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

1. Agency Name
   County of Los Angeles
   Division, Department, or Region (If Applicable)
   Los Angeles County Arts Commission
   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 X No
   Event Description BodyTraffic
   Ticket(s)/Pass(es) provided by agency? Yes X No
   Face Value of Each Ticket/Pass $20
   Date(s) 2 26 15
   If no: The Broad Stage
   Name of Source
   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 1 Policy 5.3 b - Job duties of the official

   **B. Name of Individual**
   **Number of Ticket(s)/Pass(es)**
   **Identify one of the following:**
   Ceremonial Role X Other Income
   If checking "Ceremonial Role" or "Other" describe below:

   **C. Name of Outside Organization**
   **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 19944.1 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Miriam Gonzalez Executive Assistant 3-11-15

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (666/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   County of Los Angeles
   Los Angeles County Arts Commission
   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 [X]
   Face Value of Each Ticket/Pass $65
   Event Description DocuDay
   Date(s) 21 15
   Ticket(s)/Pass(es) provided by agency? Yes [X] No [ ]
   If no:
   International Documentary Association
   Official’s Name (Last, First)
   Was ticket distribution made at the behest of agency official? Yes [X] No [ ]

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 (Last, First)   Number of Ticket(s)/Pass(es)   Identify one of the following:
      Ceremonial Role [ ] Other [ ] Income [ ]
      Ceremonial Role [ ] Other [ ] Income [ ]

   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 19944.1 and 19944. I have verified that the distribution set forth above is in accordance with the requirements.
   Miriam Gonzalez   Executive Assistant   3-11-15
   Signature of Agency Head of Designee   Print Name   Title (Month, Day, Year)
   Comment:
### Agency Report of:
**Ceremonial Role Events and Ticket/Pass Distributions**

**1. Agency Name**
- County of Los Angeles
- Los Angeles County Arts Commission
- Designated Agency Contact (Name, Title)
  - Miriam Gonzalez
  - Area Code/Phone Number: (213) 202-5858
  - E-mail: mgonzalez@arts.lacounty.gov

**2. Function or Event Information**
- **Does the agency have a ticket policy?** Yes [X] No [ ]
- **Event Description:** Lilijan Chamber Concert
- **Face Value of Each Ticket/Pass:** $20
- **Date(s):** 2/22/15
- **Ticket(s)/Pass(es) provided by agency?** Yes [X] No [ ]
- **Was ticket distribution made at the behest of agency official?** No [X] Yes [ ]

**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.

<table>
<thead>
<tr>
<th>A. Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arts Commission</td>
<td>1</td>
<td>Policy 5.3 b - Job duties of the official</td>
</tr>
</tbody>
</table>

**B. Name of Individual (Last, First)**

<table>
<thead>
<tr>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Ceremonial Role [ ] Other [ ]</td>
</tr>
</tbody>
</table>

- Other description:
- Income [ ]

**C. Name of Outside Organization (Include address and description)**

<table>
<thead>
<tr>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>

**4. Verification**

I have read and understand FPPC Regulations 19244.1 and 19244.1. I have verified that the distribution set forth above is in accordance with the requirements.

- **Signature of Agency Head/Designee:** Miriam Gonzalez
- **Print Name:** Executive Assistant
- **Title:** (Month, Day, Year)

**Comment:** [Blank]

**FPPC Form 802 (4/12)**

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
### Agency Report of:

**Ceremonial Role Events and Ticket/Pass Distributions**

#### 1. Agency Name
- County of Los Angeles
- Division, Department, or Region (If Applicable): Los Angeles County Arts Commission
- Designated Agency Contact (Name, Title): Miriam Gonzalez
  - Area Code/Phone Number: (213) 202-5858
  - E-mail: mgonzalez@arts.lacounty.gov

#### 2. Function or Event Information
- **Does the agency have a ticket policy?** Yes [ ] No [X]
- **Face Value of Each Ticket/Pass:** $55
- **Event Description:** The Price
- **Provide Title/Explanation:**
- **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [X]
- **Was ticket distribution made at the behest of agency official?** No [ ] Yes [X]
  - **Date(s):** 2/18/15, 2/21/15

#### 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
- **Arts Commission**
  - **Number of Ticket(s)/Pass(es):** 4
  - **Describe the public purpose made pursuant to the agency's policy:** Policy 5.3 b - Job duties of the official

##### B. Name of Individual
- **Name of Individual:**
  - **Number of Ticket(s)/Pass(es):**
  - **Identify one of the following:**
    - Ceremonial Role [ ] Other [ ] Income [ ]
      - If checking "Ceremonial Role" or "Other" describe below:
        - Ceremonial Role [ ] Other [ ] Income [ ]
          - If checking "Ceremonial Role" or "Other" describe below:

##### C. Name of Outside Organization
- **Name of Outside Organization:**
  - **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 1944, 1 and 1944. I have verified that the distribution set forth above is in accordance with the requirements.

  - **Signature of Agency Head or Designee:**
  - **Print Name:**
  - **Title:**
  - **(Month, Day, Year):** 3-11-15

**Comment:**

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FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   County of Los Angeles
   Division, Department, or Region (If Applicable)
   Los Angeles County Arts Commission
   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 DocuDay
   Face Value of Each Ticket/Pass $65
   Date(s) 21 15
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☑
   If no: International Documentary Association
   Name of Event: DocuDay
   Was ticket distribution made at the behest of agency official? Yes ☑ No ☐

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.

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arts Commission</td>
<td>6</td>
<td>Policy 5.3 b - Job duties of the official</td>
</tr>
</tbody>
</table>

   B. Name of Individual
      Name of Individual (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role ☐ Other ☐ Income ☐
      (If checking "Ceremonial Role" or "Other" describe below:
      Ceremonial Role ☐ Other ☐ Income ☐
      (If checking "Ceremonial Role" or "Other" describe below:
      Ceremonial Role ☐ Other ☐ Income ☐

   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 19844.1 and 19844. I have verified that the distribution set forth above is in accordance with the requirements.

   Signature of Agency Head or Designee: Miriam Gonzalez
   Print Name: Executive Assistant
   Title: 3-11-15
   (Month, Day, Year)

   Comment: [Blank]

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
### Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

**1. Agency Name**
- County of Los Angeles
- Los Angeles County Arts Commission
- Designated Agency Contact: Miriam Gonzalez
  - Area Code/Phone Number: (213) 202-5858
  - E-mail: mgonzalez@arts.lacounty.gov

**2. Function or Event Information**
- **Does the agency have a ticket policy?** Yes [X] No [ ]
- **Event Description:** Pentacle's Antics/Multiplex Dance
- **Ticket(s)/Pass(es) provided by agency?** Yes [ ] No [X]
- **Was ticket distribution made at the behest of agency official?** No [X] Yes [ ]
  - **Face Value of Each Ticket/Pass:** $20
  - **Date(s):** 2/20/15
  - **Venue:** Bootleg Theatre

**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**
- Arts Commission
  - **Number of Ticket(s)/Pass(es):** 1
  - **Describe the public purpose made pursuant to the agency's policy:** Policy 5.3 b - Job duties of the official

**B. Name of Individual**
- **Name of Individual**: First, Last
  - **Number of Ticket(s)/Pass(es):**
  - **Identify one of the following:**
    - **Ceremonial Role**: [ ]
    - **Other**: [ ]
     - **Income**: [ ]

**C. Name of Outside Organization**
- **Number of Ticket(s)/Pass(es):**
  - **Describe the public purpose made pursuant to the agency's policy**

**4. Verification**
- **Signature of Agency Head or Designee:** Miriam Gonzalez
- **Print Name:** Executive Assistant
- **Date:** 3-11-15
- **Comment:**

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FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   County of Los Angeles
   Los Angeles County Arts Commission
   Designated Agency Contact (Name, Title)
   Miriam Gonzalez
   E-mail: mgonzalez@arts.lacounty.gov

2. Function or Event Information
   Does the agency have a ticket policy? Yes No
   Event Description: DanceMapLA Launch/Kyle Abraham
   Face Value of Each Ticket/Pass $20
   Date(s): 2, 13, 15
   Ticket(s)/Pass(es) provided by agency? Yes No
   If no: DanceMapLA/UCLA Royce Hall
   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.

