

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

A Public Document

1. Agency Name County of Los Angeles		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) Board of Supervisors, First District			
Designated Agency Contact (Name, Title) Megan Moret, Ticket Administrator		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small>	
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
Provide Title/ Explanation

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:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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.

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

Comment: _____

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1. Agency Name County of Los Angeles Division, Department, or Region <i>(if applicable)</i> Board of Supervisors, First District Designated Agency Contact <i>(Name, Title)</i> 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
		<input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i>	
		Date of Original Filing: _____ <small>(month, day, year)</small>	

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 / 2 / 17
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Dodgers
Name of Source

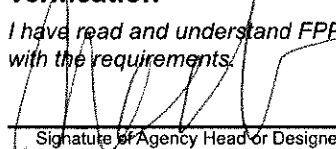
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Official's Name (Last, First)

3. Recipients
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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
Staff	2	Per ticket policy 5.3 (k)
B. Name of Individual <small>(Last, First)</small>	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.

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

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Area Code/Phone Number	E-mail	Date of Original Filing: _____ <small>(month, day, year)</small>	
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 / 3 / 17
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Dodgers
Name of Source

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Official's Name (Last, First)

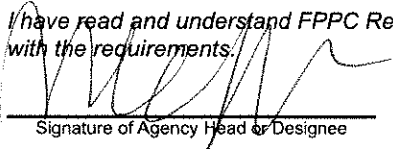
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Designated Agency Contact (Name, Title)			
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Area Code/Phone Number	E-mail		
213.974.4111	mmoret@bos.lacounty.gov		

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 / 8 / 17
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Dodgers
Name of Source

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Official's Name (Last, First)

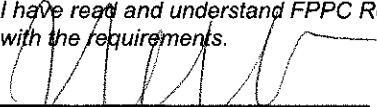
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B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
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Megan Moret
Ticket Administrator
6/9/17

Signature of Agency Head or Designee
Print Name
Title
(month, day, year)

Comment: _____

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E-mail mmoret@bos.lacounty.gov		<input type="checkbox"/> 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 / 9 / 17
Provide Title/ Explanation

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

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B.	Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
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Megan Moret Signature of Agency Head or Designee Megan Moret Print Name Ticket Administrator Title 6/9/17 (month, day, year)

Comment: _____

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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 Face Value of Each Ticket/Pass \$ 45
Event Description: Dodgers Date(s) 5 / 10 / 17
Provide Title/Explanation
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)

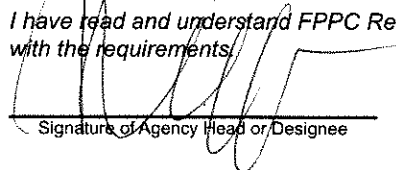
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Print Name Title (month, day, year)

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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 / 18 / 17
Provide Title/ Explanation

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)

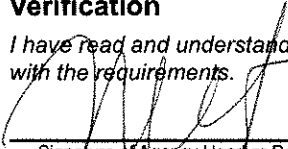
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A. Name of Agency, Department or Unit		Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
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Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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Area Code/Phone Number 213.974.4111	E-mail mmoret@bos.lacounty.gov	<input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i>	
		Date of Original Filing: _____ <small><i>(month, day, year)</i></small>	

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
Provide Title/ Explanation

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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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 <small><i>(Last, First)</i></small>	Number of Ticket(s)/ Passes	Identify one of the following:
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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 / 20 / 17
Provide Title/ Explanation

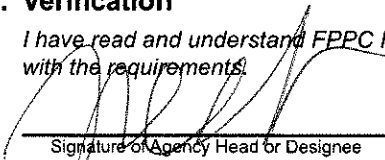
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2. Function or Event Information

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Event Description: Dodgers Date(s) 5 / 21 / 17
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Dodgers
Name of Source

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Official's Name (Last, First)

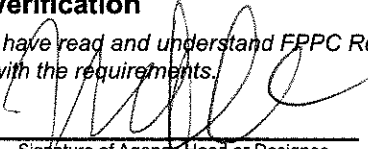
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Event Description: Dodgers Date(s) 5 / 23 / 17
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Dodgers
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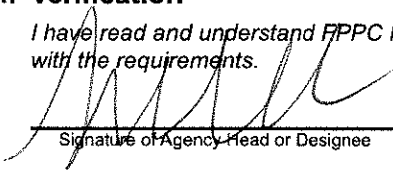
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Event Description: Dodgers Date(s) 5 / 24 / 17
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Dodgers
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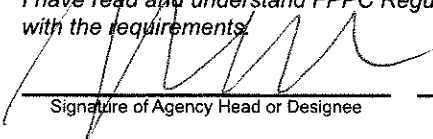
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		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number 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.


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

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

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 / 25 / 17
Provide Title/ Explanation
 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:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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: _____ Print Name: Megan Moret Ticket Administrator Title: _____ 6/9/17
(month, day, year)

Comment: _____

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

A Public Document

<p>1. Agency Name</p> <p>County of Los Angeles</p> <p><i>Division, Department, or Region (if applicable)</i> Board of Supervisors, First District</p> <p><i>Designated Agency Contact (Name, Title)</i> Megan Moret, Ticket Administrator</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;"><i>Area Code/Phone Number</i> 213.974.4111</td> <td><i>E-mail</i> mmoret@bos.lacounty.gov</td> </tr> </table>	<i>Area Code/Phone Number</i> 213.974.4111	<i>E-mail</i> mmoret@bos.lacounty.gov	<p>Date Stamp</p>	<p>California Form 802</p> <p>For Official Use Only</p>
<i>Area Code/Phone Number</i> 213.974.4111	<i>E-mail</i> mmoret@bos.lacounty.gov			
<p><input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)</p> <p>Date of Original Filing: _____ (month, day, year)</p>				

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

Provide Title/ Explanation

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

Comment: _____

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
County of Los Angeles			
Division, Department, or Region (if applicable) Board of Supervisors, First District		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small>	
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 / 28 / 17
Provide Title/ Explanation

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)

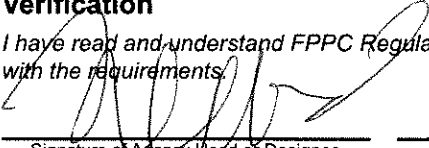
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Megan Moret
Ticket Administrator
6/9/17
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____