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

   Date Stamp: California Form 802
   Amendment (Must provide explanation in Part 1)
   Date of Original Filing: (Month, Day, Year)

2. Function or Event Information
   Does the agency have a ticket policy? Yes [x] No [ ]
   Event Description: Mysteries of Love and Sex
   Face Value of Each Ticket/Pass $65
   Date(s): 2/10/16 2/21/16
   Ticket(s)/Pass(es) provided by agency? Yes [x] No [ ]
   No: Center Theatre Group
       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
   Arts Commission | 2 | Policy 5.3B - 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:
   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 19941 and 19942. I have verified that the distribution set forth above, is in accordance with the requirements.
   Signature of Agency Head or Designee: Miriam Gonzalez
   Executive Assistant: [ ] Title: [ ]
   (Month, Day, Year): 2/22/16

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 [x] No
   Event Description An Act of God
   Face Value of Each Ticket/Pass $60
   Date(s) 2 10 16
   Ticket(s)/Pass(es) provided by agency? Yes [x] No
   Was ticket distribution made at the behest of agency official? Yes [x] No
   Center Theatre Group
   Name of Source

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 5.3B - Job duties of the official.

   B. Name of Individual (Last, First)
      Number of Ticket(s)/Pass(es)
      Identify one of the following:
      Ceremonial Role [x] Other [ ] Income [ ]
      Other [ ] Ceremonial Role [ ] 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 19944.1 and 18042. I have verified that the distribution set forth above is in accordance with the requirements.

   Miriam Gonzalez [Signature]
   Executive Assistant

   Signature of Agency Head or Designee: [Signature]
   Print Name
   Title
   Date (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
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

Date Stamp
California Form 802
For Official Use Only

Amendment (Must provide explanation in Part 3)
Date of Original Filing: (Month, Day, Year)

2. Function or Event Information
Does the agency have a ticket policy? Yes No
Event Description 1984
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 $560
Date(s) 13 16
If no: The Broad Stage
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
Arts Commission 2 Policy 5.3B - 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 19844 1 and 19842. I have verified that the distribution set forth above is in accordance with the requirements.

Miriam Gonzalez Executive Assistant 1/19/16
Signature of Agency, Ad or Designee Print Name Title

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)