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arts Commission</td>
<td>1</td>
<td>Policy 5.3 b - Job duties of the official</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ceremonial Role ☐ Other ☐ Income ☐</td>
</tr>
<tr>
<td></td>
<td></td>
<td>If checking “Ceremonial Role” or “Other” describe below:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Outside Organization (Include address and description)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
</table>

4. Verification
   I have read and understand FPPC Regulations 18944.1 and 18945. I have verified that the distribution set forth above is in accordance with the requirements.
   Signature of Agency Head or Designee: Miriam Gonzalez
   Print Name: Executive Assistant
   Title: (Month, Day, Year)
   Comment:
   FPPC Form 802 (4/12)
   FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)
**Agency Report of:**
Ceremonial Role Events and Ticket/Pass Distributions

1. **Agency Name**
   - County of Los Angeles
   - Los Angeles County Arts Commission
   - Designated Agency Contact (Name, Title)
   - Miriam Gonzalez
   - Area Code/Phone Number: (213) 202-5858
   - E-mail: mgonzalez@arts.lacounty.gov

2. **Function or Event Information**
   - Does the agency have a ticket policy? Yes [ ] No [x]
   - Event Description: Chavez Ravine
   - Face Value of Each Ticket/Pass: $39
   - Date(s): 2/8/15
   - Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   - Was ticket distribution made at the behest of agency official? No [x] Yes [ ]

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**
   - Arts Commission
   - Number of Ticket(s)/Pass(es): 2
   - Describe the public purpose made pursuant to the agency's policy: Policy 5.3 b - Job duties of the official

   **B. Name of Individual (Last First)**
   - Identify one of the following:
     - Ceremonial Role [ ]
     - Other [ ]
     - Income [ ]
   - Number of Ticket(s)/Pass(es)
   - Ceremonial Role [ ]
   - Other [ ]
   - Income [ ]

   **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**
   - Signature of Agency Head or Designee: Miriam Gonzalez
   - Print Name: Executive Assistant
   - Title: 3-11-15

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

1. Agency Name
   County of Los Angeles
   Los Angeles County Arts Commission
   Designated Agency Contact (Name, Title)
   Miriam Gonzalez
   Area Code/Phone Number: (213) 202-5858
   E-mail: mgonzalez@arts.lacounty.gov

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☑ No ☐
   Face Value of Each Ticket/Pass $35
   Event Description: Barack Ballet: Triple Bill 2015
   Date(s): 2/7/15
   Ticket(s)/Pass(es) provided by agency? Yes ☑ No ☐
   If no: Lark Musical Society
   If yes: Official's Name (Last, First)
   Was ticket distribution made at the behest of agency official? No ☑ Yes ☐

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 | 1 | 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 ☐ Other ☐ Income ☐
      | | Ceremonial Role ☐ Other ☐ Income ☐
      | | Ceremonial Role ☐ Other ☐ Income ☐

   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 19444 and 19442. I have verified that the distribution set forth above is in accordance with the requirements.
   Signature of Agency Head or Designee: Miriam Gonzalez
   Print Name: Executive Assistant
   Title: 3-11-15
   (Month, Day, Year)

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

1. Agency Name  
County of Los Angeles  
Division, Department, or Region (If Applicable)  
Los Angeles County Arts Commission  
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[X]  
Face Value of Each Ticket/Pass $125  
Event Description  
Music Cares  
Provide Title/Explanation  
Ticket(s)/Pass(es) provided by agency?  
Yes[ ] No[X]  
If no:  
The Grammy Foundation  
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

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arts Commission</td>
<td>2</td>
<td>Policy 5.3 b - Job duties of the official</td>
</tr>
</tbody>
</table>

B. Name of Individual (Last, First)  
Number of Ticket(s)/Pass(es)  
Identify one of the following:  
Ceremonial Role  
Other  
Income  
If checking "Ceremonial Role" or "Other" describe below:

