

**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 Boulevard, Suite 800			
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: 2 / 6 / 10 Description of Event: Putnam County Spelling Bee

Face Value of Ticket: \$ 55.00

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

Name of Outside Source of Ticket(s) Provided to Agency: La Mirada Theatre for the Performing Arts

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
Emiko Ono	2	Policy No. 2.01.5.3b 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.


 Miriam Gonzalez Executive Assistant 2/11/10  
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.)  
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