

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

**A Public Document**

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> <small>For Official Use Only</small>
County of Los Angeles			
Division, Department, or Region (If Applicable)			
Los Angeles County Arts Commission			
Designated Agency Contact (Name, Title)			
Miriam Gonzalez		<input type="checkbox"/> <b>Amendment</b> (Must provide explanation in Part 3.) Date of Original Filing: <input type="text"/> (Month, Day, Year)	
Area Code/Phone Number	E-mail		
(213) 202-5858	mgonzalez@arts.lacounty.gov		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No

Event Description:  Provide Title/Explanation

Face Value of Each Ticket/Pass \$

Date(s)

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

If 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
Arts Commission	2	Policy 5.3 b - Job duties of the official
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	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)/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.

	<input type="text" value="Miriam Gonzalez"/>	<input type="text" value="Executive Assistant"/>	<input type="text" value="5/26/15"/>
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment:

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(213) 202-5858	mgonzalez@arts.lacounty.gov	Date of Original Filing: <input type="text"/> <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 \$

Event Description  Date(s)     
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If 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
Arts Commission	6	Policy 5.3 b - Job duties of the official
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	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>
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	<input type="text" value="Miriam Gonzalez"/>	<input type="text" value="Executive Assistant"/>	<input type="text" value="5/26/15"/>
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

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Designated Agency Contact (Name, Title)			
Miriam Gonzalez			
Area Code/Phone Number	E-mail		
(213) 202-5858	mgonzalez@arts.lacounty.gov		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No

Event Description: 2nd Annual Mariachi Womens Festival  
*Provide Title/Explanation*

Face Value of Each Ticket/Pass \$ \$35

Date(s) 3 / 21 / 15

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

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

If no: Mariachi Women's Foundation  
*Name of Source*

If yes: \_\_\_\_\_  
*Official's Name (Last, First)*

**3. Recipients**

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Miriam Gonzalez
Executive Assistant
5/26/15

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

Comment: \_\_\_\_\_

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Miriam Gonzalez			
Area Code/Phone Number	E-mail		
(213) 202-5858	mgonzalez@arts.lacounty.gov		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No

Event Description: Celebrate Dance  
*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 \$ \$18

Date(s) 3 / 17 / 15

If no: Jaime Nichols Dance  
*Name of Source*

If yes: \_\_\_\_\_  
*Official's Name (Last, First)*

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	Miriam Gonzalez	Executive Assistant	5/26/15
Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)

Comment: \_\_\_\_\_