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

Ceremonial Role Events and Tick	et/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
County of Los Angeles				TOTAL
Division, Department, or Region (If Applicable)	MIN CALL			For Official Use Only
Board of Supervisors, First District				
Designated Agency Contact (Name, Title)				
Megan Moret, Ticket Administrator				and the supposition in Port 2.)
Area Code/Phone Number E-mail			Amendment (Must	provide explanation in Part 3.)
2139.974.4111 mmoret@bos	.lacounty.g	ov	Date of Original Filing	(Month, Day, Year)
2. Function or Event Information				40
	Yes⊠ No	Face Value of	of Each Ticket/Pass \$	
Event Description Dodgers Tickets		Date(s) 4	, 4 , 15	
Provide Title/Expla	nation		ngeles Dodgers	
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: LOS AI	Name of S	ource
Was ticket distribution made at the behest	No⊠ Yes			
of agency official?	No 🖺 Yes	If yes:	Official's Name	(Last, First)
3. Recipients				
 Use Section A to identify the agency's department or u 	nit. • Use Se	ction B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pul	olic purpose made pursual	nt to the agency's policy
Board of Supervisors Staff	2	Per ticket policy 5.3	(k)	
Board of Supervisors Stair		Ter tieker policy 6.6		
	Number of			
B. Name of Individual (Lest, First)	Ticket(s)/ Pass(es)		Identify one of the follo	wing:
		Ceremonial Role	Other	Income
		If checking "Ceremo	nial Role" or "Other" describe below	
		Ceremonial Role	Other	Income
		1 B 1	nial Role" or "Other" describe belov	Constitution of the consti
C. Name of Outside Organization	Number of Ticket(s)/	Describe the pu	blic purpose made pursua	nt to the agency's policy
(include address and description)	Pass(es)			
				332 302
			A Control of the Cont	
4. Verification				W. W
I have read and understand FPPC Regulations 18944.1 and	1 18942. I have i 1 Moret		et Administrator	4/20/15
			Title	(Month, Day, Year)
Signature of Agency Head out esignee	Print Na	ame	inte	(INVITIL, Day, (Ear)
Comment:				

Agency Report of:

eremonial Role Events and Tic	Keurass	Distributions		A Public Document	
Agency Name			Date Stamp	California 802	
County of Los Angeles				AND STREET STREET, STREET STREET, STRE	
Division, Department, or Region (If Applicable)			For Official Use Only	
Board of Supervisors, First District					
Designated Agency Contact (Name, Title)		× × × × × × × × × × × × × × × × × × ×			
Megan Moret, Ticket Administrator					
Area Code/Phone Number E-mail			Amendment (Must p	provide explanation in Part 3.)	
2139.974.4111 mmoret@bo	s.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)	
Function or Event Information			1/2	10	
Does the agency have a ticket policy?	Yes No	Face Value of	of Each Ticket/Pass \$		
Event Description Dodgers Tickets Provide Title/Expl		Date(s) 4	, 6 , 15		
Provide Title/Expl	anation		igeles Dodgers		
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: LOS AT	Name of So	ource	
Mas tisket distribution made at the beheat	🔽	n . [, can be of the		
Was ticket distribution made at the behest of agency official?	No ▼ Yes	If yes:	Official's Name (Last, First)	
Recipients		A Comment of the Comm			
Use Section A to identify the agency's department or	unit. • Use Se	ction B to identify an individ	ual. • Use Section C to iden	tify an outside organization.	
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuant	t to the agency's policy	
Board of Supervisors Staff	2	Per ticket policy 5.3	(k)		
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon	Identify one of the follow Other Other describe below:	Income [
		Ceremonial Role If checking "Ceremon	Other Inial Role" or "Other" describe below:	Income	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuan	nt to the agency's policy	
Verification Navelread and understand PPP Hequiations 18944.1 an Mega	d 18942. I have s n Moret Print Na	Tick	forth above, is in accordance we et Administrator Title	4/20/15 (Month, Day, Year)	
Comment:					

