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

1. **Agency Name**
   - County of Los Angeles
   - Division, Department, or Region (If Applicable)
   - Board of Supervisors, First District
   - Designated Agency Contact (Name, Title)
   - Megan Moret, Ticket Administrator
   - Area Code/Phone Number: 213.974.4111
   - E-mail: mmoret@bos.lacounty.gov
   - Date of Original Filing: (Month, Day, Year)

2. **Function or Event Information**
   - Does the agency have a ticket policy? Yes[ ] No[ ]
   - Event Description: Dodgers
   - Face Value of Each Ticket/Pass $: 40
   - Date(s) 8 1 15
   - Ticket(s)/Pass(es) provided by agency? Yes[ ] No[ ]
   - If no: Dodgers
   - If yes:

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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff</td>
<td>2</td>
<td>Per ticket policy 5.3 (k)</td>
</tr>
</tbody>
</table>

4. **Verification**
   - I have read and understand FPPC regulations 18944.1 and 18945. I have verified that the distribution set forth above is in accordance with the requirements.
   - Megan Moret, Ticket Administrator
   - Signature of Agency Head or Sponsor
   - Print Name
   - Title
   - Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (966/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Event Description Dodgers
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
Date(s) 8 2 15
Face Value of Each Ticket/Pass $40

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

A. Name of Agency, Department or Unit | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy
---|---|---
Staff | 2 | Per ticket policy 5.3 (k)

B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:
---|---|---
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
---|---|---

4. Verification
I have read and understood FPPC Regulations 18444.1 and 18445. I have verified that the distribution set forth above is in accordance with the requirements.
Megan Moret Ticket Administrator 9/14/15
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $ 40
   Event Description: Dodgers
   Date(s): 8 10 15
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If no: Dodgers
   Name of Source
   Was ticket distribution made at the behest of agency official? Yes ☑ No ☐
   If yes: Official's Name (Last, First)

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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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<td>Staff</td>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
</tr>
<tr>
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<th>Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18945. I have verified that the distribution set forth above, is in accordance with the requirements.

   Signature of Agency Head or Designee: [Signature]
   Print Name: [Print Name]
   Title: [Title]
   Date: 9/14/15

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

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

   Date Stamp
   California Form 802
   For Official Use Only
   Amendment: (Must provide explanation in Part 2)
   Date of Original Filing: (Month, Day, Year)

2. Function or Event Information
   Does the agency have a ticket policy? Yes □ No □
   Face Value of Each Ticket/Pass $40
   Event Description: Dodgers
   Provide Title/Explanation
   Date(s): 8/11/15
   Ticket(s)/Pass(es) provided by agency? Yes □ No □
   If no: Dodgers
   Name of Source
   If yes: Official’s Name (Last, First)

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

   A. Name of Agency, Department or Unit Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency’s policy

   B. Name of Individual (Law, Title) Number of Ticket(s)/Pass(es) Identify one of the following:

   Eddie De La Riva 2 Ceremonial Role □ Other □ Income □
   Per ticket policy 5.3 (g)
   If checking “Ceremonial Role” or “Other” describe below:
   Ceremony Role □ Other □ Income □
   Per ticket policy 5.3 (g)

   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

4. Verification
   Have read and understand FPPC Regulations 18444.1 and 18442. I have verified that the distribution set forth above, is in accordance with the requirements.

   Signature of Agency Head or Designee: Megan Moret
   Print Name: Ticket Administrator
   Title: (Month, Day, Year)

   Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. **Function or Event Information**
   Does the agency have a ticket policy?  Yes [ ]  No [X]
   **Event Description**
   Dodgers
   **Face Value of Each Ticket/Pass** $40
   **Date(s)**
   8 [ ] 12 [ ] 15 [X]
   **Ticket(s)/Pass(es) provided by agency?**
   Yes [ ]  No [X]
   **If no:**
   Dodgers
   **Name of Source**
   **Was ticket distribution made at the behest of agency official?**
   No [ ]  Yes [X]
   **If yes:**
   Official’s Name (Last, First)

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

   **A. Name of Agency, Department or Unit**
   **Number of Ticket(s)/Pass(es)** 2
   **Describe the public purpose made pursuant to the agency's policy**
   Per ticket policy 5.3 (k)

