

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

A Public Document

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 For Official Use Only, Amendment checkbox, Date of Original Filing: (Month, Day, Year)

2. Function or Event Information: Does the agency have a ticket policy? Yes [X] No [ ], Face Value of Each Ticket/Pass \$ 65, Event Description: Mysteries of Love and Sex, Provide Title/Explanation, Ticket(s)/Pass(es) provided by agency? Yes [X] No [ ], Was ticket distribution made at the behest of agency official? No [ ] Yes [ ], Date(s): 2/10/16, 2/21/16, If 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.

Table with 3 columns: Name of Agency, Department or Unit; Number of Ticket(s)/Pass(es); Describe the public purpose made pursuant to the agency's policy. Includes rows for Arts Commission and individual recipients with Ceremonial Role/Other/Income checkboxes.

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. Signature of Agency Head or Designee: Miriam Gonzalez, Print Name: Miriam Gonzalez, Title: Executive Assistant, Date: 2/22/16

Comment:

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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	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
213-202-5858	mgonzalez@arts.lacounty.gov	Date of Original Filing: <input type="text"/> (Month, Day, Year)	

**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*

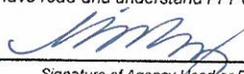
Was ticket distribution made at the behest of agency official? No  Yes  If yes:   
*Official's Name (Last, First)*

**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	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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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	2/10/16
<i>Signature of Agency Head or Designee</i>	<i>Print Name</i>	<i>Title</i>	<i>(Month, Day, Year)</i>

Comment:

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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: _____ (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       Face Value of Each Ticket/Pass \$ \$60

Event Description 1984      Date(s) 1, 13, 16  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No       If no: The Broad Stage  
Name of Source

Was ticket distribution made at the behest of agency official? No  Yes       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
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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>
		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 <small>(include address and description)</small>	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.

	<u>Miriam Gonzalez</u>	<u>Executive Assistant</u>	<u>1/19/16</u>
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

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