

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

A Public Document

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> For Official Use Only
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			
<input type="checkbox"/> 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: The Appropriate  
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 \$ \$75

Date(s) 9 / 24 / 15

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.

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 Commisison	2	Policy 5.3b - Job duties of the official.

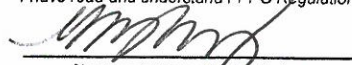
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial 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.

 Signature of Agency Head or Designee	Miriam Gonzalez Print Name	Executive Assistant Title	10/19/15 (Month, Day, Year)
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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"/> Amendment (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 <input checked="" type="checkbox"/> No <input type="checkbox"/>	Face Value of Each Ticket/Pass \$	\$84
Event Description	These Paper Bullets	Date(s)	9 / 16 / 15
Provide Title/Explanation			
Ticket(s)/Pass(es) provided by agency?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If no:	Geffen Playhouse
		Name of Source	
Was ticket distribution made at the behest of agency official?	No <input type="checkbox"/> Yes <input type="checkbox"/>	If yes:	Official's Name (Last, First)

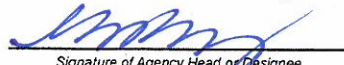
**3. Recipients**

• 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 Commisison	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"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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 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	Executive Assistant	10/19/15
	Print Name	Title	(Month, Day, Year)

Comment:



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## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass \$ 25

Event Description	The Object Lesson
	<i>Provide Title/Explanation</i>

Date(s) 9 / 05 / 15 9 / 9 / 15

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

If no: Center Theater Group

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 Commisison	4	Policy 5.3b - Job duties of the official.
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"/> <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 <small>(include address and description)</small>	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

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Signature of Agency Head or Designee

Miriam Gonzalez

Executive Assistant

10/19/15  
(Month Day Year)

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