Agency Report of:

C	eremonial Role Events and Tic	ket/Pass	s Distributions		A Public Documen		
1.	Agency Name	Date Stamp					
	County of Los Angeles				Form 802		
	Division, Department, or Region (If Applicable)				For Official Use Only		
	os Angeles County Arts Commission						
	Designated Agency Contact (Name, Title)	-	-				
	1055 Wilshire Blvd., Suite 800, Los Angeles						
1	Area Code/Phone Number E-mail	er E-mail			Amendment (Must provide explanation in Part 3.)		
	(213) 202-5858 mgonzalez@	mgonzalez@arts.lacounty.gov			Date of Original Filing: (Month, Day, Year)		
2.	Function or Event Information	2000		2			
	Does the agency have a ticket policy?	of Each Ticket/Pass \$	J				
	Event Description Stonefaced, theatre perf	,3 ,12					
	Ticket(s)/Pass(es) provided by agency?	d Fools Theatre Name of Sou	irce				
	Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (L	ast, 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.						
	Name of Agency, Department or Unit Number of Ticket(s)/ Describe the		e sitting grant property of the other stays	lic purpose made pursuant (Visita Carrier Special Control of		
		Pass(es)					
			and the same of th				
	B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the following	g:		
	Zucker, Laura	2	Ceremonial Role If checking "Ceremon	Other X ial Role" or "Other" describe below:	Income		
	Zacker, Zaara	_	Policy 2.015b -Job di	uties of the official			
			Ceremonial Role If checking "Ceremoni	Other Garage Other describe below:	Income		
anneann meann							
(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				
de la constitución de la constit							
The second							
	 √erification						
	have read and understand FPPC Regulations 18 <u>944.1 and 1</u>	rth above, is in accordance with	the requirements.				
-	115.	Gonzalez		itive Assistant	9/16/12		
-	Signature of Agency Head or Designee	Title	(Month, Day, Year)				
(Comment:				3		

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Division, Department, or Region (If Applicate	ole)		<u> </u>	For Official Use Only
Los Angeles County Arts Commission				
Designated Agency Contact (Name, Title)			1	
1055 Wilshire Blvd., Suite 800, Los Angele				
Area Code/Phone Number E-mail	Amendment (Must p	provide explanation in Part 3.)		
	@arts.lacoun	ty.gov	Date of Original Filing:	(Month, Day, Year)
2. Function or Event Information Does the agency have a ticket policy?		Face Value	of Each Ticket/Pass \$	30
Event Description Savannah Deputation, Provide Title/Ex,	theatre	Pace Value of Date(s)	6 12	
Ticket(s)/Pass(es) provided by agency?	Yes No	If no: The Co	olony Theatre	
Was ticket distribution made at the behest of agency official?	No⊠ Yes	If yes:	Official's Name (L	
3. Recipients • Use Section A to identify the agency's department or	runit. • Use Se	ection B to identify an Individu	ual. • Use Section C to ident	tifu an outside organization
A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	g kilografiki griffs, a kom dijest 💥	lic purpose made pursuant	TO AMERICA SERVICE SAME A CONTROL OF THE
B. Name of Individual	Number of Ticket(s)/ Pass(es)		Identify one of the following	ng
7		Ceremonial Role If checking "Ceremoni	Other X	Income
Zucker, Laura	2	Policy 2.015b -Job du	uties of the official	
		Ceremonial Role If checking "Ceremonial	Other Other Other" describe below:	Income
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the publ	ic 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

Signature of Agency Head or Designee

Print Name

Title

(Month, Day, Year)

FPPC Form 802 (4/12)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)