eremonial Role Events and Tic	Kevrass	Distributions		A Public Documen
Agency Name			Date Stamp	California 802
County of Los Angeles				Form For Official Use Only
Division, Department, or Region (If Applicable)]	For Official Ose Only
Board of Supervisors, First District				
Designated Agency Contact (Name, Title)			1	7
Megan Moret, Ticket Administrator			 	
Area Code/Phone Number E-mail			Amendment (Must)	provide explanation in Part 3.)
213.974.4111 mmoret@bos	s.lacounty.g	jov	Date of Original Filing:	(Month, Day, Year)
Function or Event Information			- -	
Does the agency have a ticket policy?	Yes No	Face Value of	of Each Ticket/Pass \$	40
Event Description Dodgers Provide Title/Expla		Date(s) 8	,1 ,15	
Ticket(s)/Pass(es) provided by agency?	Yes□ No	If no: Dodge	ers Name of Sc	nurce
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 or it.	unit. • Use Se	ction B to identify an individ	ual. • Use Section C to ider	ntify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuan	t to the agency's policy
Staff	2	Per ticket policy 5.3	(k)	
B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	doc:
(Lest, First)	Pass(es)			
		Ceremonial Role If checking "Ceremon	Other in the state of the state	Income L
		Ceremonial Role If checking "Ceremon	Other Initial Role" or "Other" describe below:	Income [
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuan	t to the agency's policy
Verification // Aprel year and understand FPI/C Regulations 18944.1 and	18942. I have v	rerified that the distribution set t	forth above, is in accordance w	ith the requirements.
Megan			et Administrator	9/14/15
Signature of Agency Head or Debignee	Print Na		Title	(Month, Day, Year)
			/ ·	

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 pr	ovide explanation in Part 3.)
213.974.4111 mmoret@bos	s.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
Function or Event Information			40)
Does the agency have a ticket policy?	Yes⊠ No	Face Value	of Each Ticket/Pass \$ -	
Event Description Dodgers		Date(s) 8	, 2 , 15	
Provide Title/Expl	anation	Dodge	2rc	
Ticket(s)/Pass(es) provided by agency?	Yes No	if no:	Name of Sou	irce
Was ticket distribution made at the behest	No⊠ Yes	If yes:	2	
of agency official?	1100 1031	il yes.	Official's Name (L	ast, First)
Recipients				
Use Section A to identify the agency's department or		ction B to identify an individ	ual. • Use Section C to ident	ify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the pul	olic purpose made pursuant	to the agency's policy
	Pass(es)			
Staff	2	Per ticket policy 5.3	(k)	
B. Name of Individual	Number of Ticket(s)/		Identify one of the followi	ng:
(Lest, First)	Pass(es)			
	Tel			
		Ceremonial Role If checking "Ceremo	Other inial Role" or "Other" describe below:	Income L
				income
				income
		If checking "Ceremo	nial Role" or "Other" describe below:	Income
		If checking "Ceremo	nial Role" or "Other" describe below:	
		If checking "Ceremo	nial Role" or "Other" describe below:	
Name of Outside Organization	Number of Table (1)	If checking "Ceremo Ceremonial Role If checking "Ceremo	nial Role" or "Other" describe below: Other Other inial Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	If checking "Ceremo Ceremonial Role If checking "Ceremo	nial Role" or "Other" describe below:	Income
	Ticket(s)/	If checking "Ceremo Ceremonial Role If checking "Ceremo	nial Role" or "Other" describe below: Other Other inial Role" or "Other" describe below:	Income
	Ticket(s)/	If checking "Ceremo Ceremonial Role If checking "Ceremo	nial Role" or "Other" describe below: Other Other inial Role" or "Other" describe below:	Income
	Ticket(s)/	If checking "Ceremo Ceremonial Role If checking "Ceremo	nial Role" or "Other" describe below: Other Other inial Role" or "Other" describe below:	Income

Print Name

Comment:

(Month, Day, Year)

Title

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions **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 Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: mmoret@bos.lacounty.gov 213.974.4111 (Month, Day, Year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes⊠ No□ 10 15 Dodgers **Event Description** Date(s) Provide Title/Explanation Dodgers Ticket(s)/Pass(es) provided by agency? Yes□ No⊠ Name of Source 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. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Staff Per ticket policy 5.3 (k) Number of В. Name of Individual Ticket(s)/ Pass(es) Identify one of the following: (Last, First) Ceremonial Role Other Income ___ If checking "Ceremonial Role" or "Other" describe below: Other Ceremonial Role Income If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) (include address and description) Verification lations 18<u>944.1 and 18942. I have verified that the distri</u>buti<u>on set forth above, is in accordance with the re</u>quirements. Megan Moret Ticket Administrator 9/14/15

Print Name

of Agency Head or Designee

Comment

(Month, Day, Year)

Title

ceremonial Role Events and Tick	cui ass	Distributions		A Public Document
. Agency Name			Date Stamp	California 802
County of Los Angeles				Form OUZ
Division, Department, or Region (If Applicable)			4	For Official Use Only
	and the second s		1	1
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			Amendment (wast)	TOVICE EXPLANATION IN FAIL 5.7
213.974.4111 mmoret@bos.l	lacounty.go	V	Date of Original Filing:	(Month, Day, Year)
. Function or Event Information				10
	∕es⊠ No	Face Value	of Each Ticket/Pass \$	40
Dodgors		The state of the s	.11 .15	
Event Description Provide Title/Explan	ation	Date(s) 8		
and the second s		Dodge	ers	
Ticket(s)/Pass(es) provided by agency?	∕es□ NoŪ	if no:	Name of S	ource
Was ticket distribution made at the behest	No⊠ Yes[If yes:		
of agency official?		, 55.	Official's Name	(Last, First)
. Recipients				
Use Section A to identify the agency's department or un	it. • Use Sec	tion B to identify an individ	lual. • Use Section C to ide	ntify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/	Describe the pul	blic purpose made pursuar	t to the agency's policy
	Pass(es)			
B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	vina:
(Lest, First)	Pass(es)			
		Ceremonial Role		Income
Eddie De La Riva	2	If checking "Ceremo	onial Role" or "Other" describe below	
		Per ticket policy 5.3	(g)	
		0	Other	Income
		Ceremonial Role If checking "Ceremo	onial Role" or "Other" describe below	0201668550299561
				or was not form a Company of the Com
C Name of Outside Organization	Number of			
Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursual	nt to the agency's policy
1				
. Verification	100.40 / 1	allied that the distriction of	I forth above to be accorded	with the requirements
have lead and understand FPPC Regulations 18944.1 and 1				
Megan I			et Administrator	9/14/15
Signature of Agency Head or Designee	Print Nam	9	Title	(Month, Day, Year)
,				
Comment:				