   **B. Name of Individual**
   **(Last, First)**
   **Number of Ticket(s)/Pass(es)**
   **Identify one of the following:**
   Ceremonial Role [ ] Other [ ]
   If checking “Ceremonial Role” or “Other” describe below:
   **Income** [ ]
   **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**

4. **Verification**
   Signature of Agency Head or Delegate
   Megan Moret
   **Ticket Administrator**
   9/1/15
   **Print Name**
   **Title**
   **(Month, Day, Year)**
   Comment:
   FPPC Form 802 (4/12)
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes [ ] No [x]
   Face Value of Each Ticket/Pass $40
   Event Description: Dodgers
   Date(s): 8, 13, 15
   Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
   If no: Dodgers
   Name of Source
   If yes: Official's Name (Last, First)

3. Recipients
   A. Name of Agency, Department or Unit
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy
      Staff
      2
      Per ticket policy 5.3 (k)

   B. Name of Individual
      (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      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

4. Verification
   I have read and understand FPPC regulations 18944.1 and 18944. I have verified that the distribution set forth above is in accordance with the requirements.
   Megan Moret [Signature] Ticket Administrator 9/14/15
   Print Name
   Title (Month, Day, Year)

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

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

2. Function or Event Information
   Does the agency have a ticket policy? [X] Yes  No
   Event Description
   Dodgers
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? [X] Yes
   No
   Was ticket distribution made at the behest of agency official? [X] Yes
   No
   Face Value of Each Ticket/Pass $40
   Date(s) 8 14 15
   If no:
   If yes:
   Name of Source
   Official's Name (Last, First)

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

A. Name of Agency, Department or Unit
   Number of Ticket(s)/Pass(es)
   Describe the public purpose made pursuant to the agency's policy

B. Name of Individual
   Name of Individual (Last, First)
   Number of Ticket(s)/Pass(es)
   Ceremonial Role [ ] Other [ ] Income [ ]
   If checking "Ceremonial Role" or "Other" describe below:
   Per ticket policy 5.3 (g)

C. Name of Outside Organization
   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

4. Verification
   I have read and understand FPPC Regulations 90344.1 and 18042. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee
Megan Moret
Ticket Administrator
9/14/15
Print Name
Title
(Month, Day, Year)

Comment:


### Agency Report of:

**Ceremonial Role Events and Ticket/Pass Distributions**

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

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes [x] No [ ]
   - **Event Description:** Dodgers
   - **Face Value of Each Ticket/Pass:** $40
   - **Date(s):** 8/15 15
   - **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [x]
   - **If no:** Dodgers
   - **If yes:**
     - **Name of Source:**
     - **Official’s Name (Last, First):**

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

   **A. Name of Agency, Department or Unit**
   - Number of Ticket(s)/Pass(es)
   - Describe the public purpose made pursuant to the agency's policy

   **B. Name of Individual**
   - (Last, First)
   - Number of Ticket(s)/Pass(es)
   - Ceremonial Role [ ] Other [ ] Income [ ]
   - If checking “Ceremonial Role” or “Other” describe below:
   - Per ticket policy 5.3 (g)

   **Louis Aguinaga**
   - 2

   **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

4. **Verification**
   - I have read and understand FPPC Regulations 86244.4 and 18992. I have verified that the distribution set forth above is in accordance with the requirements.

   - **Signature of Agency Head or Designee:**
   - **Print Name:**
   - **Title:**
   - **Date (Month, Day, Year):** 9/14/15

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

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

2. **Function or Event Information**
   - Does the agency have a ticket policy? Yes [x] No [ ]
   - Event Description: **Dodgers**
   - Face Value of Each Ticket/Pass: $40
   - Date(s): 8, 16, 15
   - Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   - If no: **Dodgers**
   - Name of Source:
   - Was ticket distribution made at the behest of agency official? No [ ] Yes [x]
   - If yes: Official's Name (Last, First)

3. **Recipients**
   - Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an outside organization.
   - **A. Name of Agency, Department or Unit**
   - **Number of Ticket(s)/Pass(es)**
   - **Describe the public purpose made pursuant to the agency's policy**

   - **B. Name of Individual**
   - **Number of Ticket(s)/Pass(es)**
   - **Ceremonial Role** [x] Other [ ]
   - **Income** [ ]
   - **Per ticket policy 5.3 (g)**
   - **Ceremonial Role** [x] Other [ ]
   - **Income** [ ]

