

# Tickets Provided by Agency Report

## A Public Document

TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name County of Los Angeles		Date Stamp	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (if applicable) Los Angeles County Arts Commission			
Street Address 1055 Wilshire Blvd., Suite, 800, Los Angeles, CA 90017			
Area Code/Phone Number (213) 202-5858	E-mail mgonzalez@arts.lacounty.gov	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ <small>(month, day, year)</small>	
Agency Contact (name and title) Miriam Gonzalez			

### 2. Event For Which Tickets Were Distributed

Date(s) of Event: 01 / 22 / 11 Description of Event: Symphony Classic  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Face Value of Ticket: \$ 80

Agency Event  Yes  No (Identify source of tickets below.)  
 Name of Outside Source of Ticket(s) Provided to Agency: Pasadena Symphony  
 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
Zucker, Laura	2	Policy No. 2.01.5 3b Job duties of the county official required 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 Title (month, day, year)

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

**Tickets Provided by Agency Report**

**A Public Document**

TICKETS PROVIDED BY AGENCY REPORT

<b>1. Agency Name</b> County of Los Angeles		Date Stamp	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (if applicable) Los Angeles County Arts Commission			
Street Address 1055 Wilshire Blvd., Suite, 800, Los Angeles, CA 90017			
Area Code/Phone Number (213) 202-5858	E-mail mgonzalez@arts.lacounty.gov	<input type="checkbox"/> Amendment (Must explain in Part 5.)	
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: 01 / 05 / 11 Description of Event: Stories by the Heart  
 \_\_\_\_\_ Face Value of Ticket: \$ 70

Agency Event  Yes  No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Center Theatre Group

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
Zucker, Laura	2	Policy No. 2.01.5 3b Job duties of the county official required 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.

 Miriam Gonzalez Executive Assistant 2/3/11  
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

Tickets Provided by Agency Report

A Public Document

TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name County of Los Angeles		Date Stamp	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (if applicable) Los Angeles County Arts Commission			
Street Address 1055 Wilshire Blvd., Suite, 800, Los Angeles, CA 90017			
Area Code/Phone Number (213) 202-5858	E-mail mgonzalez@arts.lacounty.gov	<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ <small>(month, day, year)</small>	
Agency Contact (name and title) Miriam Gonzalez			

2. Event For Which Tickets Were Distributed

Date(s) of Event: 12 / 16 / 10 Description of Event: Amahl and the Night Visitors

Face Value of Ticket: \$ 40 (est)

Agency Event  Yes  No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Intimate Opera

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. 2.01.5 3b Job duties of the county official required 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.

	Miriam Gonzalez	Executive Assistant	2/3/11
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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