California Country of Los Angeles Date Stamp California Country of Los Angeles Division, Department, or Region (If Applicable) Board of Supervisors, First District Designated Agency Contact (Name, Title)	
Board of Supervisors, First District Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator Area Code/Phone Number	
Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator Area Gode/Phone Number E-mail E-mail Date of Original Filling: (Month, Day, Ye) Date of Original Filling: (Month, Day, Ye	cial Use Only
Amendment (Must provide exclanation Amendment (Must provide exclanation in Date of Original Filling: (Month, Day, Ye Date of Original Filling: (Mont	
Area Code/Phone Number	
Area Code/Phone Number E-mail mmoret@bos.lacounty.gov Date of Original Filing: (Month, Day, Ye 13.974.4111 mmoret@bos.lacounty.gov Date of Original Filing: (Month, Day, Ye 14.0 1	n in Port 21
Function or Event Information Does the agency have a ticket policy? Yes No Date(s) Event Description Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No Date(s) Was ticket distribution made at the behest of agency official? 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 Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency's pass(es) Number of Ticket(s)/Pass(es) Ceremonial Role Other Unit Identify one of the following: Ceremonial Role Other Unit Identify one of the following: Ceremonial Role Other Other describe below: C. Name of Outside Organization Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency's pass(es) Ceremonial Role Other Other Official Role Other Other Official Role Other Other Other Official Role Other	THI FAICS.)
Does the agency have a ticket policy? Yes No Date(s) Event Description Dodgers Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No Dodgers Was ticket distribution made at the behest of agency official? No Yes Dodgers If no: Dodgers Name of Source Name of Source Name of Source Name of Agency, Department or unit. Staff	Year)
Event Description Dodgers Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes No If no: Dodgers Was ticket distribution made at the behest of agency official? No Yes If yes: Official's Name of Source No Yes If yes: Official's Name (Last, First) 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 Ticket(s)/ Pass(es) Staff 2 Per ticket policy 5.3 (k) B. Name of Individual (Last, First) Number of Ticket(s)/ Pass(es) Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: C. Name of Outside Organization Ticket(s)/ Ticket(s)/ Describe the public purpose made pursuant to the agency's processing Role of Other If the checking "Ceremonial Role" or "Other" describe below: C. Name of Outside Organization Ticket(s)/ Ticket(s)/ Describe the public purpose made pursuant to the agency's processing Role of Ticket(s)/ Describe the public purpose made pursuant to the agency's processing Role of Ticket(s)/ Describe the public purpose made pursuant to the agency's processing Role of Ticket(s)/ Describe the public purpose made pursuant to the agency's processing Role of Ticket(s)/ Describe the public purpose made pursuant to the agency's processing Role of Ticket(s)/ Describe the public purpose made pursuant to the agency's processing Role of Ticket(s)/ Describe the public purpose made pursuant to the agency's processing Role of Ticket(s)/ Describe the public purpose made pursuant to the agency's processing Role of Ticket(s)/ Describe the public purpose made pursuant to the agency's processing Role of Ticket(s)/ Describe the public purpose made pursuant to the agency's processing Role of Ticket(s)/ Describe the public purpose made pursuant to the agency's processing Role of Ticket(s)/ Describe the public purpose made pursuant to the agency's processing Role of Ticket(s)/ Describe the public purpose made pursuant to the agency's processing Role of Ticket(s)/	
Ticket(s)/Pass(es) provided by agency? Yes No In no. Dodgers Was ticket distribution made at the behest of agency official? Recipients • Use Section A to identify the agency's department or unit. Number of Ticket(s)/ Pass(es) Staff 2 Per ticket policy 5.3 (k) B. Name of Individual (Lest, First) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Ceremonial Role Other In the describe below. Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's pass(es) Ceremonial Role Other In the describe below. Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's pass(es) Ceremonial Role Other Describe below. Describe the public purpose made pursuant to the agency's pass(es) Ceremonial Role Other Describe below. Describe the public purpose made pursuant to the agency's pass(es) Describe the public purpose made pursuant to the agency's pass(es) Describe the public purpose made pursuant to the agency's pass(es) Describe the public purpose made pursuant to the agency's pass(es)	
Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official? No Yes If no: Name of Source No Yes Official State (Last, First) 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 Ticket(s)/ Pass(es) Per ticket policy 5.3 (k) Ceremonial Role Other Other describe below: Ceremonial Role Other Oth	
Was ticket distribution made at the behest of agency official? 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 of agency, Department or Unit Number of Ticket(s)/ Pass(es)	
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Staff Name of Agency, Department or unit. Number of Ticket(s)/ Pass(es) Staff Describe the public purpose made pursuant to the agency's pass(es) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Ceremonial Role Other It checking "Ceremonial Role" or "Other" describe below: C. Name of Outside Organization Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Ceremonial Role Other It checking "Ceremonial Role" or "Other" describe below: C. Name of Outside Organization Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's pass(es) Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's pass(es)	
A. Name of Agency, Department or Unit Ticket(s)/ Pass(es) Per ticket policy 5.3 (k) B. Name of Individual (Lest First) Number of Ticket(s)/ Pass(es) Ceremonial Role Other User describe below: Describe the public purpose made pursuant to the agency's purpose made pursuant to the agency purpose made purp	rganization.
B. Name of Individual (Lest, First) Number of Ticket(s) Pass(es)	s policy
B. Name of Individual (Lest, First) Number of Ticket(s) Pass(es)	
Ticket(s)/ Pass(es) Ceremonial Role Other Ceremonial Role Other Ceremonial Role Other Ceremonial Role Other Other Ceremonial Role Other Othe	
Ticket(s)/ Pass(es) Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other O	
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C. Name of Outside Organization (Include address and description) Number of Ticket(s)/ Describe the public purpose made pursuant to the agency's processing the public purpose made pursuant to the agency's processing the public purpose made pursuant to the agency's processing the public purpose made pursuant to the agency's processing the public purpose made pursuant to the agency's processing the public purpose made pursuant to the agency's processing the public purpose made pursuant to the agency's processing the public purpose made pursuant to the agency's processing the public purpose made pursuant to the agency's processing the public purpose made pursuant to the agency's processing the public purpose made pursuant to the agency's processing the public purpose made pursuant to the agency's processing the public purpose made pursuant to the agency's processing the public purpose made pursuant to the agency's processing the public purpose made pursuant to the agency's processing the public purpose made pursuant to the agency's processing the public purpose made pursuant to the agency's processing the public purpose made pursuant to the agency's processing the public purpose made pursuant to the agency's processing the public purpose made pursuant to the agency purpose made pursuant to the public purpose made pursuant to the agency purpose made pursuant to the public purpose made purpose made pursuant to the public purpose made purp	
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C. Name of outside organization Ticket(s)/ Describe the public purpose made pursuant to the agency's	
C. Name of outside organization Ticket(s)/ Describe the public purpose made pursuant to the agency's	
	s policy
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Vérifi¢atjon	
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.	its.
Megan Moret Ticket Administrator 9/14/	Annual Property and Publishers and Publishers

			Date Stamp	California 802
County of Los Angeles				TOTAL
Division, Department, or Region (If Applicable)				For Official Use Only
Board of Supervisors, First District				
Designated Agency Contact (Name, Title)				
Megan Moret, Ticket Administrator			Amendment (Must o	rovide explanation in Part 3.)
Area Code/Phone Number E-mail	la a a combinati		Date of Original Filing:	
213.974.4111 mmoret@bos	.iacounty.go)V	Date of Original Filling.	(Month, Day, Year)
Function or Event Information		T Fore Value	of Fach Tielest/Dass &	0
	Yes⊠ No	Face value o	of Each Ticket/Pass \$ 4	
Event Description Dodgers Provide Title/Expla	nation	Date(s)	N13 N15	
		Dodge	ers	
Ticket(s)/Pass(es) provided by agency?	Yes No	x If no:	Name of Sc	urce
Was ticket distribution made at the behest	No⊠ Yes	If yes:		
of agency official?	10000		Official's Name (Last, First)
A. Name of Agency, Department or Unit Staff	Number of Ticket(s)/ Pass(es)	Describe the pul	olic purpose made pursuan	t to the agency's policy
		r or tioxot policy of	(1)	
B. Name of Individual (Lest, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ing:
		Ceremonial Role If checking "Ceremo	Other III nial Role" or "Other" describe below:	income
		If checking "Ceremo	nial Role" or "Other" describe below:	Income Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)	If checking "Ceremo Ceremonial Role If checking "Ceremo	nial Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)		If checking "Ceremo Ceremonial Role If checking "Ceremo	nial Role" or "Other" describe below: Other Inial Role" or "Other" describe below:	Income

Comment:

eremonial Role Events and Tick	cet/Pass	Distributions		A Public Document
. Agency Name			Date Stamp	California 802
County of Los Angeles				Form For Official Use Only
Division, Department, or Region (If Applicable)	Olivernium demokratika in des seja in de sej			
Board of Supervisors, First District				
Designated Agency Contact (Name, Title)				
Megan Moret, Ticket Administrator			Amendment (Musi	t provide explanation in Part 3.)
Area Code/Phone Number E-mail			Date of Original Filing	
213.974.4111 mmoret@bos	.iacounty.g	OV	Date of Original Filling	(Month, Day, Year)
Function or Event Information		□ Face Value e	of Each Ticket/Pass \$	40
Dadman	Yes⊠ No			
Event Description Dodgers Provide Title/Expla	nation	Date(s) 8	1/14 1/15	
properties to the state of the	Yes□ No	If no: Dodge	ers	
ricket(s)/Fass(es) provided by agency?	Yes No	11110.	Name of S	Source
Was ticket distribution made at the behest	No⊠ Yes	If yes:	07: " 1	4 15:-0
of agency official?			Official's Name	(Last, First)
Recipients Use Section A to identify the agency's department or u	nit. • Use Sec	Frank State Commission (State State	Maria de la Computação de Cardo	e e van de e e e e e e e e e e e e e e e e e e
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursua	nt to the agency's policy
				Control of the Contro
				A
B. Name of Individual (Lest, First)	Number of Ticket(s)/ Pass(es)		Identify one of the follo	wing:
	Pass(es)	Ceremonial Role	Other D	Income C
Gustavo Camacho	2		nial Role" or "Other" describe below	
Gustavo Califactio	2	Per ticket policy 5.3	(g)	
L			a a	
		Ceremonial Role If checking "Ceremon	Other inial Role" or "Other" describe below	income L
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the put	olic purpose made pursua	nt to the agency's policy
(morade address and description)	Pass(es)			
Waster Allen				
. Verification I have read and understand FBPC Regulations 18944.1 and	18942. I have ve	erified that the distribution set t	forth above, is in accordance	with the requirements.
Megan			et Administrator	9/14/15
Signature of Agency Head or Designee	Print Nan	ne	Title	(Month, Day, Year)

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California 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 Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail **Date of Original Filing:** mmoret@bos.lacounty.gov 213.974.4111 (Month, Day, Year) 2. Function or Event Information 40 Does the agency have a ticket policy? Face Value of Each Ticket/Pass \$ Yes⊠ No□ 15 Dodgers **Event Description** Date(s) Provide Title/Explanation Dodgers Ticket(s)/Pass(es) provided by agency? Yes □ No 区 No⊠ Yes□ Was ticket distribution made at the behest If yes: of agency official? 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. Number of A. Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy Ticket(s)/ Pass(es) Number of В. 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: Louis Aguinaga Per ticket policy 5.3 (g) Other _ Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es)