. Age	ncy Name			Date Stamp	California 802
Coun	ty of Los Angeles				Form For Official Use Only
Divis	ion, Department, or Region (If Applicable	e)			Tor Official Ose Offiy
Board	d of Supervisors, First District				
Desig	gnated Agency Contact (Name, Title)				
_	an Moret, Ticket Administrator			Amendment (Must	provide explanation in Part 3.)
	Code/Phone Number E-mail 974.4111 mmoret@bo	s lacounty a	O.V.	Date of Original Filing	
		s.iacounty.go	JV		(Month, Day, Year)
	ction or Event Information the agency have a ticket policy?	Yes⊠ No	☐ Face Value o	of Each Ticket/Pass \$	40
	Dodgers Tickets	TESE INO	4	.7 .15	
Even	t Description Provide Title/Exp.	lanation	Date(s)		
Ticke	et(s)/Pass(es) provided by agency?	Yes No	× If no: Los Ar	igeles Dodgers	
14/	ticket distribution made at the behest	No⊠ Yes		Name of S	Duning
	gency official?	No[일 Yesi	If yes:	Official's Name	(Last, First)
. Rec	ipients				
• Use	Section A to identify the agency's department or		ction B to identify an individ	ual. • Use Section C to ide	entify an outside organization.
Α.	Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursua	nt to the agency's policy
Boar	rd of Supervisors Staff	2	Per ticket policy 5.3	(k)	
В.	Name of Individual	Number of		Identify one of the folio	
D. 	(Last, First)	Ticket(s)/ Pass(es)		Identity one of the lond	willig.
			Ceremonial Role If checking "Ceremon	Other Inial Role" or "Other" describe below	Income L
***************************************			Ceremonial Role If checking "Ceremo.	Other Inial Role" or "Other" describe below	Income L
<u>_</u>	Name of Outside Organization	Number of .			
<u>.</u>	(include address and description)	Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursua	are to the agency's policy
. Ver	ification read and understand FPPC Regulations 18944.1 ar	140040 11	erified that the distribution set	forth above is in accordance	with the requirements

Agency Name			Date Stamp	California QA2
County of Los Angeles				Form OUZ
Division, Department, or Region (If Applicable)				For Official Use Only
Board of Supervisors, First District				
Designated Agency Contact (Name, Title)				
Megan Moret, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must	provide explanation in Part 3.)
2139.974.4111 mmoret@bos	.lacounty.ge	OV	Date of Original Filing	: (Month, Day, Year)
Function or Event Information				40
Does the agency have a ticket policy?	Yes⊠ No	Face Value o	of Each Ticket/Pass \$1	
Event Description Dodgers Tickets		Date(s) 4	8 , 15	
Provide Title/Expla		Los Ar	igeles Dodgers	
Ticket(s)/Pass(es) provided by agency?	Yes No	× If no:	Name of S	Cource
Was ticket distribution made at the behest	No⊠ Yes	If yes:		
of agency official?			Official's Name	(Last, First)
Recipients				
Use Section A to identify the agency's department or u	nit. • Use Sec	ction B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursua	nt to the agency's policy
0.00			4.	
Board of Supervisors Staff	2	Per ticket policy 5.3	(K)	
	Number of			
B. Name of Individual (Lest, First)	Ticket(s)/ Pass(es)		Identify one of the follo	wing:
		Ceremonial Role	Other	Income
		If checking "Ceremon	nial Role" or "Other" describe below	Y
		Ceremonial Role	Other U	Income
			nial Role" or "Other" describe below	
	Number of			
Name of Outside Organization (Include address and description)	Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursua	nt to the agency's policy
				340,000
	11	40		
Verification / \ / \ /				W. W
Verification Verification Verification Verification Verification Verification Verification			TWO IS NOT THE OWNER OF THE OWNER.	
Verification Verif			et Administrator	4/20/15