   - **C. Name of Outside Organization**
   - **Number of Ticket(s)/Pass(es)**
   - **Describe the public purpose made pursuant to the agency's policy**

4. **Verification**
   - I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.
   - **Signature of Agency Head or Designee:**
   - **Print Name:**
   - **Title:**
   - **Date (Month, Day, Year):** 9/14/15

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

1. Agency Name
County of Los Angeles

Division, Department, or Region (If Applicable)
Board of Supervisors, First District

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

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

Date Stamp California Form 802
802 For Official Use Only

Amendment (Must provide explanation in Part 3)

Date of Original Filing: (Month, Day, Year)

2. Function or Event Information

Does the agency have a ticket policy? Yes [ ] No [x]

Event Description [Dodgers]

Face Value of Each Ticket/Pass $40

Date(s)
8 28 15

Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]

If no:
Name of Source [Dodgers]

Was ticket distribution made at the behest of agency official? No [x] Yes [ ]

Official’s Name (Last, First)

3. Recipients

- Use Section A to identify the agency’s department or unit.
- Use Section B to identify an individual.
- Use Section C to identify an outside organization.

<table>
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<tr>
<th>Name of Agency, Department or Unit</th>
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</table>

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vivian Romero</td>
<td>2</td>
<td>Ceremonial Role [ ] Other [ ] Income [ ] Per ticket policy 5.3 (g)</td>
</tr>
</tbody>
</table>

<table>
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<tr>
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<td></td>
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</table>

4. Verification

I have read and understand FPPC Regulations §§1444 and 18942. I have verified that the distribution set forth above is in accordance with the requirements.

Signature of Agency Head or Designee [Megan Moret]

Ticket Administrator [Megan Moret]

Date (Month, Day, Year) [9/14/15]

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

1. Agency Name
   County of Los Angeles

   Division, Department, or Region (If Applicable)
   Board of Supervisors, First District

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No □
   Event Description: Dodgers
   Face Value of Each Ticket/Pass $: 40
   Date(s): 8-29-15
   Ticket(s)/Pass(es) provided by agency? Yes □ No ☑
   If no: Dodgers
   Name of Source
   If yes: Official's Name (Last, First)

3. Recipients
   - Use Section A to identify the agency's department or unit.
   - Use Section B to identify an individual.
   - Use Section C to identify an outside organization.
   A. Name of Agency, Department or Unit
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy
      Staff
      2
      Per ticket policy 5.3 (k)

B. Name of Individual
   (Last, First)
   Number of Ticket(s)/Pass(es)
   Identify one of the following:
   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

4. Verification
   I have read and understand FPPC Regulations 89441 and 18945. I have verified that the distribution set forth above, is in accordance with the requirements.
   Megan Moret
   Ticket Administrator
   Print Name
   Title
   (Month, Day, Year)

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes No
   Face Value of Each Ticket/Pass $ 40
   Event Description Dodgers
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes No
   If no: Dodgers
   Name of Source
   Date(s) 8 30 15
   Official's Name (Last, First)
   Was ticket distribution made at the behest of agency official? Yes No

3. Recipients
   * Use Section A to identify the agency's department or unit.  * Use Section B to identify an individual.  * Use Section C to identify an outside organization.
   A. Name of Agency, Department or Unit
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy

   B. Name of Individual
      Number of Ticket(s)/Pass(es)
      Ceremonial Role Other Income
      Per ticket policy 5.3 (g)
      If checking "Ceremonial Role" or "Other" describe below:

   C. Name of Outside Organization
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy

4. Verification
   I have read and understand FPPC Regulations 18944 1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Megan Moret Ticket Administrator
   9/14/15

Comment:
FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. **Function or Event Information**
   - Does the agency have a ticket policy? **Yes**
     - Face Value of Each Ticket/Pass $40
     - Date(s) 8 31 15
     - Event Description: Dodgers
     - Ticket(s)/Pass(es) provided by agency? **Yes**
     - If yes: Official's Name (Last, First)

3. **Recipients**
   - Use Section A to identify the agency's department or unit.
   - Use Section B to identify an individual.
   - Use Section C to identify an outside organization.
   
   **A. Name of Agency, Department or Unit**
   
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<tr>
<td>Staff</td>
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<td>Per ticket policy 5.3 (k)</td>
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</table>
   
   **B. Name of Individual**
   
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<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
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<td>Ceremonial Role □ Other □ Income □</td>
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<tr>
<td>If checking &quot;Ceremonial Role&quot; or &quot;Other&quot; describe below:</td>
<td></td>
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   **C. Name of Outside Organization**
   
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<tr>
<th>Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>

4. **Verification**
   I have read and understand FPPC Regulations 19544. I and 19842. I have verified that the distribution set forth above, is in accordance with the requirements.
   
   Signature: [Signature]
   Printed Name: Megan Moret
   Title: Ticket Administrator
   Date: 9/14/15

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

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

2. **Function or Event Information**
   - Does the agency have a ticket policy? Yes ☒ No ☐
   - Face Value of Each Ticket/Pass: $100
   - Event Description: LA Phil
   - Date(s): 8.2.15
   - Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   - Was ticket distribution made at the behest of agency official? No ☐ Yes ☒
   - If yes, Name of Person: 
   - Name of Source: LA Phil
   - Official’s Name (Last, First): 

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

   **A.** Name of Agency, Department or Unit | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency’s policy
   --- | --- | ---
   Staff | 4 | Per ticket policy 5.3 (k) 

   **B.** Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:
   --- | --- | ---
   Ceremonial Role ☐ Other ☐ Income ☐
   If checking “Ceremonial Role” or “Other” describe below:

   **C.** Name of Outside Organization (Include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency’s policy
   --- | --- | ---

4. **Verification**
   - I have read and understand FPPC Regulations 18944, 18947, and 18948. I have verified that the distribution set forth above, is in accordance with the requirements.
   - Signature of Agency Head or Designee: 
   - Print Name: Megan Moret
   - Date: 9/14/15

Comment: 

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
**Agency Report of:**  
**Ceremonial Role Events and Ticket/Pass Distributions**

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

2. **Function or Event Information**
   - Does the agency have a ticket policy? Yes [x] No [ ]  
   - Event Description: LA Phil  
   - Face Value of Each Ticket/Pass $17  
   - Date(s) 8/8/15
   - Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
   - Was ticket distribution made at the behest of agency official? No [x] Yes [ ]

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

   **A. Name of Agency, Department or Unit**  
   Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency's policy  
   Staff 2 Per ticket policy 5.3 (k)

   **B. Name of Individual**  
   (Last, First) Number of Ticket(s)/Pass(es) Identify one of the following:  
   Ceremonial Role [ ] Other [ ] Income [ ]
   If checking “Ceremonial Role” or “Other” describe below:

   **C. Name of Outside Organization**  
   (Include address and description) Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency's policy

4. **Verification**
   I have read and understand FPPC Regulations 18944.1 and 18947. I have verified that the distribution set forth above is in accordance with the requirements.
   
   **Signature of Agency Head or Designee**
   Megan Moret  
   **Print Name**  
   **Title**  
   **Date**  

   **Comment:**

---

FPPC Form 802 (4/12)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

Date Stamp California Form 802
For Official Use Only

Amendment (Must provide explanation in Part 2)
Date of Original Filing: (Month, Day, Year)

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Event Description LA Phil
Face Value of Each Ticket/Pass $ 17
Date(s) 8 8 15
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: LA Phil
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 unit. * Use Section B to identify an individual. * Use Section C to identify an outside organization.

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

4. Verification
I have read and understand FPPC Regulations 19444.1 and 19442. I have verified that the distribution set forth above, is in accordance with the requirements.

Megan Moret Ticket Administrator 9/14/15
Signature of Agency Head or Designee Print Name Title
(Month, Day, Year)

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

1. Agency Name
County of Los Angeles
Division, Department, or Region (If Applicable)
Board of Supervisors, First District

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

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

Date Stamp
California Form 802
For Official Use Only

 Amendment (Must provide explanation in Part 3)
Date of Original Filing: (Month, Day, Year)

2. Function or Event Information

Does the agency have a ticket policy? Yes [x] No [x]
Event Description LA Phil
Provide Title/Explanation

Face Value of Each Ticket/Pass $100
Date(s) 8 9 15

Ticket(s)/Pass(es) provided by agency? Yes [x] No [x]
If no: LA Phil
Name of Source

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

3. Recipients

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

A. Name of Agency, Department or Unit | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy
--- | --- | ---
Staff | 4 | Per ticket policy 5.3 (k)

B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:
--- | --- | ---
Ceremonial Role [ ] Other [ ] Income [ ]
If checking "Ceremonial Role" or "Other" describe below:

Ceremonial Role [ ] Other [ ] Income [ ]
If checking "Ceremonial Role" or "Other" describe below:

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18944. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee
Megan Moret
Print Name
Ticket Administrator
Title
9/14/15 (Month, Day, Year)

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

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

2. **Function or Event Information**
   - **Does the agency have a ticket policy?** Yes [ ] No [x] 
   - **Face Value of Each Ticket/Pass:** $130
   - **Event Description:** LA Phil
   - **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [x] 
   - **Was ticket distribution made at the behest of agency official?** No [x] Yes [ ] 
   - **Date(s):** 8/15/15
   - **If no:**
     - **Name of Source:** 
     - **Official's Name (Last, First):** 

3. **Recipients**
   - *Use Section A to identify the agency's department or unit. Use Section B to identify an individual. Use Section C to identify an outside organization.*
   - **A. Name of Agency, Department or Unit**
     - **Number of Ticket(s)/Pass(es):** 4
     - **Describe the purpose made pursuant to the agency's policy:** Per ticket policy 5.3 (k)
   - **B. Name of Individual (Last, First)**
     - **Number of Ticket(s)/Pass(es):**
     - **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 purpose made pursuant to the agency's policy:**

4. **Verification**
   - **I have read and understand FPPC Regulations 18444.1 and 18447. I have verified that the distribution set forth above is in accordance with the requirements.**
   - **Signature of Agency Head or Designee:** Megan Moret
   - **Print Name:** Ticket Administrator
   - **Title:**
   - **Date:** 9/14/15
   - **Comment:**

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FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
Does the agency have a ticket policy? Yes No
Event Description LA Phil
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes No
Was ticket distribution made at the behest of agency official? No Yes

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

A. Name of Agency, Department or Unit
Number of Ticket(s)/Pass(es)
Staff 4 Per ticket policy 5.3 (k)

B. Name of Individual (Last, First)
Number of Ticket(s)/Pass(es)

C. Name of Outside Organization (Include address and description)
Number of Ticket(s)/Pass(es)

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

Signature of Agency Head or Designee
Print Name
Title
(Month, Day, Year)

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 666/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/PASS Distributions

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

2. Function or Event Information
Does the agency have a ticket policy? Yes X No
Event Description
Natural History Museum
Provide Title/Explanation
Face Value of Each Ticket/PASS $ 20
Date(s) 8 15 9 13 15
If no: Dodgers
Name of Source
If yes:
Official’s Name (Last, First)

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

A. Name of Agency, Department or Unit
Number of Ticket(s)/Pass(es) 2
Describe the public purpose made pursuant to the agency’s policy
Per ticket policy 5.3 (k)

B. Name of Individual (Last, First)
Number of Ticket(s)/Pass(es)
Identify one of the following:

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

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

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes  No
   Event Description Natural History Museum
   Face Value of Each Ticket/Pass $20
   Date(s)  8  15  15
   Ticket(s)/Pass(es) provided by agency? Yes  No
   If no: Dodgers
   Name of Source
   If yes: Officials Name (Last, First)

3. Recipients
   A. Name of Agency, Department or Unit
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant 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 following:
      Ceremonial Role  Other  Income
      If checking "Ceremonial Role" or "Other" describe below:

   C. Name of Outside Organization
      (Include address and description)
      Number of Ticket(s)/Pass(es)
      Describe the public purpose made pursuant to the agency's policy

4. Verification
   I have read and understand FPPC Regulations. I have verified that the distribution set forth above is in accordance with the requirements.
   Megan Moret  Ticket Administrator
   Signature of Agency Head or Designee  Print Name  Title
   9/14/15 (Month, Day, Year)
   Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

Date Stamp
California Form 802
For Official Use Only

Amendment (Must provide explanation in Part 4)
Date of Original Filing (Month, Day, Year)

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ❑
Face Value of Each Ticket/Pass $20
Event Description Natural History Museum
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Dodgers
Name of Source
If yes:
Official's Name (Last, First)