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(s)/Pass(es)</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 18945. I have verified that the distribution set forth above, is in accordance with the requirements.  
Miriam Gonzalez  
Executive Assistant  
3-11-15  
(Full Name)  
Title (Month, Day, Year)
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
County of Los Angeles
Los Angeles County Arts Commission
Miriam Gonzalez
(213) 202-5858 mgonzalez@arts.lacounty.gov

2. Function or Event Information
Does the agency have a ticket policy? Yes [ ] No [ ]
Event Description: The Music Center
Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
Was ticket distribution made at the behest of agency official? No [x] Yes [ ]
Face Value of Each Ticket/Pass $30
Date(s) 17 15

3. Recipients
A. Name of Agency, Department or Unit
   Number of Ticket(s)/Pass(es) 2
   Describe the public purpose made pursuant to the agency's policy
   Policy 5.3 b - Job duties of the official

B. Name of Individual
   Number of Ticket(s)/Pass(es)
   Identify one of the following:
   Ceremonial Role [ ] Other [ ] Income [ ]
   Ceremonial Role [ ] Other [ ] Income [ ]

C. Name of Outside Organization
   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 19941 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.

Miriam Gonzalez
Executive Assistant
3-11-15

Signature of Agency Head or Designee
Print Name
Title
(Month, Day, Year)
# Agency Report of:
## Ceremonial Role Events and Ticket/Pass Distributions

### 1. Agency Name
- County of Los Angeles
- Division, Department, or Region (If Applicable): Los Angeles County Arts Commission
- Designated Agency Contact (Name, Title): Miriam Gonzalez

<table>
<thead>
<tr>
<th>Area Code/Phone Number</th>
<th>E-mail</th>
</tr>
</thead>
<tbody>
<tr>
<td>(213) 202-5858</td>
<td><a href="mailto:mgonzalez@arts.lacounty.gov">mgonzalez@arts.lacounty.gov</a></td>
</tr>
</tbody>
</table>

### 2. Function or Event Information
- Does the agency have a ticket policy? Yes [X] No [ ]
- Face Value of Each Ticket/Pass $35
- Event Description: Jack Lemon Returns
- Provide Title/Explanation
- Ticket(s)/Pass(es) provided by agency? Yes [X] No [ ]
- Date(s): 1/23/15
- If no: The Broad Stage
- Name of Source: Official’s Name (Last, First)

### 3. Recipients
- **A. Name of Agency, Department or Unit**: Arts Commission
  - Number of Ticket(s)/Pass(es): 4
  - Describe the public purpose made pursuant to the agency’s policy: Policy 5.3 b - Job duties of the official

- **B. Name of Individual**
  - Number of Ticket(s)/Pass(es)
  - Identify one of the following:
    - Ceremonial Role [ ] Other [ ] Income [ ]
      - If checking “Ceremonial Role” or “Other” describe below:
      - Ceremonial Role [ ] Other [ ] Income [ ]
      - If checking “Ceremonial Role” or “Other” describe below:

- **C. Name of Outside Organization**
  - 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 19444.1 and 19443.1. I have verified that the distribution set forth above is in accordance with the requirements.
- Miriam Gonzalez [Signature of Agency Head or Designee]
- Executive Assistant [Title]
- 3-11-15 [Date]
- Comment:
Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

1. Agency Name
   County of Los Angeles
   Division, Department, or Region (If Applicable)
   Los Angeles County Arts Commission
   Designated Agency Contact (Name, Title)
   Miriam Gonzalez
   Area Code/Phone Number: (213) 202-5858
   E-mail: mgonzalez@arts.lacounty.gov

2. Function or Event Information
   Does the agency have a ticket policy? Yes [x] No [ ]
   Event Description: Icono-Graphic
   Provide Title/Explanation
   Ticket(s)/Pass(es) provided by agency? Yes [ ] No [x]
   Date(s) 31 15
   If no:
   Name of Sponsor: Jacaranda Music
   Name of Sponsor:
   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 1 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 [ ] Other [ ] Income [ ]
      If checking “Ceremonial Role” or “Other” describe below:

   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 18944. I have verified that the distribution set forth above is in accordance with the requirements.
   Miriam Gonzalez
   Signature of Agency Head or Designee
   Executive Assistant
   Print Name
   Title
   3-11-15
   (Month, Day, Year)

Comment: