

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)			
Los Angeles County Arts Commission			
Designated Agency Contact (Name, Title)			
1055 Wilshire Blvd., Suite 800, Los Angeles, CA 90017		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (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: Stonefaced, theatre performance
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 \$ 20

Date(s) 8 / 3 / 12

If no: Sacred Fools Theatre
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)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Zucker, Laura	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Policy 2.015b -Job duties of the official
		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.


 Miriam Gonzalez Executive Assistant 9/16/12
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment:

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2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐

Event Description Savannah Deputation, theatre
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 \$ 30

Date(s) 7 6 12

If no: The Colony Theatre
Name of Source

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

3. Recipients

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A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
		
		
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Zucker, Laura	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Policy 2.015b - Job duties of the official
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	Miriam Gonzalez	Executive Assistant	9/16/12
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment: