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 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 \$ 45 Does the agency have a ticket policy? Yes⊠ No□ Event Description: Dodgers Provide Title/ Explanation If no: Dodgers Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🛭 Name of Source Was ticket distribution made at the behest Yes ☐ No 🗵 If yes: _ Official's Name (Last, First) 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 Name of Agency, Department or Unit of Ticket(s)/ Describe the public purpose made pursuant to the agency's policy Passes Staff Per ticket policy 5.3 (k) 2 Number Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Ceremonial Role Other ___ Income ___ If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/

	Passes		
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rification /			
ave read and understand FPPC Regula	ations 18944.1 and 18942. I have	verified that the distribution set forth a	bove, is in accordan
in the requirements.			•
11/1/1/1/	Megan Moret	Ticket Administrator	6/9/17
Signature of Agency Head or Designee	Print Name	Title	(month, day, year,
omment:			
			FPPC Form 802 (2/20

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: . 213.974,4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 45 Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description: Dodgers Provide Title/ Explanation If no: Dodgers Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🖾 Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ If yes: _ Official's Name (Last, First) 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 Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ Passes Staff Per ticket policy 5.3 (k) 2 Number Name of Individual Identify one of the following: of Ticket(s)/ (Last, First) Passes Other 🔲 Ceremonial Role Income ... If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role Other . Income If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) **Passes**

4. Verification

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

/ /////////////////////////////////////	Megan Moret	Ticket Administrator	6/9/17
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

	Agency Name				Date Stamp	California OAA
	County of Los Angeles	1				Form OUZ
	Division, Department, or Reg	jion (if applicable)			1	For Official Use Only
	Board of Supervisors, First	District				
	Designated Agency Contact	(Name,Title)				
	Megan Moret, Ticket Admin	istrator			Amendment (Must Pro	(de Engles de la Contra De de la
	Area Code/Phone Number	E-mail			Amenament (Must Pro	vide Explanation in Part 3.)
	213.974.4111	mmoret@bos.lacou	nty.gov		Date of Original Filing:	(month, day, year)
· ·	Function or Event Infor	mation				
	Does the agency have a tic	ket policy? Yes	3 No□ Fa	ace Value of	Each Ticket/Pass \$ 45	
	Event Description: Dodgers	.		oto(s) 5	3	í , , , ,
	Event Description.	Provide Title/ Explan	ation			
	Ticket(s)/Pass(es) provided	by agency? Yes [] No⊠ If	no: Dodgers		
			16		Name of Source	
	Was ticket distribution made of agency official?	e at the behest Yes [□ No 🗵 IT	yes:	Official's Name (Last, First)	
},	Recipients • Use Section A to identify the ager	ncy's department or unit.	Use Section B to id	lentify an individ	lual. • Use Section C to identif	v an outside organization.
		NAMES OF THE PARTY	Number	The second second		
	A. Name of Agency, Dep	artment or Unit	of Ticket(s)/ Passes	Describe th	e public purpose made purs	lant to the agency's policy
	Staff		2	Per ticket po	licy 5.3 (k)	
	B. Name of Ind		Number of Ticket(s)/ Passes		identify one of the fol	llowing:
	(Edde, 1)		rasses		nonial Role Other king "Ceremonial Role" or "Other" desc	Income C
					nonial Role Other king "Ceremonial Role" or "Other" desc	Income [
	C. Name of Outside C		Number of Ticket(s)/ Passes	Describe th	e public purpose made pursi	uant to the agency's policy
_	Verification					
l.	^	DDC Dogulations 19044	1 and 18942 I	have verified	that the distribution set for	th above is in accordance
	i nave read and understand FF with the requirements.//	↑ Regulations 16944. `\				an aboro, to an about admis-

J.	Besich veh	OILU	1.			
C	eremonial	Role	Events	and	Ticket/Pass	Distributions
1	Agency Na	ma				

l. Agency Name				Date Stamp	California OOO
County of Los Angeles					Form OUZ
Division, Department, or Region	on (if applicable)				For Official Use Only
Board of Supervisors, First D	istrict				
Designated Agency Contact (A	lame,Title)				
Megan Moret, Ticket Adminis	trator			C Amandmant (14	Provide Francisco in Post 2)
Area Code/Phone Number	E-mail			Musi	Provide Explanation in Part 3.)
213.974.4111	mmoret@bos.lacou	nty.gov		Date of Original Filing	:(month, day, year)
2. Function or Event Inforn	nation		· · · · · · · · · · · · · · · · · · ·		
Does the agency have a ticke	et policy?	⊠ No 🗆 F	ace Value of I	Each Ticket/Pass \$ 4	15
- ·	, , , , , , , , ,		Date(s)		
Event Description: Dodgers	Provide Title/ Explar	nation	Date(s)/		
Ticket(s)/Pass(es) provided b			no: Dodgers		
. , , , ,				Name of Source	
Was ticket distribution made	at the behest Yes] No 🗵 🏻 🖺	yes:	Official's Name (Last, First	1
of agency official?				omoral o Ivanio (Last, I not	,
3. Recipients					
• Use Section A to identify the agenc	y's department or unit.	Use Section B to i	identify an individ	ual. • Use Section C to ide	ntify an outside organization.
A. Name of Agency, Depar	tment or Unit	Number of Ticket(s)/ Passes	Describe the	e public purpose made pu	ırsuant to the agency's policy
Staff		2	Per ticket po	licy 5.3 (k)	
B. Name of Indiv (Last, First		Number of Ticket(s)/ Passes		Identify one of the	
				onial Role Other on the Other of the Other o	
			1	onial Role Other of the one of the other other of the other	
C. Name of Outside Org		Number of Ticket(s)/ Passes	Describe the	a public purpose made pu	rsuant to the agency's policy
l. Verification		•			
I have read and understand FPF with the requirements.	C Regulations 18944.	1 and 18942.	I have verified t	hat the distribution set	forth above, is in accordance
	h A	an Marat		Tinket Administrate	6/0/47
Signature of Agency Head or Designe		an Moret		Ticket Administrator	6/9/17 (month, day, year)
Comment:	,				,,,,,,

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions 1. Agency Name

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-	FIJ		# L .	1.71.31	- 1	3116	-111

1.	Agency Name					Date Stamp	California 802
	County of Los Angeles						Form OUZ For Official Use Only
	Division, Department, or Reg						For Official Use Only
	Board of Supervisors, First						
	Designated Agency Contact	,					
	Megan Moret, Ticket Admin	istrator				Amendment (Must	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail					
	213.974.4111	mmoret@bos.la	acount	ty.gov		Date of Original Filing	(month, day, year)
₹.	Function or Event Infor	mation					
	Does the agency have a tic	ket policy?	∕es ⊠	No □ F	ace Value of I	Each Ticket/Pass \$ ⁴	1 5
	Event Description: Dodgers					, 9 , 17	, ,
	Event Description.	Provide Title/	Explanat	ion			
	Ticket(s)/Pass(es) provided	by agency?	∕es 🔲	No ⊠ 11	no: Dodgers		
				11	•	Name of Source	
	Was ticket distribution made	at the behest	∕es 🔲	No⊠ ^{II}	yes:	Official's Name (Last, First	9
	of agency official?						
3.	Recipients						
•	• Use Section A to identify the ager	ncy's department or un	it. • Us	e Section B to i	dentify an individ	ual. • Use Section C to ide	ntify an outside organization.
	A. Name of Agency, Dep	artment or Unit		Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	ursuant to the agency's policy
	Staff			1 60303	Per ticket po	licy 5.3 (k)	
				2		, ,	
	B. Name of Ind			Number of Ticket(s)/ Passes		Identify one of the	following:
					1	nonial Role Other of the or "Other" of the or "Other" of the or "Other" of the other of the othe	
				, , , , , , , , , , , , , , , , , , , 	1	nonial Role Other Other	
				v			
	C. Name of Outside O			Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	ursuant to the agency's policy
		· · · · · · · · · · · · · · · · · · ·					
_	Verification			. <u> </u>			
٠.	Thave read and understand FF	PPC Regulations 1	8944 1	and 18942	I have verified t	that the distribution set	forth above. is in accordance
,	with the requirements.	-: 5 / (5 g anddor)0 (,				
1	VIII		Megai	n Moret		Ticket Administrator	6/9/17
ļ	Signature of Agency Head or Design			Name		Title	(month, day, year)
							· · · · · · · · · · · · · · · · · · ·
	Comment:						