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

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
County of Los Angeles				Maria Hamada Maria M
Division, Department, or Region (If Applicable)			For Official Use Only
Board of Supervisors, First District			1	
Designated Agency Contact (Name, Title)			1	
Megan Moret, Ticket Administrator	the same of the sa			
Area Code/Phone Number E-mail			Amendment (Must	provide explanation in Part 3.)
2139.974.4111 mmoret@bos	s.lacounty.go	V	Date of Original Filing	(Month, Day, Year)
2. Function or Event Information				40
Does the agency have a ticket policy?	Yes⊠ No.	Face Value of	of Each Ticket/Pass \$	40
Event Description Dodgers Tickets		Date(s) 4	, 14 , 15	
Provide Title/Expl	anation			
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: Los Ar	ngeles Dodgers	
			Name of S	ource
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name	(Last, First)
B. Recipients • Use Section A to identify the agency's department or	unit. • Use Sec	tion B to identify an individ	ual. • Use Section C to ide	entify an outside organization.
A. Name of Agency, Department or Unit	Number of	TAN SAN SAN TERM	blic purpose made pursua	
A. Name of Agency, Department or Onit	Ticket(s)/ Pass(es)	Describe trie pur	one purpose made pursua	it to the agency a policy
Doord of Companience Staff		Dor tiplest policy E 2	(12)	
Board of Supervisors Staff	2	Per ticket policy 5.3	(K)	
				A Commence of the Commence of
B. Name of Individual	Number of Ticket(s)/		Identify one of the follo	wing:
	Pass(es)	Ceremonial Role	Other D	Income _
			nial Role" or "Other" describe below	100000000000000000000000000000000000000
			5 F	
		Ceremonial Role	Other U	Income L
		II Gliecking Gerenio	markote of Other describe below	
C. Name of Outside Organization	Number of	Describe the nu	blic purpose made pursua	nt to the agency's policy
(include address and description)	Ticket(s)/ Pass(es)	Describe tile pu	biic purpose made pursua	nt to the agency a policy
1. Verification				
I have lead and understand PPC Regulations 18944.1 and				
	n Moret	Tick	et Administrator	4/20/15
Signature of Agency Helad or Designee	Print Nam	e	Title	(Month, Day, Year)
Comment:				FPPC Form 802 (4/12

Agency	Report of:

Ceremonial Role Events and Tick	cet/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
County of Los Angeles				For Official Use Only
Division, Department, or Region (If Applicable)				For Official Ose Only
Board of Supervisors, First District				
Designated Agency Contact (Name, Title)				
Megan Moret, Ticket Administrator				ement a recommendation of the Control of the Contro
Area Code/Phone Number E-mail			Amendment (Must	provide explanation in Part 3.)
2139.974.4111 mmoret@bos	.lacounty.g	ov	Date of Original Filing	(Month, Day, Year)
2. Function or Event Information				40
Does the agency have a ticket policy?	Yes No	Face Value of	of Each Ticket/Pass \$	70
Event Description Dodgers Tickets		Date(s) 4	, 15 , 15	
Provide Title/Expla	nation		agolos Dodgors	
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: LOS AI	ngeles Dodgers Name of S	Source
Was ticket distribution made at the behest	No⊠ Yes	If yes:		
of agency official?	140 = 163	il yes.	Official's Name	(Last, First)
3. Recipients	***			
Use Section A to identify the agency's department or it.		ction B to identify an individ	ual. • Use Section C to ide	entify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pul	olic purpose made pursua	nt to the agency's policy
Board of Supervisors Staff	2	Per ticket policy 5.3	(k)	
board of supervisors star.				
	Number of			
B. Name of Individual	Ticket(s)/ Pass(es)		Identify one of the follo	wing:
		Ceremonial Role	Other	Income
		If checking "Ceremo	nial Role" or "Other" describe below	V.
		Ceremonial Role	Other	Income
			nial Role" or "Other" describe below	w:
	1			
Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the pu	blic purpose made pursua	int to the agency's policy
(include address and description)	Pass(es)			
	<u> </u>			
Λ.	<u> </u>			
4. Verification	d 18042 hove	verified that the distribution set	forth above is in accordance	with the requirements
	n Moret		et Administrator	4/20/15
signature of Agency Head or Designee	Print Na		Title	(Month, Day, Year)
y prynakuje u Agency mead or Designee	r mic Na			(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Comment:		2002 OHU		