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

A. Name of Agency, Department or Unit  Number of Ticket(s)/Pass(es)  Describe the public purpose made pursuant to the agency's policy
Staff 2  Per ticket policy 5.3 (k)

B. Name of Individual (Last, First)  Number of Ticket(s)/Pass(es)  Identify one of the following:
   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

4. Verification
I have read and understand FPPC Regulations 19444.1 and 19842. I have verified that the distribution set forth above is in accordance with the requirements.
Megan Moret  Ticket Administrator  9/14/15
Signature of Agency Head or Designee  Print Name  Title (Month, Day, Year)

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
**Agency Report of:**

**Ceremonial Role Events and Ticket/Pass Distributions**

1. **Agency Name**
   - County of Los Angeles

   **Division, Department, or Region (if Applicable)**
   - Board of Supervisors, First District

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

   **Area Code/Phone Number **
   - 213.974.4111

   **E-mail**
   - mmoret@bos.lacounty.gov

2. **Function or Event Information**
   - **Does the agency have a ticket policy?**
     - Yes [x] No [ ]
   - **Face Value of Each Ticket/Pass**
     - $20
   - **Event Description**
     - Natural History Museum
   - **Date(s)**
     - 8 27 15 9 13 15
   - **Ticket(s)/Pass(es) provided by agency?**
     - Yes [x] No [ ]
   - **If no:**
     - Dodgers
   - **Name of Source**
     - [ ]
   - **Was ticket distribution made at the behest of agency official?**
     - No [x] Yes [ ]
   - **If yes:**
     - Official's Name (Last, First)

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

   **A. Name of Agency, Department or Unit**
      | **Number of Ticket(s)/Pass(es)** | **Describe the public purpose made pursuant to the agency's policy** |
      |-------------------------------|---------------------------------------------------------------|
      | Staff                         | 2                                             | Per ticket policy 5.3 (k)                                    |

   **B. Name of Individual (Last, First)**
      | **Number of Ticket(s)/Pass(es)** | **Identify one of the following:** |
      |--------------------------------|-----------------------------------|
      | Ceremonial Role | Other | Income |

      **If checking "Ceremonial Role" or "Other" describe below:**

   **C. Name of Outside Organization (Include address and description)**
      | **Number of Ticket(s)/Pass(es)** | **Describe the public purpose made pursuant to the agency's policy** |
      |--------------------------------|-------------------------------------------------------------------|

4. **Verification**
   - I have read and understand FPPC regulations 18344 and 18345. I have verified that the distribution set forth above is in accordance with the requirements.

   **Signature of Agency Head or Designee**
   - Megan Moret

   **Print Name**
   - Ticket Administrator

   **Title**
   - (Month, Day, Year)
   - 9/14/15

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes No
   Event Description: Natural History Museum
   Face Value of Each Ticket/Pass $20
   Date(s) 8 27 15 9 13 15
   Ticket(s)/Pass(es) provided by agency? Yes No
   If no: Dodgers
   Name of Source
   If yes:
   Official’s Name (Last, First)

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

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

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role Other Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role Other Income</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
</tbody>
</table>

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

4. Verification
   I have read and understand FPPC Regulations 18929 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head and designee
   Megan Moret
   Ticket Administrator
   9/14/15

   Comment:

   FPPC Form 802 (4/12)
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes [x] No [ ]
   Face Value of Each Ticket/Pass $20
   Event Description: Natural History Museum
   Date(s) 8 27 15 9 13 15
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   If no: Dodgers
   Name of Sponsor
   If yes: Ofﬁcial's Name (Last, First)

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

   A. Name of Agency, Department or Unit | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy
   Staff 2 Per ticket policy 5.3 (k)

   B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:
   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

4. Veriﬁcation
   I have read and understand FPPC regulations 18944.1 and 18942. I have veriﬁed that the distribution set forth above, is in accordance with the requirements.
   Megan Moret  Ticket Administrator  9/14/15
   Signature of Agency Head or Designee  Print Name  Title
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No [ ]
Face Value of Each Ticket/Pas $20
Event Description
Natural History Museum
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes [ ] No ☒
Date(s) 8 27 15 9 13 15
If no: Dodgers
Name of Source
If yes: Official's Name (Last, First)

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

A. Name of Agency, Department or Unit | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy
--- | --- | ---
Staff | 2 | Per ticket policy 5.3 (k)

B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:
--- | --- | ---
Ceremonial Role ☐ Other ☐ Income ☐
If checking "Ceremonial Role" or "Other" describe below:

C. Name of Outside Organization (Include address and description) | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy
--- | --- | ---

4. Verification
I have read and understand FPPC Regulations 18944 and 18945. I have verified that the distribution set forth above, is in accordance with the requirements.