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

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1.	Agency Name					Date Stamp	California 802	
	County of Los Angeles						Form OUZ	
	Division, Department, or Reg						For Official Use Only	
	Board of Supervisors, First I							
	Designated Agency Contact							
	Megan Moret, Ticket Admin	istrator				Amendment (Must	Provide Explanation in Part 3.)	
	Area Code/Phone Number	E-mail						
	213.974.4111	mmoret@bos.	lacour	nty.gov		Date of Original Filing:	(month, day, year)	
2.	Function or Event Infor	mation						
	Does the agency have a tick	ket policy?	Yes 🗵	No 🗌	Face Value of I	Each Ticket/Pass $\$ \frac{4}{}$	5	
	Event Description: Dodgers				Date(s)5			
	Lvent Description.	Provide Title/	/ Explana	ation				
	Ticket(s)/Pass(es) provided	by agency?	Yes 🗀	No ⊠	f no: Dodgers			
	Mos tisket distribution		-	1	lf voo:	Name of Source	•	
	Was ticket distribution made	e at the behest	Yes 🗀	No 🗵	f yes:	Official's Name (Last, First)		
	of agency official?							
3.	Recipients							
	• Use Section A to identify the agen	icy's department or u	nit. • U	se Section B to	identify an individ	ual. • Use Section C to iden	ntify an outside organization.	
	A. Name of Agency, Depa		Number of Ticket(s)/ Passes	Describe th	e public purpose made pursuant to the agency's policy			
	Staff			2	Per ticket po	licy 5.3 (k)		
	B. Name of Indi	Vidual		Number				
	(Last, Fire			of Ticket(s)/ Passes	A MININAM	Identify one of the	following:	
						onial Role		
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	C. Name of Outside O			Number of Ticket(s)/ Passes	Describe the	e public purpose made pu	rsuant to the agency's policy	
		· · · · · · · · · · · · · · · · · · ·						
١.	Verification							
	I have read and understand FP	PC Regulations 1	8944.1	and 18942.	I have verified t	hat the distribution set f	forth above, is in accordance	
	with the requirements / /							
			Mega	n Moret		Ticket Administrator	6/9/17	
	Signature of Agency Head or Design	ee	Prin	t Name	***************************************	Title	(month, day, year)	
	Comment:							

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Ceremonial	Role Events and	Ticket/Pass	Distributions

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I. Agency Name				Date Stamp	California Q02
County of Los Angeles					Form OUZ
Division, Department, or Regi	on (if applicable)				For Official Use Only
Board of Supervisors, First D	District				
Designated Agency Contact (Name, Title)				
Megan Moret, Ticket Admini	strator			[] A d	
Area Code/Phone Number	E-mail			Amendment (Must P	Provide Explanation in Part 3.)
213.974.4111	mmoret@bos.lacou	nty.gov		Date of Original Filing:	(month, day, year)
2. Function or Event Inform	nation				
Does the agency have a tick	tet policy? Yes [No□ F	ace Value of	Each Ticket/Pass \$ 45	
Event Description: Dodgers				, 18 , 17	1 1
Event Description.	Provide Title/ Explar	nation	ale(5)		
Ticket(s)/Pass(es) provided	by agency? Yes [] No⊠ If	no: Dodgers		
				Name of Source	
Was ticket distribution made	at the behest Yes [] No⊠ ^{If}	yes:	Official's Name (Last, First)	
of agency official?					
3. Recipients					
 Use Section A to identify the agen- 	cv's department or unit.	Use Section B to i	dentify an individ	ual. • Use Section C to iden	tify an outside organization.
V SV SECTION TO RECEIVE VIEW	- y a department or dime	Number			
A. Name of Agency, Depa	rtment or Unit	of Ticket(s)/	Describe th	e public purpose made pur	suant to the agency's policy
Staff		Passes	Per ticket po	licv 5.3 (k)	
		2		,	
					(A)
		Number			
B. Name of Indi		of Ticket(s)/		Identify one of the f	ollowing:
the state of the s	19	Passes	The Addition of the Addition o		
			B	nonial Role Other C	