1			
Verification have read and understand FPPC Redulations	18944.1 and 18942. I have verified that the	a distribution set forth above, is in accordance with	h the requirements.
IV OGH VVI	Megan Moret	Ticket Administrator	9/14/15
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

eremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
Agency Name			Date Stamp	California 802
County of Los Angeles				and I Olill
Division, Department, or Region (If Applicable))			For Official Use Only
Board of Supervisors, First District	- HI - W N - N N - N N - N		1	
Designated Agency Contact (Name, Title)				
Megan Moret, Ticket Administrator	CMINICOLO CONTRACTOR OF THE CO		_	
Area Code/Phone Number E-mail			Amendment (Must	provide explanation in Part 3.)
213.974.4111 mmoret@bo	s.lacounty.g	οv	Date of Original Filing	(Month, Day, Year)
Function or Event Information				40
Does the agency have a ticket policy?	Yes⊠ No	Face Value	of Each Ticket/Pass \$	40
Event Description Dodgers		Date(s) 8	,16 ,15	
Provide Title/Expl	anation			
Ticket(s)/Pass(es) provided by agency?	Yes No	ĭ If no: Dodg	ers Name of S	
Man tiglest distribution made at the behave			Name of S	Source
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name	(Last, First)
			AL V. A	
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	A PRODUCTION OF STREET	blic purpose made pursua	
A. Raine of Agency, Department of Julia	Ticket(s)/ Pass(es)	Jesc II De vije pu	one purpose made pursua	
			A CONTRACTOR OF THE CONTRACTOR	
B. Name of Individual	Number of Ticket(s)/		Identify one of the follo	wing:
	Pass(es)	Ceremonial Role	Other D	Income L
0			nial Role" or "Other" describe below	
Cruz Baca	2	Per ticket policy 5.3	(a)	
		r or tioket policy o.o	(9)	
		Ceremonial Role	Other or "Other" describe below	Income
	1	in checking objection	mai Note of Other describe below	•
C. Name of Outside Organization	Number of	Describe the	blic purpose made pursua	nt to the accords a flav
(include address and description)	Ticket(s)/ Pass(es)	Describe the pur	one purpose made pursua	nt to the agency's policy
				A CONTRACTOR OF THE CONTRACTOR
Verification ///				
I have read and understand FPPC Regulations 18944.1 and			forth above, is in accordance	
Megar	d 18942. I have ve		forth above, is in accordance et Administrator	with the requirements. 9/14/15
I have read and understand FPPC Regulations 18944.1 and		Tick		

eremonial Role Events and Tick	CUI ASS	Distributions		A Public Documen
Agency Name			Date Stamp	California 802
County of Los Angeles				T OTTI
Division, Department, or Region (If Applicable)			1	For Official Use Only
Board of Supervisors, First District				1 8
Designated Agency Contact (Name, Title)			1	
Megan Moret, Ticket Administrator]	
Area Code/Phone Number E-mail			Amendment (Must p	provide explanation in Part 3.)
213.974.4111 mmoret@bos	.lacounty.ge	OV	Date of Original Filing:	(Month, Day, Year)
Function or Event Information	Annual Control of the		ſ	
	Yes⊠ No	Face Value	of Each Ticket/Pass \$	40
Dodgers		8	, 28 , 15	
Event Description Provide Title/Explain	nation	Date(s)		
Ticket(s)/Pass(es) provided by agency?	Yes No	⋉ If no: Dodge		
			Name of So	ource
Was ticket distribution made at the behest of agency official?	No⊠ Yes	lf yes:	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 ider	ntify an outside organization.
A. Name of Agency, Department or Unit	Number of	e i Propinski grafin i Propinski S	blic purpose made pursuan	TO SERVICE OF THE PROPERTY OF THE
A. Name of Agency, Department or Onit	Ticket(s)/ Pass(es)	Describe die pu	olic bulbose lliade bulsuali	
			The second secon	
			Washington State of the Control of t	
B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	ving:
(Last, First)	Pass(es)		П . П	
		Ceremonial Role If checking "Ceremo	Other Land Other Contact Conta	Income L
Vivian Romero	2	Dor ticket policy 5.2	(a)	
		Per ticket policy 5.3	(9)	
		Ceremonial Role	Other	Income
		If checking "Ceremo	nial Role" or "Other" describe below.	
Name of Outside Organization	Number of			
C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuar	nt to the agency's policy
,				
Verification ///	L	911		
	18942. I have v	erified that the distribution set	forth above, is in accordance v	vith the requirements.
(////// Megan	Moret	Tick	et Administrator	9/14/15
Signature of Agency Head or Designee	Print Na	me	Title	(Month, Day, Year)
I have read land understand FPPO Regulations (18944) and Megan	Moret	Tick	et Administrator	9/14/15
Comment:				
			EDDC Tall Eres Halali	FPPC Form 802 (4 : 866/ASK-FPPC (866/275-7

1. Agency N	lame			Date Stamp	California QA2
County of L	os Angeles				Form OUZ
Division, De	epartment, or Region (If Applicable)		4	For Official Use Only
Board of Su	pervisors, First District			1	8
Designated	Agency Contact (Name, Title)				
Megan Mor	et, Ticket Administrator			DAmondment (first	
	Phone Number E-mail			7	provide explanation in Part 3.)
213.974.411	1 mmoret@bos	s.lacounty.g	Jov	Date of Original Filing:	(Month, Day, Year)
	or Event Information gency have a ticket policy?	Yes No	Face Value	of Each Ticket/Pass \$ L	40
Event Desci	ription Dodgers Provide Title/Expla		Date(s) 8	, 29 , 15	
Ticket(s)/Pa	iss(es) provided by agency?	Yes□ No	☑ If no: Dodg	ers Name of Si	ource
	listribution made at the behest	No⊠ Yes	☐ If yes:		
of agency	official?			Official's Name	(Last, First)
3. Recipient	S	unit ellse Se			
3. Recipient • Use Section		unit. • Use Se Number of Ticket(s)/ Pass(es)	ction B to identify an Individ		ntify an outside organization.
3. Recipient • Use Section	S A to identify the agency's department or	Number of Ticket(s)/	ction B to identify an Individ	lual. ● Use Section C to ide blic purpose made pursuan	ntify an outside organization.
A. Name	S A to identify the agency's department or	Number of Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	ction B to identify an individence of the pu	lual. ● Use Section C to ide blic purpose made pursuan	ntify an outside organization. It to the agency's policy
A. Name Staff	S A to identify the agency's department or of Agency, Department or Unit Name of Individual	Number of Ticket(s)/ Pass(es) 2 Number of	Per ticket policy 5.3	dual. • Use Section C to iden blic purpose made pursuan (k)	ntify an outside organization. It to the agency's policy ving:
A. Name Staff	S A to identify the agency's department or of Agency, Department or Unit Name of Individual	Number of Ticket(s)/ Pass(es) 2 Number of Ticket(s)/	Per ticket policy 5.3 Ceremonial Role If checking "Ceremo	dual. • Use Section C to identify one of the follow	ntify an outside organization. It to the agency's policy ving:

rification //			
e read and understand FPPC Reduiations	Megan Moret	distribution set forth above, is in accordance with Ticket Administrator	9/14/15
Signature of Agency Head or Designee	Print Name		(Month, Day, Year

A Public Document 1. Agency Name Date Stamp California 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 Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail **Date of Original Filing:** 213.974.4111 mmoret@bos.lacounty.gov (Month, Day, Year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes⊠ No□ 30 Dodgers **Event Description** Date(s) Provide Title/Explanation Dodgers Ticket(s)/Pass(es) provided by agency? Yes□ No⊠ If no: Name of Source 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 Pass(es) Number of Name of Individual (Lest, First) В. Ticket(s)/ Pass(es) Identify one of the following: Income _ Ceremonial Role Other ___ If checking "Ceremonial Role" or "Other" describe below: 2 Monica Garcia Per ticket policy 5.3 (g) Other Ceremonial Role Income ___ If checking "Ceremonial Role" or "Other" describe below: Number of Name of Outside Organization Ticket(s)/ Describe the public purpose made pursuant to the agency's policy (include address and description) Pass(es) Verification 3944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements. Megan Moret Ticket Administrator 9/14/15 Print Name (Month, Day, Year) Agency Head or Designee Comment

Country of Los Angeles Division, Department, or Region (# Applicable)	Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
Division, Department, or Region (If Applicable) For Official Use City	I. Agency Name			Date Stamp	California QA2
Board of Supervisors, First (in Applicable) Megan Moret, Ticket Administrator Area Code/Phone Number Area Code/Phone Number E-mail 213.974.4111 mmoret@bos.lacounty.gov Date of Original Filing: (Month, Day, Year)	County of Los Angeles				Form OUZ
Designated Agency Contact (Nome, Title) Megan Moret, Ticket Administrator Area Code/Phone Number Email	Division, Department, or Region (If Applicable)		4	For Official Use Only
Megan Moret, Ticket Administrator	Board of Supervisors, First District			1	
Area Code/Phone Number	Designated Agency Contact (Name, Title)			1	
Area Code/Phone Number	Megan Moret, Ticket Administrator				
2. Function or Event Information Does the agency have a ticket policy? Event Description Dodgers Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official? No Yes No Yes If no Name of Source Was ticket distribution made at the behest of agency official? 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) Staff 2 Per ticket policy 5.3 (k) B. Name of Individual Ceremonial Role Other Income if checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income if checking "Ceremonial Role" or "Other" describe below: C. Name of Outside Organization Number of Ticket(s)/Pass(es) C. Name of Outside Organization				Amendment (Must)	provide explanation in Part 3.)
Does the agency have a ticket policy? Event Description Dodgers Event Description Dodgers Date(s) Dodgers Date(s) Dodgers Name of Source Name of Source Name of Source No Yes	213.974.4111 mmoret@box	s.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
Event Description Dodgers Event Description Dodgers Provide Title/Explanation Ticket(s)/Pass(es) provided by agency? Yes Date(s) B 31 15 D	2. Function or Event Information			Ţ	
Ticket(s)/Pass(es) provided by agency? Yes No Date(s) If no. Dodgers 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 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) Staff 2 Per ticket policy 5.3 (k) B. Name of Individual (Last, First)	Does the agency have a ticket policy?	Yes No	Face Value	of Each Ticket/Pass \$	40
Ticket(s)/Pass(es) provided by agency? Was ticket distribution made at the behest of agency official? No Yes If yes:	Event Description Dodgers		Data(a) 8	, 31 , 15	
Was ticket distribution made at the behest of agency official? Recipients - Use Section A to identify the agency's department or unit. - Use Section B to identify an individual. - Use Section A to identify an outside organization. A. Name of Agency, Department or Unit Number of Describe the public purpose made pursuant to the agency's policy Pass(es)		anation	Date(s)		
Was ticket distribution made at the behest of agency official? Recipients - Use Section A to identify the agency's department or unit. - Use Section B to identify an individual. - Use Section A to identify an outside organization. A. Name of Agency, Department or Unit Number of Describe the public purpose made pursuant to the agency's policy Pass(es)	Ticket(s)/Pass(es) provided by agency?	Yes□ No	x If no: Dodge	ers	
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Staff A. Name of Agency, Department or Unit Ticket(s) Pass(es) Per ticket policy 5.3 (k) B. Name of Individual (Last, Fan) Number of Ticket(s) Pass(es) Ceremonial Role If checking **Ceremonial Role* or **Other* describe below: C. Name of Outside Organization (Include address and description) Number of Ticket(s) Pass(es) Number of Ticket(s) Pass(es) Ceremonial Role Ceremonial Role Other If checking **Ceremonial Role* or **Other* describe below: Commonial Role* or **Other* describe below: Commonial Role* o	A 가능하다 경기 하다 보다는 아내는 아내는 아내는 이 전에 있는 것이 되었다. 그리고 있는 것이 되었다고 있다고 있다고 있다면 하는 것이 되었다. 그리고 있다고 있다고 있다고 있다고 있다. 프리스	No ≌ Yes	lf yes:	Official's Name	(Last. First)
- Use Section A to identify the agency's department or unit. - Use Section B to identify an individual. - Name of Agency, Department or Unit - Number of Ticket(s)/ Pass(es) - Per ticket policy 5.3 (k) - Per ticket policy 5.3 (k) - Per ticket policy 5.3 (k) - Per ticket(s)/ Pass(es) - Pass(es) - Per ticket(s)/ Pass(es) - Pass(es) - Per ticket(s)/ Pass(es) - Pass(es)				omout s reame	Lest, I not)
A. Name of Agency, Department or Unit Number of Ticket(s) Pass(es)	-	unit allsa Sac	tion R to identify an individ	ual a liee Section C to iden	ntify an outside organization
Staff 2 Per ticket policy 5.3 (k) B. Name of Individual (Lest, First) Number of Ticket(s)/ Pass(es) Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: 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)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Verification I have rept landy understant FPPC Rept/Ast/pdf 19644.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.		Number of	professional selection of the Control of		
B. Name of Individual Tucket(s)/ Pass(es) Ceremonial Role Other Income Inco	A. Name of Agency, Department or Unit		Describe the put	olic purpose made pursuan	t to the agency's policy
B. Name of Individual Ceremonial Role Other Income	Staff	2	Per ticket policy 5.3	(b)	
B. Name of individual (Last, First) Ceremonial Role Other Income	Stan		rei ticket policy 5.5	(K)	
B. Name of individual (Last, First) Ceremonial Role Other Income					
Ceremonial Role Other Income In		Number of		7.7.98847. T. GARRIER 1997. VA	
Ceremonial Role Other Income It checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income It checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income It checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income It checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income It checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income Income It checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income Income It checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income Income It checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income Income It checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other Income Incom		Ticket(s)/		Identify one of the follow	ring:
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 Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Number of Ticket(s)/ Pass(es)			Ceremonial Role	Other	Income C
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 Pass(es) Verification I have reparanty understand FPPC Fogulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.			If checking "Ceremor	nial Role" or "Other" describe below:	3
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 Pass(es) Verification I have reparanty understand FPPC Fogulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.					
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 Pass(es) Verification I have reparanty understand FPPC Fogulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.			Oi-i B-I-	П	· ·
(include address and description) Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Verification I have read and understand FPPC Regulations 19944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.					income _
(include address and description) Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) 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.					
(include address and description) Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Verification I have read and understand FPPC Regulations 19944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.					
Verification I have read and understand FPPC Regulations 19944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.			Describe the put	blic purpose made pursuan	t to the agency's policy
I have read and understand FPPC Regulations 19944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.	(include address and description)	Pass(es)			
I have read and understand FPPC Regulations 19944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.				William May Julian American	
I have read and understand FPPC Regulations 19944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.					
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I have read and understand FPPC Regulations 19944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.					
		118042 / hour :	ording that the distribution and	fadh abaya <i>la la acceptant</i>	ith the requirement
1 / M/ / Wind garrino oc Inchet Administrator 9/14/15				NOT THE REAL PROPERTY AND THE PARTY AND THE	
Signature of Agency Head or Designee Print Name Title (Month Day Year)					
Gymbol of read of Designee Print Name Little (Month, Day, Year)	digitation by Agency Freed of Designee	FINI NAM		inte	(Month, Day, Year)

Agency Name County of Los Angeles Division, Department, or Region (If Applicable) Board of Supervisors, First District		Date Stamp	California 802
Division, Department, or Region (If Applicable)			Form OUZ
oard of Supervisors, First District		1	For Official Use Only
		7	
Designated Agency Contact (Name, Title)		_	
Megan Moret, Ticket Administrator		1 	
Area Code/Phone Number LE-mail		Amendment (Must pro	ovide explanation in Part 3.)
13.974.4111 mmoret@bos.lacount	y.gov	Date of Original Filing:	(Month, Day, Year)
Function or Event Information		10	00
Does the agency have a ticket policy? Yes	No Face Value	of Each Ticket/Pass \$	
Event Description LA Phil	Date(s) 8	, 2 , 15	
Provide Title/Explanation	LA Ph	nil	
Ficket(s)/Pass(es) provided by agency? Yes	No If no:	Name of Sou	rce
Vas ticket distribution made at the behest No	Yes If yes:		
of agency official?	103 2 11 yes	Official's Name (La	ast, First)
Recipients			
Use Section A to identify the agency's department or unit. • Us		dual. • Use Section C to identi	fy an outside organization.
A. Name of Agency, Department or Unit Number Ticket(Pass(e	s)/ Describe the pu	ublic purpose made pursuant t	to the agency's policy
Staff 4	Per ticket policy 5.3	3 (k)	
B. Name of Individual Number Ticket((Lest, First) Pass(e	s)/	Identify one of the following	n g
rass(e	Ceremonial Role	Other Other Other Other Describe below:	income [
	Ceremonial Role If checking "Cerem	Other Other Other Other Other	Income
Name of Outside Organization (include address and description) Number Ticket(Pass(e)	s)/ Describe the pu	ublic purpose made pursuant l	to the agency's policy
· //			
Verification have read and understand FPPC Repulations 15944.1 and 18942. I have	ave verified that the distribution so	of forth above is in accordance with	h the requirements
Megan Moret		ket Administrator	9/14/15
	nt Name	Title	(Month, Day, Year)
		· Aug	(month, buy, real)

eremonial Role Events and Tic				A Public Documen
Agency Name			Date Stamp	California 802
County of Los Angeles				For Official Use Only
Division, Department, or Region (If Applicable	e)	and the second s		
Board of Supervisors, First District		· ·		**
Designated Agency Contact (Name, Title)			-	
Megan Moret, Ticket Administrator			Amendment (Must p	provide explanation in Part 3.)
Area Code/Phone Number E-mail 213.974.4111 mmoret@bo	s.lacounty.g	IOV	Date of Original Filing:	
	os.iacounty.g	JOV		(Month, Day, Year)
Function or Event Information Does the agency have a ticket policy?	v 🔽 v	□ Face Value	of Each Ticket/Pass \$	17
LA Phil	Yes⊠ No			
Event Description Provide Title/Exp	planation	Date(s) 8		
Ticket(s)/Pass(es) provided by agency?	Yes□ No	If no: LA Ph	nil	
Ticket(3//1 ass(es) provided by agency :	res No	11 110.	Name of So	ource
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 or	runit. • Use Se	ction B to identify an individ	dual. • Use Section C to ider	ntify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	iblic purpose made pursuan	t to the agency's policy
Staff	2	Per ticket policy 5.3	3 (k)	
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	/ing:
		Ceremonial Role If checking "Ceremo	Other Donial Role" or "Other" describe below:	Income
		Ceremonial Role If checking "Ceremo	Other Other Onial Role* or "Other" describe below:	Income
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pu	ıblic purpose made pursuan	t to the agency's policy
1 1				
Xerification /////			forth above is in accordance w	ith the requirements
Verification				
Verification	nd 18942. I have v in Moret Print Na	Tick	ket Administrator	9/14/15 (Month, Day, Year)

eremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
Agency Name			Date Stamp	California 802
County of Los Angeles				Form For Official Use Only
Division, Department, or Region (If Applicable)			For Official Ose Offiy
Board of Supervisors, First District				1 1 1 1
Designated Agency Contact (Name, Title)				
Megan Moret, Ticket Administrator			 	
Area Code/Phone Number E-mail			Amendment (Must	provide explanation in Part 3.)
213.974.4111 mmoret@bos	s.lacounty.go	VC	Date of Original Filing	(Month, Day, Year)
Function or Event Information				17
Does the agency have a ticket policy?	Yes⊠ No	Face Value	of Each Ticket/Pass \$	
Event Description LA Phil		Date(s) 8	, 8 , 15	
Provide Title/Expl	anation	LA Ph	11	
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: LA PH	II Name of S	ource
Was ticket distribution made at the behest	No⊠ Yes			
of agency official?	No Yesi	If yes:	Official's Name	(Last, First)
Recipients			· · · · · · · · · · · · · · · · · · ·	
Use Section A to identify the agency's department or	unit. • Use Sec	ction B to identify an individ	lual. • Use Section C to ide	ntify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua	nt to the agency's policy
Staff	2	Per ticket policy 5.3	(k)	***
B. Name of Individual	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremo	Identify one of the follo	Income [
		Ceremonial Role If checking "Ceremo	Other United Role" or "Other" describe below	Income C
C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua	nt to the agency's policy
Verification I have read and understand FPPC Regulators 18944.1 and Mograe			N 20 1000 10 10 10 10	
	Moret		et Administrator	9/14/15
Signature of Agency Head or Designate	Print Nan	ne	ine	(Month, Day, Year)

eremonial Role Events and Tid	cket/Pass	Distributions		A Public Documer
Agency Name			Date Stamp	California 802
County of Los Angeles				TOTAL
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			l 	
Area Code/Phone Number E-mail			Amendment (Must)	provide explanation in Part 3.)
213.974.4111 mmoret@be	os.lacounty.g	jov	Date of Original Filing:	(Month, Day, Year)
Function or Event Information				100
Does the agency have a ticket policy?	Yes⊠ No	Face Value	of Each Ticket/Pass \$	100
Event Description LA Phil		Date(s) 8	, 9 , 15	
Provide Title/Exp	planation			
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: LA Phi	Name of Sc	purce
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	Number of	ection B to identify an individ	ual. • Use Section C to iden	tify an outside organization.
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	t to the agency's policy
Staff	4	Per ticket policy 5.3	(k)	
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ring:
		Ceremonial Role If checking "Ceremon	Other Dailed Role" or "Other" describe below:	Income
		Ceremonial Role If checking "Ceremon	Other United Role" or "Other" describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	t to the agency's policy
				3
Verification I have read and understand FPPC Regulations 18944.1 and	nd 18942. I have v	erified that the distribution set t	orth above, is in accordance wi	ith the requirements
	n Moret		et Administrator	9/14/15
Signature of Agency Head or Designee	Print Nan		Title	(Month, Day, Year)
9			. 1110	(wonth, Day, Year)
Comment:				

Agency Name			Date Stamp	California QA2
County of Los Angeles			1	Form 802
Division, Department, or Region (If Applicable	e)		4	For Official Use Only
Board of Supervisors, First District				
Designated Agency Contact (Name, Title)			4	
Megan Moret, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must)	provide explanation in Part 3.)
213.974.4111 mmoret@bo:	s.lacounty.g	jov	Date of Original Filing:	(Month, Day, Year)
Function or Event Information			_	
Does the agency have a ticket policy?	Yes⊠ No	Face Value	of Each Ticket/Pass \$	130
Event Description LA Phil		Date(s) 8	, 15 , 15	
Provide Title/Expl	anation	LA Ph	:1	
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: LA PI	Name of So	ource
Was ticket distribution made at the behest	No⊠ Yes	п "Г		
of agency official?	NO Tes	lf yes:	Official's Name	(Last, First)
Recipients • Use Section A to identify the agency's department or a	unit. • Use Se	ction B to identify an individ	lual. • Use Section C to ider	ntify an outside organization.
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
Staff	4	Per ticket policy 5.3	(k)	
B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	vina:
(Lest, First)	Pass(es)	Ceremonial Role	Other	Income
		DE 142 2004 2004	nial Role" or "Other" describe below:	
		Ceremonial Role	Other	Income
		in checking Ceremo	nial Role" or "Other" describe below:	
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuan	t to the agency's policy
Verification \ \ / \ / /	II			
I have read and understand RPPC/Regulations 18944.1 and	18942. I have v	erified that the distribution set	forth above, is in accordance w	ith the requirements
/ 1///////// / / / / / / / /	Moret		et Administrator	9/14/15

Comment:

				A Public Document
1. Agency Name			Date Stamp	California 802
County of Los Angeles				Form OUZ
Division, Department, or Region (If Applicable)			1	For Official Use Only
Board of Supervisors, First District		The second secon		
Designated Agency Contact (Name, Title)				
Megan Moret, Ticket Administrator				
Area Code/Phone Number E-mail			Amendment (Must	provide explanation in Part 3.)
213.974.4111 mmoret@bos	.lacounty.ge	OV	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information			,	
Does the agency have a ticket policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$	100
Event Description LA Phil		8	23 , 15	
Event Description Provide Title/Expla	nation	Date(s)		
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: LA Phi		
			Name of S	ource
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name	(Last Einst)
			Oniciai S Ivanie	(Last, Filst)
3. Recipients	mit allan Con	stian B to identify an individ	ual a Hea Sastian C to ide	ntify an outside organization
Use Section A to identify the agency's department or u	Number of	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	And a Michael Agent	10.290 (1.291) 3.484 (1.311) 1.21
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursuan	it to the agency's policy
01.55			4.3	
Staff	4	Per ticket policy 5.3	(k)	
B. Name of Individual	Number of Ticket(s)/		Identify one of the follow	ving:
	Pass(es)			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Ceremonial Role If checking "Ceremon	Other	Income L
		Ceremonial Role		Income
		If checking "Ceremon	nial Role" or "Other" describe below.	:
		*		
C. Name of Outside Organization	Number of			
(Include address and description)	Ticket(s)/ Pass(es)	Describe the pur	olic purpose made pursuar	nt to the agency's policy
A to the state of				
20				
4. Verification	1	110		
I have reed and boderstand FPFC Regulations 18944.1 and			forth above, is in accordance v	
Megan	Moret	Ticke	et Administrator	9/14/15
Signature of Agency Head or Designee	Print Nam	ne	Title	(Month, Day, Year)
0				
Comment:				FPPC Form 802 (4/12)

Ceremonial Role Events and Ticl	keuPass	Distributions		A Public Document
IAgency Name			Date Stamp	California 802
County of Los Angeles				rom
Division, Department, or Region (If Applicable,)			For Official Use Only
Board of Supervisors, First District				, 1
Designated Agency Contact (Name, Title)	July 10 30 Hotel 1990 August 1990			
Megan Moret, Ticket Administrator			_	
Area Code/Phone Number E-mail			Amendment (Musi	provide explanation in Part 3.)
213.974.4111 mmoret@bos	s.lacounty.go	ον	Date of Original Filing	(Month, Day, Year)
2. Function or Event Information	,			20
Does the agency have a ticket policy?	Yes⊠ No	Face Value	of Each Ticket/Pass \$	20
Event Description Natural History Museum		Date(s) 8	,27 ,15	9 13 15
Provide Title/Expla	anation			
Ticket(s)/Pass(es) provided by agency?	Yes No	x If no: Dodg		
			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 or it 	unit. • Use Sec	tion B to identify an individ	iual. • Use Section C to ide	entify an outside organization.
	Number of	ENTERNISH TO STATE	blic purpose made pursua	
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe die pu	blic purpose made pursua	ite to the agency a policy
Ctoff		Per ticket policy 5.3	(k)	
Staff	<u> </u>	Per ticket policy 5.5	(K)	
	Number of			A. 20 1 - 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
B. Name of Individual (Lest, First)	Ticket(s)/		Identify one of the follo	wing:
	Pass(es)	Ceremonial Role	Other 🔲	Income C
			onial Role" or "Other" describe below	
vi				
				
		Ceremonial Role	Other Onial Role" or "Other" describe below	income L
		ii oncoming osterno		
C. Name of Outside Organization	Number of Ticket(s)/	Describe the nu	blic purpose made pursua	int to the agency's policy
(include address and description)	Pass(es)			
				And designation of the second
1. Verification	SUSTINATION POST	100 P00760 Applied September 100		
			forth above, is in accordance	
	n Moret		et Administrator	9/14/15
Signature of Agency Head or Designee	Print Nan	ne	Title	(Month, Day, Year)
Comment				
Comment:				FPPC Form 802 (4/12

Agency Report of: Ceremonial Role Events and Tick	ket/Pass	Distributions		A Public Document
Agency Name County of Los Angeles Division, Department, or Region (If Applicable))		Date Stamp	California 802 Form For Official Use Only
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	s.lacounty.g	OV	☐ Amendment (Must	provide explanation in Part 3.) (Month, Day, Year)
Event Description Natural History Museum Provide Title/Expla		Date(s) 8	of Each Ticket/Pass \$1	
3. Recipients • Use Section A to identify the agency's department or u		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 put	olic purpose made pursua	nt to the agency's policy
Staff	2	Per ticket policy 5.3	(k)	
B. Name of Individual	Number of Ticket(s)/ Pass(es)	Ceremonial Role If checking "Ceremon	Identify one of the following of the fol	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 pursua	nt to the agency's policy
A Varification 2/1				
	Moret	Tick	et Administrator	9/14/15
Signature of Agency Head or Designee Comment:	Print Na	me	Title	(Month, Day, Year)
			FPPC Toll-Free Helpline	FPPC Form 802 (4/12 : 866/ASK-FPPC (866/275-7772

		Date Stamp	California 802
			For Official Use Only
le)			r or official osc offin
			0
		- Amandment (Must	provide evaluation in Part 3.)
os.lacounty.go)V	Date of Original Filing	(Month, Day, Year)
			20
	Face Value	of Each Ticket/Pass \$	
m	Date(s) 8	, 27 , 15	9 13 15
planation		ore	
Yes No	x If no:		Source
ᆔᄝᆚ	a " [Tania U.S.	
No Yesi	If yes:	Official's Name	(Last, First)
r unit. • Use Sec	tion B to identify an individ	lual. • Use Section C to ide	entify an outside organization.
Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua	nt to the agency's policy
2	Per ticket policy 5.3	(k)	
Number of Ticket(s)/		Identify one of the follo	wing:
Pass(es)	Ceremonial Pole	□ Other □	Income
			Residence and Control
	Ceremonial Role		Income
	If checking "Ceremo	onial Role" or "Other" describe belov	w:
Number of Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursua	int to the agency's policy
		-	
	os.lacounty.go Yes No No No Yes Number of Ticket(s)/ Pass(es) Number of Ticket(s)/ Pass(es)	Os.lacounty.gov Yes No Face Value Date(s) No Yes No If no: No Yes If yes: Or unit. • Use Section B to identify an Individent In	Amendment (Must) Social accountity gov

Megan Moret

Print Name

Signature of Agency Head or Designee

Comment:

9/14/15

(Month, Day, Year)

Ticket Administrator

Title

Cer	remonial Role Events and Tick	(et/Pass	Distributions		A Public Document
IA	gency Name			Date Stamp	California 802
C	ounty of Los Angeles				Form For Official Use Only
D	ivision, Department, or Region (If Applicable)				Por Official Ose Offic
В	oard of Supervisors, First District				
Ъ	esignated Agency Contact (Name, Title)			1	
N	legan Moret, Ticket Administrator				
	rea Code/Phone Number E-mail			Amendment (Must	provide explanation in Part 3.)
21	13.974.4111mmoret@bos	.lacounty.g	ov	Date of Original Filing	(Month, Day, Year)
2. F	unction or Event Information				20
D	oes the agency have a ticket policy?	Yes⊠ No	Face Value o	of Each Ticket/Pass \$	
F	vent Description Natural History Museum		Date(s) 8	, 27 , 15	9 13 15
_	Provide Title/Expla	nation		are.	
T	icket(s)/Pass(es) provided by agency?	Yes No	☑ If no: Dodge	Name of S	ource
۱۸	Vas ticket distribution made at the behest	No⊠ Yes	16		
500	of agency official?	NO Yes	If yes:	Official's Name	(Last, First)
3. F	Recipients				
	Use Section A to identify the agency's department or u	ınit. • Use Se	ction B to identify an individ	ual. • Use Section C to ide	ntify an outside organization.
1	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the pub	olic purpose made pursuar	nt to the agency's policy
C	taff	2	Per ticket policy 5.3	(k)	
	can		Ter ticket policy 5.5		
L		Number of		. 1.9.9	
E	Name of Individual (Lest, First)	Ticket(s)/ Pass(es)		Identify one of the follow	wing:
Ē			Ceremonial Role	Other	Income 🔲
			If checking "Ceremon	nial Role" or "Other" describe below	:
L			Ceremonial Role	Other D	Income
			## ### ### ### ### ### ### ### ### ###	nial Role" or "Other" describe below	
Γ				NATE OF THE PROPERTY OF	
L					aranasan da sanan sa
C	Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the pul	blic purpose made pursua	nt to the agency's policy
_		Pass(es)		udi i fundi, at territoria	January of 1997 of your transfer
Ļ					
4. \	Verification 1/1	<u> </u>	JI		
٠. ١ ١:	have read anounderstand FPPC Regulations 18 <u>944.1 and</u>	1 18942. I have y	rerified that the distribution set	forth above, is in accordance	with the requirements.
/	////(D) /// Megan	Moret	Tick	et Administrator	9/14/15
-	Signature of Agency Head or Designee	Print Na	me	Title	(Month, Day, Year)
	Control of the contro				

Ceremonial Role Events and Ticl	ket/Pass	Distributions		A Public Document
I. Agency Name			Date Stamp	California 802
County of Los Angeles				
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				
Area Code/Phone Number E-mail			Amendment (Must	provide explanation in Part 3.)
213.974.4111 mmoret@bos	s.lacounty.go	ov	Date of Original Filing	(Month, Day, Year)
. Function or Event Information			4	
Does the agency have a ticket policy?	Yes No	Face Value of	of Each Ticket/Pass \$	20
Natural History Museum	A roller case	8	. 27 . 15	9 13 15
Event Description Provide Title/Expla		Date(s)		
Ticket(s)/Pass(es) provided by agency?	Yes No	⊠ If no: Dodg∈	ers	
riches(o)/r accept provided by agency.	IESE INOI		Name of S	Source
Was ticket distribution made at the behest	No⊠ Yes	If yes:	Official's Name	// set Sirefl
of agency official?			Official's Name	(Last, rirst)
. Recipients				
Use Section A to identify the agency's department or its section A to identify the agency's department or its section.	unit. • Use Sec	1. \$150 p. \$100 p. 1. \$100 P. 1. P.	West Control (Section 1997)	r on section and a section of the
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the put	olic purpose made pursua	nt to the agency's policy
Staff	2	Per ticket policy 5.3	(k)	
	Number of		aranga arang a	
B. Name of Individual	Ticket(s)/ Pass(es)		Identify one of the follo	wing:
		Ceremonial Role	Other	Income _
		If checking "Ceremoi	nial Role" or "Other" describe belov	y:
* ,				
		Ceremonial Role	Other D	Income [
			nial Role" or "Other" describe below	7958(Ca-3,000YG): (
	1	A CONTRACTOR OF THE PARTY OF TH		
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/	Describe the pul	blic purpose made pursua	nt to the agency's policy
(molade address and description)	Pass(es)			
				y many true
. Verification I pave read and understand FPPC Regulations 16944.1 and	1 18042 have	arified that the distribution set	forth shove is in secondaria	with the requirements
	n Moret		et Administrator	9/14/15
Signature of Agency Head or Designee	Print Nan		Title	
signature qi Agency nead orizoesignee	Print Nan	ne .	ine	(Month, Day, Year)
Comment:				
				FPPC Form 802 (4/12 e: 866/ASK-FPPC (866/275-7772

If checking "Ceremonial Role" or "Other" describe below:	eremonial Role Events and Ticl	ket/Pass i	Distributions	n 19	A Public Documen
Amendment (Mont agonde exclanation in Part)	Agency Name			Date Stamp	California 802
Division, Department, or Region (if Applicable) Board of Supervisors, First District Designated Agency Contact (Name, ritle) Megan Moret, Ticket Administrator Area Gode/Phone Number	County of Los Angeles				1 01111
Designated Agency Contact (Name, Title)	Division, Department, or Region (If Applicable)		740	Por Official Ose Offig
Amendment (Must provide excitanation Amendment (Must provide excitanation in Part 3)	Board of Supervisors, First District				
Date of Original Filling: Date of Original Filling: Date of Original Filling: (Month, Day, Year)	Designated Agency Contact (Name, Title)	Ap]	
Date of Original Filing: Date of Original Fi	Megan Moret, Ticket Administrator			T	ide deneties in Ded 23
Function or Event Information Does the agency have a ticket policy? Yes No Date(s) Provide TitleExplanation Face Value of Each Ticket/Pass \$ Date(s) D	Area Code/Phone NumberE-mail				
Does the agency have a ticket policy? Yes No Date(s) Provide TitleExplanation Fince Value of Each Ticket/Pass \$ Date(s) Date(s) Date(s) Date(s) Dodgers If no: Dodgers If no: Dodgers If no: Name of Source If yes: Official's Name (Last, First) Recipients - Use Section A to identify the agency's department or unit. - Use Section A to identify the agency's department or unit. Number of Ticket(s) Describe the public purpose made pursuant to the agency's policy Pass(es) B. Name of Individual (Ast, First) Number of Ticket(s) Pass(es) Describe the public purpose made pursuant to the agency's policy Identify one of the following: Ceremonal Role Other Incominate Role of Charles describe below: Coeremonal Role Other Incominate Role of Charles describe below: Coeremonal Role Other Incominate Role of Charles (Ast, First) Coeremonal Role Other Incominate Role of Charles (Ast, First) Recipients Coeremonal Role Other Incominate Role of Charles (Ast, First) Coeremonal Role Other Incominate Role of Charles (Ast, First) Coeremonal Role Other Incominate Role of Charles (Ast, First) Coeremonal Role Other Incominate Role of Charles (Ast, First) Coeremonal Role Other Incominate Role of Charles (Ast, First) Coeremonal Role Other Incominate Role of Charles (Ast, First) Coeremonal Role Other Incominate Role of Charles (Ast, First) Coeremonal Role Other Incominate Role of Charles (Ast, First) Coeremonal Role Other Incominate Role of Charles (Ast, First) Coeremonal Role Other Incominate Role of Charles (Ast, First) Coeremonal Role Other Incominate Role of Charles (Ast, First) Coeremonal Role Other Incominate Role of Charles (Ast, First) Coeremonal Role Other Incominate Role of Charles (Ast, First) Coeremonal Role Other Incominate Role of Charles (Ast, First) Coeremonal Role Other Incominate Role of Charles (Ast, First) Coeremonal Role Other Incominate Role of Charles (Ast, First) Coeremonal Role Other Incominate Role of Charles (Ast, First) Coeremonal Role Other Incominate Role of Charles	213.974.4111 mmoret@bos	s.lacounty.go	V	Date of Original Filing	(Month, Day, Year)
Does the agency have a ticket policy? Yes No. Face Value of Each Ticket/Pass Pack Value of Each Value of Each Ticket/Pass Pack Value of Each Va	Function or Event Information				20
Ticket(s)/Pass(es) provided by agency? Yes No Dodgers Was ticket distribution made at the behest of agency official? No Pescition A to identify the agency's department or unit. **Use Section A to identify the agency's department or unit. **Number of Ticket(s)/ Pass(es) **Describe the public purpose made pursuant to the agency's policy **Staff** **Describe the public purpose made pursuant to the agency's policy **Pass(es)** **Describe the public purpose made pursuant to the agency's policy **Describe the public purpose made pursuant to the agency's policy **Describe the public purpose made pursuant to the agency's policy **Ticket(s)/ Pass(es)** **Describe the public purpose made pursuant to the agency's policy **If yes: Official's Name (Last, First) **Describe the public purpose made pursuant to the agency's policy **If yes: Official's Name (Last, First) **Describe the public purpose made pursuant to the agency's policy **If yes: Official's Name (Last, First) **Describe the public purpose made pursuant to the agency's policy **If yes: Official's Name (Last, First) **Describe the public purpose made pursuant to the agency's policy **If yes: Official's Name (Last, First) **Describe the public purpose made pursuant to the agency's policy **If yes: Official's Name (Last, First) **Describe the public purpose made pursuant to the agency's policy **If yes: Official's Name (Last, First) **Describe the public purpose made pursuant to the agency's policy **If yes: Official's Name (Last, First) **Describe the public purpose made pursuant to the agency's policy **If yes: Official's Name (Last, First) **Describe the public purpose made pursuant to the agency's policy **If yes: Official's Name (Last, First) **Describe the public purpose made pursuant to the agency of the public purpose made pursuant to the agency of the public purpose made pursuant to the agency of the public purpose made pursuant to the agency of the public purpose made pursuant to the agency of the public purpose made pursuan	Does the agency have a ticket policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$1	
Ticket(s)/Pass(es) provided by agency? Yes No Down If no. Dodgers Was ticket distribution made at the behest of agency official? No Peschipers **No Peschipers** **Official's Name (Last, First) **Official's Name (Last, First) **Official's Name (Last, First) **Number of Ticket(s)/ Peschipers** **Describe the public purpose made pursuant to the agency's policy peschipers** **Pass(es)** **Per ticket policy 5.3 (k) **B. Name of Individual (Last, First) **Pass(es)** **Pass(es)** **Per ticket policy 5.3 (k) **Other Peschipers** **Ceremonial Role Other Incoming Ceremonial Role Other Incoming Ceremonial Role Other Incoming Ceremonial Role Other Peschipers** **Ceremonial Role Other Describe below.** **Describe the public purpose made pursuant to the agency's policy Pass(es) **Pass(es)** **Describe the public purpose made pursuant to the agency's policy Pass(es) **Pass(es)** **Pertification** **Inamper of Ticket(s)/ Pass(es) **Describe the public purpose made pursuant to the agency's policy Pass(es) **Pass(es)** **Pertification** **Inamper of Ticket(s)/ Pass(es) **Pass(es)** **Describe the public purpose made pursuant to the agency's policy Pass(es) **Pass(es)** **Pertification** **Inamper of Ticket(s)/ Pass(es) **Pass(es)**	Event Description Natural History Museum		Date(s) 8	27 , 15	9 13 15
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 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) ☐ 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) ☐ Describe the public purpose made pursuant to the agency's policy. Pass(as) ☐ Ceremonial Role ☐ Other ☐ Incoming Teneviry Tenevir	Provide Title/Expla	anation		ors	
Was ticket distribution made at the behest of agency official? Recipients Use Section A to identify the agency's department or unit. Name of Agency, Department or Unit Ticket(s) Pass(es) Per ticket policy 5.3 (k) B. Name of Individual (Last, First) Number of Ticket(s) Pass(es) Ceremonial Role Other Incomit 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 Ceremonial Role Other Incomit 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 Incomit describe below. Describe the public purpose made pursuant to the agency's policy Ticket(s) Pass(es) Pass(es) Pass(es) Describe the public purpose made pursuant to the agency's policy Ticket(s) Pass(es) Pass(es) Pass(es) Describe the public purpose made pursuant to the agency's policy Ticket(s) Pass(es) Pass(es) Pass(es) Describe the public purpose made pursuant to the agency's policy Ticket(s) Pass(es) Pass(es) Pass(es) Describe the public purpose made pursuant to the agency's policy Ticket(s) Pass(es) Pass(Ticket(s)/Pass(es) provided by agency?	Yes No	If no:		Cource
Pecipients • Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. A. Name of Agency, Department or Unit Number of Ticket(s) Describe the public purpose made pursuant to the agency's policy	Was ticket distribution made at the behest	No XI Voo	1 164000		
- Use Section A to identify the agency's department or unit. - Use Section B to identify an individual. - Use Section B to identify an individual processed. - Use Section B to identify an individual processed. - Use Section B to identify an individual processed. - Use Section B to identify an individual processed. - Use Section B to identify an individual processed. - Use Section B to identify an individual processed. - Use Section B to identify an individual processed. - Use Section B to identify an individual processed. - Use Section B to identify and identify and identify and identify an individual processed. - Use Section B to identify and identify a		NO Test	ıı yes.	Official's Name	(Last, First)
Name of Agency, Department or Unit Number of Ticket(s)' Pass(es) Per ticket policy 5.3 (k)	Recipients				
A. Name of Agency, Department or Unit Ticket(s) Pass(es)		unit. • Use Sect	ion B to identify an individ	lual. • Use Section C to ide	ntify an outside organization.
B. Name of Individual (Lest, First) Number of Ticket(s) / Pass(es) Identify one of the following:	A. Name of Agency, Department or Unit	Ticket(s)/	Describe the pul	blic purpose made pursual	nt to the agency's policy
Ticket(s)/ Pass(es) Identify one of the following: Identify	Staff	2	Per ticket policy 5.3	(k)	
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 Pass(es) Verification I have read and understand FPPO Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.		Ticket(s)/		Other	Income
(Include address and description) Ticket(s)/ Pass(es) Describe the public purpose made pursuant to the agency's policy Pass(es) Verification I have read and understand FPPO/Registations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.				No. of the Control of	Income v:
(include address and description) Pass(es) Verification I have reed and understand FPPO/Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.	O November O Construction	Number of	v. 1878 i i santa	strating was mentioned as a gradient	
I have read and understand FPPO Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.	(include address and description)		Describe the pu	blic purpose made pursua	nt to the agency's policy
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.					
//////////////////////////////////////	I have read and understand FPPO Regulations 18944.1 and				with the requirements.
	//////////////////////////////////////	n Moret	Tick	et Administrator	9/14/15
Signature of Agency Head or Designee Print Name Title (Month, Day, Y	Signature of Agency Head or Designee	Print Name		Title	(Month, Day, Year)