1. Ac	gency Name			Date Stamp	California 202
Cou	unty of Los Angeles				Form OUZ
Div	rision, Department, or Region (If Applicable)			For Official Use Only
Boa	ard of Supervisors, First District				
	signated Agency Contact (Name, Title)		-]	
Ме	gan Moret, Ticket Administrator	THOSE AND AND ADDRESS.			
	ea Code/Phone Number E-mail			Amenament (Music	provide explanation in Part 3.)
213	39.974.4111 mmoret@bo	s.lacounty.ge	OV	Date of Original Filing:	(Month, Day, Year)
Tice Water 3. Re U A	ent Description Dodgers Tickets Provide Title/Expl sket(s)/Pass(es) provided by agency? as ticket distribution made at the behest agency official? ecipients se Section A to identify the agency's department or Name of Agency, Department or Unit	Yes□ No No⊠ Yes	Date(s) 4 If no: Los Ar If yes:	of Each Ticket/Pass \$ 17 15 15 15 15 15 15 15 15 15 15 15 15 15	(Last, First) Itify an outside organization.
В	Name of Individual (Lest, First)	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremo	Identify one of the follow Other nial Role" or "Other" describe below.	Income
			Ceremonial Role If checking "Ceremo	Other Innial Role" or "Other" describe below.	Income .
C	Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuar	nt to the agency's policy

Verification ()			
have reed and understand APPC Regulations	18944.1 and 18942. I have verified that the Megan Moret	e distribution set forth above, is in accordance with Ticket Administrator	the requirements. 4/20/15
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Agency Rep	ort o	f:			
Ceremonial	Role	Events	and	Ticket/Pass	Distr

Comment:

ibutions **A Public Document** California 802 1. Agency Name Date Stamp Form 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 Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: mmoret@bos.lacounty.gov 2139.974.4111 (Month, Day, Year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes⊠ No □ 18 **Dodgers Tickets** 15 **Event Description** Date(s) Provide Title/Explanation Los Angeles Dodgers Ticket(s)/Pass(es) provided by agency? Yes No X No

✓ Yes Was ticket distribution made at the behest If yes: Official's Name (Last, First) of agency official? 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. Number of A. Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Ticket(s)/ Pass(es) Board of Supervisors Staff Per ticket policy 5.3 (k) Number of B. Name of Individual Ticket(s)/ Identify one of the following: (Last, First) Pass(es) Income Ceremonial Role Other 🔲 If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Income Other If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization Describe the public purpose made pursuant to the agency's policy Ticket(s)/ (include address and description) Pass(es) Xerification ms 18<u>944.1 and 18942. I have verified that the distrib</u>uti<u>on set forth above, is in accordance with the re</u>quirements. Megan Moret Ticket Administrator 4/20/15 Title of Agency Head or Design Print Name (Month, Day, Year)

Agency Report of:

eremonial Role Events and Tie	ckeurass	Distributions		A Public Document	
Agency Name			Date Stamp	California 802	
County of Los Angeles					
Division, Department, or Region (If Applicab	le)			For Official Use Only	
Board of Supervisors, First District					
Designated Agency Contact (Name, Title)					
Megan Moret, Ticket Administrator			Amendment (Must provide explanation in Part 3.)		
Area Code/Phone Number E-mail			_		
2139.974.4111 mmoret@b	os.lacounty.g	jov	Date of Original Filing	(Month, Day, Year)	
Function or Event Information	-			40	
Does the agency have a ticket policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$		
Event Description Dodgers Tickets Provide Title/Ex	nlanation	Date(s) 4	19 15		
		If no: Los Ar	ngeles Dodgers		
Ticket(s)/Pass(es) provided by agency?	Yes No	1110.	Name of S	Source	
Was ticket distribution made at the behest of agency official?	No ✓ Yes	If yes:	Official's Name	(Last, First)	
Recipients • Use Section A to identify the agency's department of	or unit. • Use Se	ection B to identify an individ	ual. • Use Section C to ide	entify an outside organization.	
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	- serious (236), 170 (200)	blic purpose made pursua	t type it to take	
Board of Supervisors Staff	2	Per ticket policy 5.3	(k)		
	Number of				
B. Name of Individual (Lest, First)	Ticket(s)/ Pass(es)		Identify one of the follo	wing:	
		Ceremonial Role If checking "Ceremo	Other Inial Role" or "Other" describe below	Income v:	
		Ceremonial Role	Other	Income	
		If checking "Ceremo	nial Role" or "Other" describe below	v:	
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)		blic purpose made pursua	nt to the agency's policy	
Verification Annual Ann				with the constitution of	
	an Moret	Tick	et Administrator	4/20/15	
Sittle of Agency Heaft or Designee	Print Na	ame	Title	(Month, Day, Year)	
Comment:					