Tickets Provided by
Agency Report

A Public Document

1. Agency Name
   County of Los Angeles
   Los Angeles County Arts Commission
   Street Address
   1055 Wilshire Boulevard, Suite 800
   Area Code/Phone Number (213) 202-5658
   E-mail mgonzalez@arts.lacounty.gov
   Agency Contact (name and title)
   Miriam Gonzalez

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

2. Event For Which Tickets Were Distributed
   Date(s) of Event: 7/19/09
   Description of Event: Concert
   Face Value of Ticket: $45
   Agency Event
   □ Yes  □ No (Identify source of tickets below.)
   Name of Outside Source of Ticket(s) Provided to Agency: The Jazz Bakery
   Number of Tickets Received: 2
   Ticket(s) Provided to Agency:
   □ Gratuitously  □ Pursuant to Contract

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

| Name of Official (Last, First) | Number of Tickets | State Whether the Distribution is Income to the Official or
|-------------------------------|-------------------| Describe the Public Purpose for the Distribution |
| Ono, Emiko                    | 2                 | Policy No 3.01 5.3b - Job duties of the County official require his/her attendance at the event. |

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: ____________________________
   Print Name: Miriam Gonzalez
   Title: Executive Assistant
   Date: 9/17/09 (month, day, year)

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