Ceremonial Role Events and Tick	evPass	Distributions		A Public Document
. Agency Name			Date Stamp	California 802
County of Los Angeles				
Division, Department, or Region (If Applicable)			,	For Official Use Only
Board of Supervisors, First District				
Designated Agency Contact (Name, Title)				
Megan Moret, Ticket Administrator			Amendment (Must p	rovide explanation in Part 3.)
Area Code/Phone Number E-mail	la a a compto de		Date of Original Filing:	
213.974.4111 mmoret@bos	lacounty.g	OV	Date of Original Fining.	(Month, Day, Year)
P. Function or Event Information Does the agency have a ticket policy?	, V	□ Face Value o	of Each Ticket/Pass \$	0
	Yes⊠ No	8	27 15	9 13 15
Event Description Natural History Museum Provide Title/Expla.	nation	Date(s)	<u> </u>	/ 13 13
Ticket(s)/Pass(es) provided by agency?	Yes□ No	☑ If no: Dodge	ers Name of So	N. 1700
Was ticket distribution made at the behest of agency official?	No ⊠ Yes	If yes:	Official's Name (
. Recipients				
Use Section A to identify the agency's department or u	nit. • Use Se Number of	and the second s	will be a second of the second	The state of the s
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursuan	t to the agency's policy
Staff	2	Per ticket policy 5.3	(k)	
B. Name of Individual	Number of			
(Last, First)	Ticket(s)/ Pass(es)		Identify one of the follow	
		Ceremonial Role If checking "Ceremo	Other Donial Role" or "Other" describe below:	Income
			0	
		Ceremonial Role	Other	Income
			onial Role" or "Other" describe below:	moonie _
		7		
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		
	Pass(da)		ANT DESTRUCTION OF THE PROPERTY OF THE PROPERT	
		-11		
I. Verification	18042 have	varified that the distribution set	forth above is in accordance :	ith the requirements
I have lead and understand FDPC Regulations 18944.1 and				9/14/15
4. Verification I trave lead and understand FDPC Regulations 18944.1 and Megan Signaluze of Agency Head or Designee		Tick	t forth above, is in accordance we tet Administrator	

A Public Document California 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 Amendment (Must provide explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 213.974.4111 mmoret@bos.lacounty.gov (Month, Day, Year) 2. Function or Event Information 20 Face Value of Each Ticket/Pass \$ Does the agency have a ticket policy? Yes⊠ No□ 27 15 9 13 15 Natural History Museum **Event Description** Date(s) Provide Title/Explanation Dodgers Ticket(s)/Pass(es) provided by agency? Yes□ No⊠ Name of Source No X 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) Per ticket policy 5.3 (k) Staff Number of Name of Individual B. Identify one of the following: Ticket(s)/ Pass(es) Ceremonial Role income __ If checking "Ceremonial Role" or "Other" describe below Other 🔲 Ceremonial Role Income ... 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)/ Pass(es) (include address and description) Verification 8<u>944.1 and 18942. I have verified that the distri</u>buti<u>on set forth above, is in accordance with the re</u>qui<u>rements</u> Megan Moret Ticket Administrator 9/14/15 Print Name Title (Month, Day, Year) ency Head or Designe Comment

eremonial Role Events and Ticl	Keurass	Distributions		A Public Document
Agency Name			Date Stamp	California 802
County of Los Angeles			22	I OIIII
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 (Musi	provide explanation in Part 3.)
213.974.4111 mmoret@bos	s.lacounty.g	ov	Date of Original Filing	(Month, Day, Year)
Function or Event Information				20
Does the agency have a ticket policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$	20
Event Description Natural History Museum		Date(s) 8	, 27 , 15	9 13 15
Provide Title/Exple	mauon	Dodge	ers	
Ticket(s)/Pass(es) provided by agency?	Yes No	▼ If no:	Name of S	Source
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name	e (Last, First)
Recipients	A. 2023 ex			
Use Section A to identify the agency's department or it.	unit. • Use Se	and the state of t	Who are the resolution for the	
A. Name of Agency, Department or Unit	Ticket(s)/ Pass(es)	Describe the pul	dic purpose made pursua	nt to the agency's policy
Staff	2	Per ticket policy 5.3	(k)	
R Name of Individual	Number of			
B. Name of Individual (Lest, First)	Ticket(s)/ Pass(es)		Identify one of the folio	wing:
		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 belo	income I
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the pul	blic purpose made pursua	int to the agency's policy
	Ticket(s)/	Describe the pu	blic purpose made pursua	int to the agency's policy
	Ticket(s)/	Describe the pul	blic purpose made pursua	int to the agency's policy
(include address and description) Verification	Ticket(s)/ Pass(es)	Describe the pu		
(include address and description) Verification I have read and understand FPPC Regulations 18944.1 and	Ticket(s)/ Pass(es)	Describe the pul		

Ceremonial Role Events and Tic	ket/Pass	Distributions		A Public Document
I. Agency Name			Date Stamp	California 802
County of Los Angeles				Form 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			Amondment (Must	provide explanation in Part 3.)
Area Code/Phone Number E-mail				
213.974.4111 mmoret@bo	s.lacounty.g	OV	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information			[:	20
Does the agency have a ticket policy?	Yes⊠ No		of Each Ticket/Pass \$	
Event Description Natural History Museum		Date(s) 8	27 15	9 13 15
Provide Title/Expl		Dodge	ers	
Ticket(s)/Pass(es) provided by agency?	Yes No	If no:	Name of Se	ource
Was ticket distribution made at the behest of agency official?	No ▼ Yes	If yes:	Official's Name	(Last, First)
3. Recipients		And the second s		
Use Section A to identify the agency's department or		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	blic purpose made pursuan	t to the agency's policy
Staff	2	Per ticket policy 5.3	(k)	
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
		Ceremonial Role	Other	Income _
		If checking "Ceremo	nial Role" or "Other" describe below.	
l.		Ceremonial Role	Other U	Income
	Number of	<u> </u>	er arangana are o yes	
C. Name of Outside Organization (include address and description)	Ticket(s)/ Pass(es)	Describe the pu	blic purpose made pursuar	nt to the agency's policy
	1.000,007			Anna Maria da Maria
4. Verification				
I have read and understand FPPC Regulations 19944.1 an	William Street			
1910	n Moret	Tick	et Administrator	9/14/15
Signature of Agency Head or Designee	Print Na	me	Title	(Month, Day, Year)

Ceremonial Role Events and Ticl	ket/Pass	Distributions		A Public Document
. Agency Name			Date Stamp	California 802
County of Los Angeles				TOIM
Division, Department, or Region (If Applicable,)		4	For Official Use Only
Board of Supervisors, First District				
Designated Agency Contact (Name, Title)]	
Megan Moret, Ticket Administrator				Laure idea and in the Control
Area Code/Phone Number E-mail	The second state of the se		_	provide explanation in Part 3.)
213.974.4111 mmoret@bos	s.lacounty.g	jov	Date of Original Filing	(Month, Day, Year)
. Function or Event Information			1	20
Does the agency have a ticket policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$	20
Event Description Natural History Museum		Date(s) 8	, 27 , 15	9 13 15
Provide Title/Expla	anation			
Ticket(s)/Pass(es) provided by agency?	Yes□ No	If no: Dodge	Prs Name of S	Pource
Was ticket distribution made at the behest	No⊠ Yes		Name or s	ionice .
of agency official?	No Yes	If yes:	Official's Name	(Last, First)
. Recipients		W - 124 - 12		
Use Section A to identify the agency's department or it.	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)	Describe the put	olic purpose made pursua	nt to the agency's policy
Staff	2	Per ticket policy 5.3 (k)		
B. Name of Individual	Number of Ticket(s)/ Pass(es)	Ceremonial Role	Identify one of the folio	Income [
		Ceremonial Role If checking "Ceremon	Other Inial Role" or "Other" describe below	Income v:
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 po		nt to the agency's policy
. Verification	1 18942. I have v	verified that the distribution set	forth above, is in accordance	with the requirements.
Megar Signature of Agency Head or Designer	Moret Print Na		et Administrator	9/14/15 (Month, Day, Year)
		2000 D		,
Comment:				

Ceremonial Role Events and Tick	ket/Pass	Distributions		A Public Document
1. Agency Name			Date Stamp	California 802
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)			J	
Megan Moret, Ticket Administrator			<u> </u>	
Area Code/Phone Number E-mail			Amendment (Must	provide explanation in Part 3.)
213.974.4111 mmoret@bos	.lacounty.g	ov	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information			·	
Does the agency have a ticket policy?	Yes⊠ No	Face Value of	of Each Ticket/Pass \$	20
Event Description Natural History Museum		THE REAL PROPERTY.	27 . 15	9 13 15
Provide Title/Expla	nation	Date(s) 8		
Ticket(s)/Pass(es) provided by agency?	Yes No	☑ If no: Dodge	Prs Name of S	ource
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 u	nit. • Use Se	ction B to identify an individu	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 pub	lic purpose made pursuan	it to the agency's policy
Staff	3	Per ticket policy 5.3 (k)		
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the follow	ving:
		Ceremonial Role If checking "Ceremon	Other describe below:	Income
		Ceremonial Role If checking "Ceremon	Other Initial Role" or "Other" describe below:	Income
C. Name of Outside Organization	Number of			damen of the
(include address and description)	Ticket(s)/ Pass(es)	pesorine the put	lic purpose made pursuan	t to the agency's policy
I. Verification I have read and understand FPFC Regulations 18944.1 and Megan			orth above, is in accordance w et Administrator	9/14/15
Signature of Agency Head or Designee Comment:	Print Nan	ne	Title	(Month, Day, Year)