**1. Agency Name**

County of Los Angeles  
Los Angeles County Arts Commission

**Division, Department, or Region (if applicable)**  

**Street Address**
1055 Wilshire Boulevard, Suite 800

**Area Code/Phone Number**
(213) 202-5858

**E-mail**
mgonzalez@arts.lacounty.gov

**Agency Contact (name and title)**
Miriam Gonzalez

**Date Stamp**

<table>
<thead>
<tr>
<th>California Form</th>
<th>Ticket Provided by Agency Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>802</td>
<td>A Public Document</td>
</tr>
</tbody>
</table>

| Date of Original Filing: (month, day, year) |

| Amendment (Must explain in Part 5) |

**2. Event For Which Tickets Were Distributed**

**Date(s) of Event:**  
7/18/09

**Description of Event:** Music performance and annual fundraiser

**Face Value of Ticket:** $150

**Agency Event**

- [ ] Yes  
- [x] No (Identify source of tickets below.)

**Name of Outside Source of Ticket(s) Provided to Agency:** Grand Performances

**Number of Tickets Received:** 2

**Ticket(s) Provided to Agency:** [x] Gratuitously  
- [ ] Pursuant to Contract

**3. Agency Official(s) Receiving Ticket(s)** (use a continuation sheet for additional names)

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zucker, Laura</td>
<td>2</td>
<td>Policy No 3.01 5.3b - Job duties of the County official require his/her attendance at the event.</td>
</tr>
</tbody>
</table>

**4. Individual or Organization Receiving Ticket(s)** (Provided at the behest of an agency official)

**Name of Behesting Agency Official:**

**Name of Individual or Organization:**

**Number of Tickets:**

**Description of Organization:**

**Address of Organization:**

**Number and Street**

**City**

**State**

**Zip Code**

**Purpose for Distribution:** (Describe the public purpose for the distribution to the organization.)

**5. Verification**

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

Signature of Agency Head or Designee: Miriam Gonzalez

Print Name: Executive Assistant

Title: 9/17/09 (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)