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

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $ 45
Event Description: Dodgers
Date(s) 5 / 1 / 17
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Dodgers
Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
Name of Source
If yes: Official's Name (Last, First)

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

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff</td>
<td>2</td>
<td>Per ticket policy 5.3 (k)</td>
</tr>
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<tr>
<th>B. Name of Individual (Last, First)</th>
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<th>Identify one of the following:</th>
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<tr>
<th>C. Name of Outside Organization (include address and description)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
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4. Verification
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature of Agency Head or Designee
Megan Moret
Ticket Administrator
6/9/17
(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 $45
Event Description: Dodgers
Provide Title/Explanation
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
Date(s) 5 / 2 / 17
If no: Dodgers
Name of Source
Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
If yes: __________________________
Official's Name (Last, First)

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

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Signature of Agency Head or Designee __________________________ Megan Moret Print Name __________________________ Ticket Administrator __________________________ Title __________________________

Date of Original Filing: ____________ (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 $45
Event Description: Dodgers
Provide Title/Explanation
Date(s) 5 / 3 / 17
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)

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Signature of Agency Head or Designee: __________________________
Print Name: Megan Moret
Title: Ticket Administrator
Date: 6/9/17

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

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

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $45
   Event Description: Dodgers
   Date(s) 5 / 8 / 17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Name of Source
   Was ticket distribution made at the behest of agency official? Yes ☐ No ☒
   Official's Name (Last, First)

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

   A. Name of Agency, Department or Unit
      Number of Ticket(s)/Passes
      Describe the public purpose made pursuant to the agency's policy
      Staff
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   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Megan Moret
   Print Name
   Ticket Administrator
   Title
   Date 6/9/17
   (month, day, year)

Comment:
**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

---

**Function or Event Information**

Does the agency have a ticket policy?  **Yes ☑ No ☐**

**Face Value of Each Ticket/Pass $45**

Event Description:
**Dodgers**

**Date(s)**
5/9/17

Was ticket distribution made at the behest of agency official?  **Yes ☑ No ☐**

**Ticket(s)/Pass(es) provided by agency?**  **Yes ☑ No ☐**

**Name of Source**

---

**Recipients**

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

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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**
Megan Moret

**Title**
Ticket Administrator

**Date**
6/9/17

**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 $45
   Event Description: Dodgers
   Date(s) 5/10/17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Dodgers
   Name of Source
   Was ticket distribution made at the behest of agency official? Yes ☐ No ☒
   If yes: Official’s Name (Last, First)

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

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

   B. Name of Individual (Last, First) Number of Ticket(s)/Passes Identify one of the following:
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   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee
   Megan Moret
   Print Name
   Ticket Administrator
   Title
   6/9/17

Comment:

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

1. Agency Name
   County of Los Angeles
   Megan Moret, Ticket Administrator
   Area Code/Phone Number: 213.974.4111
   E-mail: mmoret@bos.lacounty.gov

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $45
   Event Description: Dodgers
   Date(s): 5 / 18 / 17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Was ticket distribution made at the behest of agency official? Yes ☐ No ☒
   If yes: Dodgers
   Name of Source
   Official's Name (Last, First)

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

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

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

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   Megan Moret
   Ticket Administrator
   6/9/17

Comment:
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
   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 ☒ No ☐
   Face Value of Each Ticket/Pass $ 45
   Event Description: Dodgers
   Date(s) 5 / 19 / 17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Dodgers
   Was ticket distribution made at the behest of agency official? Yes ☐ No ☒
   If yes: ____________________________
   Official's Name (Last, First)

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

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   Signature of Agency Head or Designee
   Megan Moret
   Ticket Administrator
   6/9/17
   Comment: ____________________________

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

1. Agency Name
   County of Los Angeles
   Division, Department, or Region (if applicable)
   Board of Supervisors, First District
   Designated Agency Contact (Name, Title)
   Megan Moret, Ticket Administrator

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

   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 ☒ No ☐
   Event Description: Dodgers
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   Face Value of Each Ticket/Pass: $45
   Date(s): 5/20/17
   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)/Passes
      Describe the public purpose made pursuant to the agency's policy
      Staff
      2
      Per ticket policy 5.3 (k)