				nonial Role Other Other Other Other Other Other	
				-	
		Number			
C. Name of Outside Or		of Ticket(s)/	Describe th	e public purpose made pur	suant to the agency's policy
		Passes	****(*)	for the form of the second sec	
4. Verification					
I have read and understand FP	PC-Regulations 18944	.1 and 18942.	l have verified t	that the distribution set f	orth above, is in accordance
with the requirements.					
		an Moret		Ticket Administrator	6/9/17
Signature of Agency Head or Design	ee Pr	int Name	<u> </u>	Title	(month, day, year)
Comment:					

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name Date Stamp California 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 \$ 45 Does the agency have a ticket policy? Yes⊠ No□ Event Description: Dodgers Date(s) __5__/_ Provide Title/ Explanation If no: Dodgers Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🔽 Name of Source Was ticket distribution made at the behest Yes ☐ No 🔀 If yes: _ Official's Name (Last, First) 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 Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes Staff Per ticket policy 5.3 (k) 2 Number Name of Individual В. of Ticket(s)/ Identify one of the following: (Last, First) Passes Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below. Other _ Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below: Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) **Passes**

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

Signature of Agency Head or Designee

Megan Moret

Ticket Administrator

6/9/17

Comment: _

Print Name

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: . 213.974.4111 mmoret@bos.lacounty.gov (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 45 Does the agency have a ticket policy? Yes 🛛 No 🗌 Event Description: Dodgers Date(s) __5 Provide Title/ Explanation Ticket(s)/Pass(es) provided by agency? If no: Dodgers Yes ☐ No 🛭 Name of Source Was ticket distribution made at the behest Yes ☐ No ☑ If yes: . Official's Name (Last, First) 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 Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ A. Passes Staff Per ticket policy 5.3 (k) 2

8942. I have verified that the distribution set forth a	ibove, is in accordanc
et Ticket Administrator	6/9/17
Title	(month, day, year)

Number

of Ticket(s)/

Passes

Name of Individual

(Last, First)

Income

Income

Identify one of the following:

If checking "Ceremonial Role" or "Other" describe below.

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

Other 🔲

Other

Ceremonial Role

Ceremonial Role

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

Comment: __

Ceremonial Role Events and Ticket/Pass Distributions	A Public Document			
. Agency Name	Date Stamp	California 802		
County of Los Angeles		Form OUZ		
Division, Department, or Region (if applicable)		For Official Use Only		
Roard of Supervisors First District				

	County of Los Angeles					Form OUL
	Division, Department, or Reg	on (if applicable)		For Official Use Only		
	Board of Supervisors, First I	District				
	Designated Agency Contact (Name, Title)				
	Megan Moret, Ticket Admini	strator			Amendment (Must Pro	vide Explanation in Part 3.1
	Area Code/Phone Number	E-mail			Zinenament (msor) te	vide Explanation in Fare ory
	213.974.4111	mmoret@bos.lacou	nty.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation			4-	
	Does the agency have a tick	xet policy? Yes ∑	No□ F	ace Value of I	Each Ticket/Pass \$ 45	
	Event Description: Dodgers			Date(s)5/	21 / 17	
		Provide Title/ Explan	ation		_	
	Ticket(s)/Pass(es) provided	by agency? Yes [] No⊠ II	f no: Dodgers	Name of Source	
	Was ticket distribution made	at the behest Yes	I No⊠ II	f yes:	Official's Name (Last, First)	
	of agency official?	· · ·			Official's Name (Last, First)	
3.	Recipients					
	• Use Section A to identify the agen	cy's department or unit. • U	Use Section B to i	identify an individ	ual. • Use Section C to identif	y an outside organization.
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy
	Staff		2	Per ticket po	licy 5.3 (k)	
			f			
	B. Name of Indi (Last, First		Number of Ticket(s)/ Passes		Identify one of the fol	llowing:
				li .	onial Role Other on "Other" description of "Ceremonial Role" or "Other" descriptions	Income In
					onial Role Other Other Other Other Other Other Other Other Other	Income Income
	C. Name of Outside O		Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	uant to the agency's policy
	Verification I have read and understand FR	PC Populations 19044	1 and 19042	L have verified	hat the distribution set for	th ahova is in accordance
	with the requirements.	го пеушашия 10944. /	ı anu 10942.	i nave verilled t	nat the distribution Set for	ui above, is ili accordance
	4//M//>	Mega	an Moret		Ticket Administrator	6/9/17
	Signature of Agency Head or Design		nt Name		Title	(month, day, year)

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

Ceremonial Role Events and Ticket/Pass Distributions	A Public Documen		
. Agency Name	Date Stamp	California 802	
County of Los Angeles Division, Department, or Region (if applicable)		For Official Use Only	

•	Agency Name				Date Stamp	Form 802
	County of Los Angeles Division, Department, or Reg	ion (if applicable)				For Official Use Only
	Board of Supervisors, First (
	Designated Agency Contact (
	Megan Moret, Ticket Admini	· · · · · · · · · · · · · · · · · · ·				
	Area Code/Phone Number	E-mail			Amendment (Must P	rovide Explanation in Part 3.)
	213.974.4111	mmoret@bos.lacou	nty.gov		Date of Original Filing: .	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	ket policy? Yes [No □ F	ace Value of i	Each Ticket/Pass \$ 45	
	Event Description: Dodgers	_	-	Date(s)5		1 1
		Provide Title/ Explar	ation		:	
	Ticket(s)/Pass(es) provided	by agency? Yes [] No 🛭 📗	f no: Dodgers	Name of Source	
	Was ticket distribution made	at the behest Var F] No⊠ ¹	f yes:		
	of agency official?	Car tile periest Yes [. ⊠οм '	· y = = ·	Official's Name (Last, First)	
3.	Recipients	المستقل المستق	Tim Cartley Dr	:3	and a Day Constant Constant	de
	Use Section A to identify the agen	cy s department or unit. •	Use Section B to Number	identily an individ	uai. • Use Section C to ident	iry an outside organization.
	A. Name of Agency, Depa	of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy			
	Staff		2	Per ticket po	licy 5.3 (k)	
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	B. Name of Indi	vidual	Number		Identify one of the fo	allawing
	(Last, Fir	and the contract of the contra	of Ticket(s)/ Passes		regimly one of the f	
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					nonial Role Other Cing "Ceremonial Role" or "Other" des	-
	Name of Outside O	rganization	Number	Docariba 44	a public aurocca mada	sugget to the agency's self
	C. (include address and		of Ticket(s)/ Passes	Describe th	e punit purpose made pur	suant to the agency's policy
				<u> </u>		
ŀ.	Verification	mo n		سه		
	I have read and understand PP with the requirements.	PC Regulations 18944.	1 and 18942.	I have verified t	hat the distribution set fo	orth above, is in accordance
	71/17/1//	/	an March		Tiple Administrates	6/0/47
	Signature of Agency-Head or Design		an Moret		Ticket Administrator	6/9/17 (month, day, year)
م المساعد . ا	/	.,				(
	Comment:					

