Print Form

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

A Public Document

California Form 802
For Official Use Only

Date Stamp

1. Agency Name

County of Los Angeles

Division, Department, or Region *(if applicable)*

Los Angeles County Arts Commission

Street Address

1055 Wilshire Blvd., Suite 800, Los Angeles, CA 90017

Designated Agency Contact *(Name, Title)*

Miriam Gonzalez

Area Code/Phone Number: (213) 202-5858

E-mail: mgonzalez@arts.lacounty.gov

☐ **Amendment** *(Must provide explanation in Part 3.)*

Date of Original Filing: _____ *(month, day, year)*

2. Function, Event, or Ceremonial Role Information

Title This

Description Theater

Face Value of Each Admission $ 45

Date(s) 08 / 07 / 11 ___ / ___ / ___

Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☒ If no: Center Theatre Group
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes ☐ No ☒ If yes: _____
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	• Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. • If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.	
Laura Zucker	2	Yes ☒ No ☐	Policy 2.015b - Job duties of the official	Income ☐
		Yes ☐ No ☐		Income ☐
		Yes ☐ No ☐		Income ☐
		Yes ☐ No ☐		Income ☐
		Yes ☐ No ☐		Income ☐

3. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

Signature of Agency Head or Designee	Print Name	Title	*(month, day, year)*
	Miriam Gonzalez	Executive Assistant	8/12/11

Comment: *(Use this space or an attachment for any additional information including amendment explanation.)*

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Date of Original Filing: _____ *(month, day, year)*

2. Function, Event, or Ceremonial Role Information

Title Ballet Nacional de Cuba

Face Value of Each Admission $ 100

Description Dance

Date(s) 08 / 07 / 11 ___ / ___ / ___

Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☒ If no: Dance at the Music Center
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes ☐ No ☒ If yes: _____
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	• Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. • If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.	
Ayanna Hudson	2	Yes ☒ No ☐	Policy 2.015b - Job duties of the official	Income ☐
		Yes ☐ No ☐		Income ☐
		Yes ☐ No ☐		Income ☐
		Yes ☐ No ☐		Income ☐
		Yes ☐ No ☐		Income ☐

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Signature of Agency Head or Designee	Print Name	Title	*(month, day, year)*
	Miriam Gonzalez	Executive Assistant	8/12/11

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Designated Agency Contact *(Name, Title)*

Miriam Gonzalez, Executive Assistant

Area Code/Phone Number: (213) 202-5858

E-mail: mgonzalez@arts.lacounty.gov

☐ **Amendment** *(Must provide explanation in Part 3.)*

Date of Original Filing: 4/14/11 *(month, day, year)*

2. Function, Event, or Ceremonial Role Information

Title Burn This

Face Value of Each Admission $ 55.00

Description Theater

Date(s) 4/3/11 ___/___/___

Ticket(s)/Admission(s) provided by agency? Yes ☐ **No** ☒ **If no:** Center Theatre Group *(Name of Source)*

Was the distribution to persons identified below made at the behest of an agency official?

Yes ☐ **No** ☒ **If yes:** _____ *(Official's Name (Last, First) and Title)*

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	• Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. • If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.	
Zucker, Laura	2	Yes ☒ No ☐	Policy 2.01.5 3b Job duties of the county offic	Income ☐
		Yes ☐ No ☐		Income ☐
		Yes ☐ No ☐		Income ☐
		Yes ☐ No ☐		Income ☐
		Yes ☐ No ☐		Income ☐

3. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

Signature of Agency Head or Designee	Print Name	Title	*(month, day, year)*
	Miriam Gonzalez	Executive Assistant	5/12/11

Comment: *(Use this space or an attachment for any additional information including amendment explanation.)*