   B. Name of Individual
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      Identify one of the following:
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4. Verification
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   Signature of Agency Head or Designee

   Megan Moret
   Print Name
   Ticket Administrator
   Title
   6/9/17
   (month, day, year)

   Comment: ____________________________

FPPC Form 902 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Agency Name: County of Los Angeles
Division, Department, or Region (if applicable)
Board of Supervisors, First District
Designated Agency Contact (Name, Title)
Megan Moret, Ticket Administrator
Area Code/Phone Number E-mail
213.974.4111 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 ☐
Face Value of Each Ticket/Pass $ 45
Event Description: Dodgers
Date(s) 5 / 21 / 17
Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐
If no: Dodgers
Name of Source
Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
If yes: ________________________________
Official’s Name (Last, First)

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

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

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

Comment: _______________________

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

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   E-mail mmoret@bos.lacounty.gov

2. Function or Event Information
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   Face Value of Each Ticket/Pass $45
   Event Description: Dodgers
   Date(s) 5/23/17
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: Dodgers
   Name of Source
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   If yes: Official's Name (Last, First)

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   Signature of Agency Head or Designee: [Signature]
   Print Name: Megan Moret
   Title: Ticket Administrator
   Date of Original Filing: 6/9/17

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 $45
   Event Description: Dodgers
   Date(s) 5/24/17
   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 ☒**
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   **A. Name of Agency, Department or Unit** **Number of Ticket(s)/Passes** **Describe the public purpose made pursuant to the agency's policy**
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   If checking "Ceremonial Role" or "Other" describe below:

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

4. **Verification**
   I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.
   
   **Signature of Agency Head or Designee**
   Megan Moret **Ticket Administrator**
   6/9/17 (month, day, year)
   
   Comment:

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $ 45
Event Description: Dodgers
Date(s) 5 / 25 / 17
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>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staff</td>
<td>2</td>
<td>Per ticket policy 5.3 (k)</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>B. Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Passes</th>
<th>Identify one of the following:</th>
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<tr>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
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<th>C. Name of Outside Organization (Include address and description)</th>
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4. Verification
I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Megan Moret
Ticket Administrator
6/9/17
FPPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

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

2. Function or Event Information
Does the agency have a ticket policy? Yes ☒ No ☐
Face Value of Each Ticket/Pass $45
Event Description: Dodgers
Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
If no: Dodgers
Was ticket distribution made at the behest of agency official? Yes ☐ No ☒
Date(s) 5 / 26 / 17

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
Staff
Number of Ticket(s)/Passes 2
Describe the public purpose made pursuant to the agency’s policy Per ticket policy 5.3 (k)

B. Name of Individual (Last, First)

C. Name of Outside Organization (include address and description)

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

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

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

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

2. Function or Event Information  
Does the agency have a ticket policy? Yes ☑ No ☐  
Face Value of Each Ticket/Pass $45  
Event Description: Dodgers  
Date(s) 5/27/17  
Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐  
If no: Dodgers  
Was ticket distribution made at the behest of agency official? Yes ☑ No ☐  
If yes:  
Name of Source  
Official's Name (Last, First)

3. Recipients  
* Use Section A to identify the agency’s department or unit.  
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Signature of Agency Head or Designee:  
Megan Moret  
Ticket Administrator  
6/9/17  
(month, day, year)

Comment:

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

1. Agency Name
   County of Los Angeles
   Division, Department, or Region (if applicable)
   Board of Supervisors, First District
   Designated Agency Contact (Name, Title)
   Megan Moret, Ticket Administrator

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

   Date Stamp
   California Form 802
   For Official Use Only
   Amendment (Must Provide Explanation in Part 3.)
   Date of Original Filing: __________ / __________ / __________

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass: __________
   Event Description: Dodgers
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   Date(s): __________ / __________ / __________
   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
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   Signature of Agency Head or Designee: ____________________________
   Print Name: Megan Moret
   Title: Ticket Administrator
   Date: 6/9/17

   Comment: ____________________________

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