	Agency Name				Date Stamp	California Ong
	County of Los Angeles			Form OUZ		
	Division, Department, or Regi	on (if applicable)	1	For Official Use Only		
	Board of Supervisors, First D	District				
	Designated Agency Contact (Vame,Title)				
	Megan Moret, Ticket Admini	strator	Amendment (44.45)	L. B. (C.)		
	Area Code/Phone Number	E-mail	· · , · · · ,		. Musi P	rovide Explanation in Part 3.)
	213.974.4111	mmoret@bos.lacou	nty.gov		Date of Original Filing: .	(month, day, year)
2.	Function or Event Inforr	nation				
	Does the agency have a tick	et policy? Yes [No ☐ F	ace Value of	Each Ticket/Pass \$ 45	
	Event Description: Dodgers		ח	ato(s) 5	<u>, 24 , 17 </u>	1 1
	Event Description.	Provide Title/ Explan	ation			
	Ticket(s)/Pass(es) provided	by agency? Yes [] No⊠ If	no: Dodgers		
			15		Name of Source	
	Was ticket distribution made	at the behest Yes] No⊠ ^{If}	yes:	Official's Name (Last, First)	
	of agency official?					
3.	Recipients					
	• Use Section A to identify the agend	cy's department or unit. • 1	Use Section B to i	dentify an individ	lual. • Use Section C to ident	ify an outside organization.
	A. Name of Agency, Depa	rtment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
	Staff	2	Per ticket po	Per ticket policy 5.3 (k)		
	B. Name of indiv	and the control of th	Number of Ticket(s)/ Passes		Identify one of the fo	bllowing:
				1	nonial Role Other cking "Ceremonial Role" or "Other" des	-
					nonial Role Other C	
				11 017001		cribe below:
	Name of Outside Or	ganization	Number			
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes			suant to the agency's policy
			of Ticket(s)/			
1.			of Ticket(s)/			
	(include address and	description)	of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
	Verification	description) PC Regulations 18944.	of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy

	Agency Name				Date Stamp	California OOO
	County of Los Angeles					Form OUZ
	Division, Department, or Reg	ion (if applicable)		For Official Use Only		
	Board of Supervisors, First	District				
	Designated Agency Contact	(Name,Title)				
	Megan Moret, Ticket Admin	istrator	Amendment (Must Pri	Levide Code and a Code 23		
	Area Code/Phone Number	E-mail		······································	Minerianiem (Must Pri	ovide Explanation in Part 3.)
	213.974.4111	mmoret@bos.lacou	nty.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation			4	
	Does the agency have a tic	ket policy? Yes [No□ Fa	ice Value of	Each Ticket/Pass \$ 45	
	Event Description: Dodgers		Da	ato(c) 5	, 25 , 17	, ,
	Event Description.	Provide Title/ Explar	ation			
	Ticket(s)/Pass(es) provided	by agency? Yes [] No⊠ If i	no: <u>Dodgers</u>		
					Name of Source	
	Was ticket distribution made of agency official?	e at the behest Yes [] No⊠ ^{IT}	/es:	Official's Name (Last, First)	
	or agency official?					
3.	Recipients					
	• Use Section A to identify the ager	ncy's department or unit. •	Use Section B to id	entify an individ	ual. • Use Section C to identi	fy an outside organization.
	A. Name of Agency, Department	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's poli			
	Staff		2	Per ticket po	licy 5.3 (k)	
	B. Name of Ind	化二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十	Number of Ticket(s)/		Identify one of the fo	llowing:
	B. Name of Ind (Last, Fir	化二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十			nonial Role Other	Income [
		化二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十	of Ticket(s)/			Income [
		化二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十	of Ticket(s)/	If check	nonial Role Other	Income Coribe below:
		rganization	of Ticket(s)/	If check Cerem If check	nonial Role Other or "Other" description	Income Cribe below: Income Cribe below:
	(Last, Fir	rganization	of Ticket(s)/ Passes Number of Ticket(s)/	If check Cerem If check	nonial Role Other	Income Cribe below: Income Cribe below:
4.	C. Name of Outside O (include address and	rganization i description)	of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Cerem If check	nonial Role Other or "Other" description on the control of the con	Income Coribe below: Income Coribe below: uant to the agency's policy
4.	C. Name of Outside O	organization description)	of Ticket(s)/ Passes Number of Ticket(s)/ Passes	Cerem If check	nonial Role Other or "Other" description on the control of the con	Income Coribe below: Income Coribe below: uant to the agency's policy

	Agency Name			Date Stamp	California Q02
	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			Amendment (Must Pro	ida Evolanation in Part 3 \
	Area Code/Phone Number E-mail				TOO Exploration in a directly
	213.974.4111 mmoret@bos.laco	unty.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Information			AF	····
	Does the agency have a ticket policy? Yes	Each Ticket/Pass \$ 45			
	Event Description: Dodgers	<u>, 26 , 17 </u>	1 1		
	Provide Title/ Expla				
	Ticket(s)/Pass(es) provided by agency? Yes	no: Dodgers	Name of Source		
	Was ticket distribution made at the behest Yes	yes:			
	of agency official?	LINO⊠ "	y 00	Official's Name (Last, First)	
	or agoney emotal.				
3.	Recipients				
	• Use Section A to identify the agency's department or unit.		dentify an indivi	dual. • Use Section C to identify	an outside organization.
	A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe t	he public purpose made pursu	ant to the agency's policy
	Staff		Per ticket po	olicy 5.3 (k)	
		2			
	·				
		Number			
	B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes		Identify one of the fol	owing:
		of Ticket(s)/	L	monial Role Other	Income [
		of Ticket(s)/	L	The state of the s	Income [
		of Ticket(s)/	If ched	monial Role Other Oth	Income C
		of Ticket(s)/	If chec	monial Role Other	Income C
		of Ticket(s)/ Passes	If chec	monial Role Other Other Other Other Other Other description Other	Income C
	(Lest, First) Name of Outside Organization	of Ticket(s)/ Passes Number of Ticket(s)/	If chec	monial Role Other Other Other Other Other Other description Other	Income Cibe below:
	(Last, First)	of Ticket(s)/ Passes	If chec	monial Role Other Oth	Income Cibe below:
	(Lest, First) Name of Outside Organization	of Ticket(s)/ Passes Number of Ticket(s)/	If chec	monial Role Other Oth	Income Cibe below:
	(Lest, First) Name of Outside Organization	of Ticket(s)/ Passes Number of Ticket(s)/	If chec	monial Role Other Oth	Income Cibe below:
	(Lest, First) Name of Outside Organization	of Ticket(s)/ Passes Number of Ticket(s)/	If chec	monial Role Other Oth	Income Cibe below:
4.	(Lest, First) Name of Outside Organization	of Ticket(s)/ Passes Number of Ticket(s)/	If chec	monial Role Other Oth	Income Cibe below:
4.	C. Name of Outside Organization (include address and description) Verification I have read and understarld FPPC Regulations 18944	of Ticket(s)/ Passes Number of Ticket(s)/ Passes	If check	monial Role Other or "Other" descripting "Ceremonial Role" or "Other" description or "Other" descri	Income In
4.	C. Name of Outside Organization (include address and description) Verification	of Ticket(s)/ Passes Number of Ticket(s)/ Passes	If check	monial Role Other or "Other" descripting "Ceremonial Role" or "Other" description or "Other" descri	Income In

Cer	emonial	Role	Events	and '	Ticket/Pass	Dietrih	utions

1.	Agency Name					Date Stamp	California 202
	County of Los Angeles						Form 004
	Division, Department, or Reg	j ion (if applicable)				1	For Official Use Only
	Board of Supervisors, First	District					
	Designated Agency Contact	(Name,Title)					
	Megan Moret, Ticket Admin	istrator				Amandmant (Must l	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail	····			Americanient (Musir	TOVIDE Explanation in Fait 3.)
	213.974.4111	mmoret@bos	.lacou	nty.gov		Date of Original Filing:	(month, day, year)
_	Function or Event Infor	mation					(
4.			R	70 A. 1	Easa Valua of	Each Ticket/Pass \$ 4	5
	Does the agency have a tic		Yes L				
	Event Description: Dodgers				Date(s) <u>5</u>		
	Ticket(s)/Pass(es) provided	Provide Titl			If no: Dodgers		
	Ticket(s)/Fass(es) provided	by agency!	res] No⊠	II 110. <u> 5</u>	Name of Source	
	Was ticket distribution made	at the behest	Yes [] No⊠	If yes:	Official's Name (Last, First)	····
	of agency official?					Official's Name (Last, First)	
3.	•						
	Use Section A to identify the ager	cy's department or	unit. • \		identify an individ	ual. • Use Section C to iden	tify an outside organization.
	A. Name of Agency, Dep	artment or Unit		Number of Ticket(s)/ Passes	Describe th	e public purpose made pui	rsuant to the agency's policy
	Staff			2	Per ticket po	licy 5.3 (k)	
	B. Name of Ind			Number of Ticket(s)/ Passes		Identify one of the	following:
	V==-9, 7.			F 43363		nonial Role Other C	
					E .	nonial Role Other C king "Ceremonial Role" or "Other" de	
	C. Name of Outside C			Number of Ticket(s)/ Passes	Describe th	e public purpose made pu	rsuant to the agency's policy
		,					
	Verification						
→,	I have read and understand, FF	DDC Dogulations	19044	1 and 19040	I have verified	that the distribution and f	indh ahova is in accordance
	with the requirements.	r ∪ Neguiauons ∥	10344.	i anu 10942.	. i nave venileu l	มละ เมษ นเจนเมนแบบ 80เ โ	orai above, is ili accordance
	/		Mac	an Marat		Tiakat Administrator	
	Signature of Agency Head dr/Design	nee		an Moret		Ticket Administrator	6/9/17 (month, day, year)
		··	, ,,			> 51 %	(
	Comment:						

.g, "			
Ceremonial	Role Events a	nd Ticket/Pass	Distributions

1.	Agency Name				Date Stamp	California Q02		
	County of Los Angeles						Form OUZ	
	Division, Department, or Region (if applicable)					1	For Official Use Only	
	Board of Supervisors, First District							
	Designated Agency Contact (Name, Title)					1		
	Megan Moret, Ticket Administrator					Amendment (Atrial Provide Euglandina in Bod 2)		
	Area Code/Phone Number E-mail				Amendment (Must Provide Explanation in Part 3.)			
	213.974.4111 mmoret@bos.lacou			inty.gov		Date of Original Filing:(month, day, year)		
2.	Function or Event Information							
	Does the agency have a ticket policy? Yes ☑				Face Value of	Each Ticket/Pass \$ 45	5	
	Event Description: Dodgers Date(s) 5							
	Provide Title/ Explanation							
	Ticket(s)/Pass(es) provided by agency? Yes □				If no: Dodgers			
					Name of Source			
	Was ticket distribution made at the behest Yes ☐				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						tify an outside organization.	
	A. Name of Agency, Department or Unit			Number of Ticket(s)/ Passes	Describe th	Describe the public purpose made pursuant to the agency's policy		
	Staff			2	Per ticket po	Per ticket policy 5.3 (k)		
	B. Name of Individual (Last, First)			Number of Ticket(s)/		identify one of the following:		
	(Last, Pir	y		Passes		nonial Role Other Oth		
						nonial Role Other Citing "Ceremonial Role" or "Other" de		
	C. Name of Outside Organization (include address and description)			Number of Ticket(s)/ Passes	Describe th	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 the with the requirements.)					that the distribution set f	orth above, is in accordance	
	Megan M Signature of Agency Head of Designee Print Nar					Ticket Administrator	6/9/17	
						rite	(month, day, year)	
	Comment:							