Megan Moret Ticket Administrator
9/14/15

Signature of Agency Head or Designee Print Name Title

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

   Date Stamp
   Face Value of Each Ticket/Pass $20
   Date(s) 8 27 15 9 13 15
   Event Description: Natural History Museum
   Provide Title/Explaination
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   If no: Dodgers
   Name of Source
   Official's Name (Last, First)

2. Function or Event Information
   Does the agency have a ticket policy? Yes [x] No [ ]
   Was ticket distribution made at the behest of agency official? Yes [x] No [ ]

3. Recipients
   - Use Section A to identify the agency's department or unit.
   - Use Section B to identify an individual.
   - Use Section C to identify an outside organization.
   A. Name of Agency, Department or Unit | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy
   Staff | 2 | Per ticket policy 5.3 (k)

   B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:
   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
   

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Megan Moret
   Ticket Administrator
   Date 9/14/15
   Signature of Agency Head of Office
   Print Name
   Title

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☑ No ☐
Event Description
Natural History Museum
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
Was ticket distribution made at the behest of agency official? No ☑ Yes ☐
Face Value of Each Ticket/Pass $20
Date(s) 8 27 15 9 13 15
If no:
If yes:
Name of Source
Official’s Name (Last, First)

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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/ Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency’s policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff</td>
<td>2</td>
<td>Per ticket policy 5.3 (k)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/ Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
</tbody>
</table>

| 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 |
|holdings
|                                                                 |                               |                                                               |

4. Verification
I have read and understand FPPC Regulations 89441 and 89442. I have verified that the distribution set forth above, is in accordance with the requirements.

Megan Moret, Ticket Administrator
Signature of Agency Head or Designee
Print Name
Title
(Month, Day, Year)

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 888/ASK-FPPC (888/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Event Description Natural History Museum
   Face Value of Each Ticket/Pass $20
   Date(s) 8 27 15 9 13 15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Dodgers
   Name of Source
   If yes: Official's Name (Last, First)

3. Recipients
   * Use Section A to identify the agency's department or unit.
   * Use Section B to identify an individual.
   * Use Section C to identify an outside organization.
   A. Name of Agency, Department or Unit
      Number of Ticket(s)/Pass(es) Describe the public purpose made pursuant to the agency’s policy
      Staff 2 Per ticket policy 5.3 (k)

   B. Name of Individual
      (Last, First) Number of Ticket(s)/Pass(es) Identify one of the following:
      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

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

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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes No
Event Description Natural History Museum
Date(s) 8 27 15 9 13 15
Face Value of Each Ticket/Pass $ 20
Ticket(s)/Pass(es) provided by agency? Yes No
If no: Dodgers Name of Source
Was ticket distribution made at the behest of agency official? No Yes

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

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

4. Verification.
I have read and understood FPPC Regs. 19344.1 and 18442. I have verified that the distribution set forth above, is in accordance with the requirements.

Megan Moret  Ticket Administrator  9/14/15
Signature of Agency Head or Designee Print Name Title

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

A Public Document

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

   Date Stamp
   California Form 802
   For Official Use Only

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☐ No ☒
   Event Description: Natural History Museum
   Provide Title/Explanation
   Face Value of Each Ticket/Pass $:
   Date(s) 8 27 15 9 13 15
   If no:
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Name of Source
   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 unit.
   - Use Section B to identify an individual.
   - Use Section C to identify an outside organization.

   A. Name of Agency, Department or Unit | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy
   Staff 3 Per ticket policy 5.3 (k)

   B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:
   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
   ☐

4. Verification
   I have read and understand FPPC Regulations 89544.1 and 89547. I have verified that the distribution set forth above is in accordance with the requirements.
   Megan Moret, Ticket Administrator 9/14/15
   (Signature of Agency Head or Designee) Print Name Title (Month, Day, Year)

Comment: