designee
Megan Moret
Print Name
Ticket Administrator
Title
6/8/18
(month, day, year)

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

1. Agency Name
   County of Los Angeles
   Board of Supervisors, First District
   Megan Moret, Ticket Administrator

   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): 8/20/18
   Ticket(s)/Passes provided by agency? Yes ☐ No ☒
   Name of Source: Dodger
   Was ticket distribution made at the behest of agency official? Yes ☐ No ☒

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

   A. Name of Agency, Department or Unit | 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 ☐ Other ☐ Income ☐
   | | If checking "Ceremonial Role" or "Other" describe below:

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   ---- | ----------------- | --------------------------------------------------
   | | |

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: __________________________
   Date: 8/8/18 (month, day, year)

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

1. Agency Name
   County of Los Angeles
   Division, Department, or Region (if applicable)
   Board of Supervisors, First District
   Designated Agency Contact (Name, Title)
   Megan Moret, Ticket Administrator
   Area Code/Phone Number
   213.974.4111
   E-mail
   mmoret@bos.lacounty.gov

2. Function or Event Information
   Does the agency have a ticket policy?  Yes ☐ No ☒
   Face Value of Each Ticket/Pass $ 45
   Event Description: Dodgers
   Date(s) 8 / 21 / 18
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Dodgers
   Name of Source
   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.

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Signature of Agency Head or Designee: ____________________________
Megan Moret
Print Name
Ticket Administrator
Title
6/8/18
(month, day, year)

Comment: ____________________________

FPPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☐
Face Value of Each Ticket/Pass $45
Event Description: Dodgers
Date(s) 8/22/18
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:
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If checking "Ceremonial Role" or "Other" describe below:

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Signature of Agency Head or Designee
Megan Moret
Ticket Administrator
Print Name
Title
8/8/18
(month, day, year)

Comment:

FPPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   County of Los Angeles
   Division, Department, or Region (if applicable)
   Board of Supervisors, First District
   Designated Agency Contact (Name, Title)
   Megan Moret, Ticket Administrator
   Area Code/Phone Number
   213.974.4111
   E-mail
   mmoret@bos.lacounty.gov

2. Function or Event Information
   Does the agency have a ticket policy? Yes □ No □
   Event Description: Dodgers
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes □ No □
   Was ticket distribution made at the behest of agency official? Yes □ No □
   Face Value of Each Ticket/Pass $45
   Date(s) 8 / 24 / 18
   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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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<tbody>
<tr>
<td>staff</td>
<td>2</td>
<td>Per Ticket Policy 5.3 (k)</td>
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</tbody>
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<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
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<td></td>
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<td>Ceremonial Role □ Other □ Income □</td>
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<th>C. Name of Outside Organization (include address and description)</th>
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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
   8/8/18
   (month, day, year)

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

1. **Agency Name**
   - County of Los Angeles
   - Board of Supervisors, First District
   - Megan Moret, Ticket Administrator

   **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) 8/25/18
   - 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 ☒

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** 8/8/18
   **(month, day, year)**

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

1. Agency Name  
County of Los Angeles  
Division, Department, or Region (if applicable)  
Board of Supervisors, First District  
Designated Agency Contact (Name, Title)  
Megan Moret, Ticket Administrator  
Area Code/Phone Number  
213.974.4111  
E-mail  
mmoret@bos.lacounty.gov  

2. Function or Event Information  
Does the agency have a ticket policy?  
Yes ☐ No ☒  
Face Value of Each Ticket/Pass $45  
Event Description: Dodgers  
Date(s) 8 / 26 / 18  
Ticket(s)/Pass(es) provided by agency?  
Yes ☐ No ☒  
Name of Source  
If no: Dodgers  
Was ticket distribution made at the behest of agency official?  
Yes ☐ No ☒  
Official’s Name (Last, First)  

3. Recipients  
* Use Section A to identify the agency’s department or unit.  
* Use Section B to identify an individual.  
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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.  
Signature of Agency Head or Designee  
Megan Moret  
Print Name  
Ticket Administrator  
Title  
8/8/18  
(month, day, year)  
Comment:  

FPPC Form 802 (2/2016)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
County of Los Angeles
Division, Department, or Region (if applicable)
Board of Supervisors, First District
Designated Agency Contact (Name, Title)
Megan Moret, Ticket Administrator
Area Code/Phone Number E-mail
213.974.4111 mmoret@bos.lacounty.gov

2. Function or Event Information
Does the agency have a ticket policy? Yes ☐ No ☐ Face Value of Each Ticket/Pass $45
Event Description: Dodgers
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ Date(s) 8/30/18
Was ticket distribution made at the behest of agency official? Yes ☐ No ☒ Name of Source

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

A. Name of Agency, Department or Unit 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:

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.

Signature of Agency Head or Designee Megan Moret Print Name Ticket Administrator Title 8/8/18 (month, day, year)

Comment:

FPPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
**Agency Report of:**
Ceremonial Role Events and Ticket/Pass Distributions

1. **Agency Name**
   County of Los Angeles
   **Division, Department, or Region** (if applicable)
   Board of Supervisors, First District
   **Designated Agency Contact** (Name, Title)
   Megan Moret, Ticket Administrator
   **Area Code/Phone Number**
   213.974.4111
   **E-mail**
   mmoret@bos.lacounty.gov

2. **Function or Event Information**
   Does the agency have a ticket policy?  Yes □ No □
   Face Value of Each Ticket/Pass $45
   Event Description: **Dodgers**
   Date(s) 8 / 31 / 18
   Ticket(s)/Pass(es) provided by agency?  Yes □ No □
   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.

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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**
   **Title**
   **Date** 8/8/18
   **(month, day, year)**

   **Comment:**

FPPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)