ickets Provided by				•
gency Report	A Put	olic Docume	nt	TICKETS PROVIDED AGENCY REPO
. Agency Name County of Los Angeles			Date Stamp	California 802
Division, Department, or Region (i	if applicable)			For Official Use Only
Los Angeles County Arts Comn	nission			
Street Address				
1055 Wilshire Blvd., Suite 800,	Los Angeles, CA 90017		•	
Area Code/Phone Number E-m	ail		Amendment (Must e	auntain in Flow E.)
213-202-5858 mgd	onzalez@arts.lacounty.go	ıv	Amendment (waste	эхриян ін ман э.)
Agency Contact (name and title)			Date of Original Filing:	(month, day, year)
Miriam Gonzalez				(month, day, year)
Event For Which Tickets We	ere Distributed			
Date(s) of Event: 06 /01 /	10 Description of Eve	Film Festiva	l - General Screenir	ngs .
06 /17 /	10 Face Value of Ticl	12		
	Face Value of 11cl	ket: \$	<u></u>	
Agency Event Yes	No (Identify source of tick	ets below.)		
Name of Outside Source of Ticke	ot(a) Drayidad ta Agagay	A Film Festival		
	si(s) Flovided to Agency			
Number of Tickets Received: 2	Ticket(s) Pr	ovided to Agency	r: ⊠ Gratuitously	Pursuant to Contra
Agency Official(s) Receiving	រ្វ Ticket(s) (use a continuat	ion sheet for additi	onal names)	•
Name of Official (Last, First)	Number of Tickets		er the Distribution is In e the Public Purpose for	
Ono, Emiko	2	Policy No. 2.0	1.5. 3b Job duties of	f the county official
		require his/her	attendance at the e	event.
Individual or Organization R	Receiving Ticket(s) (Prov	rided at the behest	of an agency official.)	
			,	
Name of Behesting Agency Office	ial:			
Alama af hadirida a Oran isati	on-		Numb	er of Tickets:
Name of Individual or Ordanizati				of OF Floridia.
Name of Individual or Organization				
Description of Organization:			WM	
Description of Organization:				
Description of Organization:			ť	State Zin Cod
Description of Organization:Address of Organization:	nd Street	City		State Zip Cod
Description of Organization:	nd Street	City	ganization.)	State Zip Coc
Description of Organization:Address of Organization:	nd Street	City	ganization.)	State Zip Cod
Description of Organization: Address of Organization: Number at Purpose for Distribution: (Describ	nd Street	City	ganization.)	State Zip Coc
Description of Organization: Address of Organization: Number at Purpose for Distribution: (Describ	nd Street be the public purpose for the d	City distribution to the or		
Description of Organization: Address of Organization: Number at Purpose for Distribution: (Describ	nd Street be the public purpose for the d	City distribution to the or		
Description of Organization: Address of Organization: Number at Purpose for Distribution: (Describ	nd Street be the public purpose for the d	City distribution to the or		

Agency Report		A Pub	lic Docume	ent	TICKETS PROVIDED I AGENCY REPO	
1. Agency Name County of Los Angeles				Date Stamp	California 802	
Division, Department, or Reg	ion (if applicable)				For Official Use Only	
Los Angeles County Arts C	ommission					
Street Address				"		
1055 Wilshire Blvd., Suite	800, Los Angeles,	CA 90017				
Area Code/Phone Number	E-mail			Amendment (Must ex)	I Production	
213-202-5858	mgonzalez@arts	lacounty.go	V	Amenoment (Must ex)	otain in Mart 5.)	
Agency Contact (name and title)	···· · · · · · · · · · · · · · · · · ·		Date of Original Filing: _	(month, day, year)	
Miriam Gonzalez					(Month, day, yaun,	
2. Event For Which Tickets	s Were Distribut	ed			· · · · · · · · · · · · · · · · · · ·	
Date(s) of Event: 05 /20) /10 Desc	ription of Eve	Art Fundrai	ser		
	/	Value of Tick	et: \$			
Agency Event Yes	☑ No (Identify s					
	,	ı	ACE			
Name of Outside Source of	Ticket(s) Provided	to Agency: 🗀	/ · · · · · ·			
Number of Tickets Received	: 2	Ticket(s) Pro	ovided to Agenc	y: 🗵 Gratuitously	Pursuant to Contrac	
B. Agency Official(s) Recei	ving Ticket(s) (u	se a continuati	on sheet for addi	tional names)		
Name of Offic (Last, First)	cial :	Number of Tickets		her the Distribution is Inco be the Public Purpose for		
Esser, Greg		2	Policy No. 2.0	olicy No. 2.01.5. 3b Job duties of the county official		
	-		require his/he	r attendance at the ev	ent.	
, Sui						
. Individual or Organizatio	on Receiving Tic	: ket(s) (Provi	ded at the behest	t of an agency official.)		
I. Individual or Organization				of an agency official.)		
	Official:				r of Tickets:	
Name of Behesting Agency	Official:ization:				r of Tickets:	
Name of Individual or Organ Description of Organization: Address of Organization:	Official:ization:			Numbe		
Name of Behesting Agency (Name of Individual or Organ Description of Organization: Address of Organization:	Official:ization;		City	Numbe ,		
Name of Behesting Agency (Name of Individual or Organ Description of Organization: Address of Organization:	Official:ization;		City	Numbe ,		
Name of Behesting Agency (Name of Individual or Organ Description of Organization: Address of Organization: Purpose for Distribution: (De	Official:ization;		City	Numbe ,		
Name of Behesting Agency (Name of Individual or Organ Description of Organization: Address of Organization: Purpose for Distribution: (Description)	Official:ization:	pose for the di	City stribution to the c	Numbe , organization.)	State Zip Code	
Name of Behesting Agency (Name of Individual or Organization: Description of Organization: Address of Organization:	Official:ization:	pose for the di	City stribution to the o	Numbe , organization.)	State Zip Code	

Agency Report		A Pub	lic Docum	ent	TICKETS PROVIDED I AGENCY REPO
1. Agency Name		·	·····	Date Stamp	California OAC
County of Los Angeles					Form OU2
Division, Department, or Re					For Official Use Only
Los Angeles County Arts	Commission				
Street Address					
1055 Wilshire Blvd., Suite		, CA 90017			
Area Code/Phone Number	E-mail		- · · · · ·	Amendment (Must	explain in Part 5.)
213-202-5858	mgonzalez@arts	s.lacounty.go	V		
Agency Contact (name and title Miriam Gonzalez	(e)			Date of Original Filing	(month, day, year)
2. Event For Which Ticket	ts Were Distribu	ted		- 	
Date(s) of Event: 06 /2	4 /10 Des	cription of Eve	Daddy Lon ent:	glegs	
	/ Face				
Agency Event Yes	☑ No (Identify)		•		
Name of Outside Source of	f Ticket(s) Provided	to Agency:	he Broad Stag	e	
Number of Tickets Receive	2	. – ,			
	ai.	T: = (1/ - \ D		Committee of the commit	FIZZZZ was
Number of Fickets Receive	d:	Ticket(s) Pro	ovided to Agend	cy: ⊠Gratuitously	Pursuant to Contrac
					Pursuant to Contrac
	eiving Ticket(s) (ion sheet for add	itional names)	
3. Agency Official(s) Rece	eiving Ticket(s) (use a continuati	ion sheet for add		ncome to the Official or
3. Agency Official(s) Rece	eiving Ticket(s) (use a continuati	on sheet for add State Whe Descr	itional names) ther the Distribution is Ii	ncome to the Official or for the Distribution
3. Agency Official(s) Rece Name of Off (Last, First)	eiving Ticket(s) (use a continuati Number of Tickets	State Whe Descr	itional names) ther the Distribution is li ibe the Public Purpose	ncome to the Official or for the Distribution of the county official
3. Agency Official(s) Rece Name of Off (Last, First)	eiving Ticket(s) (use a continuati Number of Tickets	State Whe Descr	itional names) ther the Distribution is I ibe the Public Purpose D1.5. 3b Job duties o	ncome to the Official or for the Distribution of the county official
3. Agency Official(s) Rece Name of Off (Last, First) Ono, Emiko	eiving Ticket(s) (i	use a continuati Number of Tickets 2	State Whe Descr Policy No. 2.0 require his/he	itional names) ther the Distribution is li ibe the Public Purpose 01.5. 3b Job duties o	ncome to the Official or for the Distribution of the county official
3. Agency Official(s) Recentage of Official (s) Recentage of Official	eiving Ticket(s) (dicial	Number of Tickets 2 cket(s) (Provi	State Whe Descr Policy No. 2.0 require his/he	ther the Distribution is little the Public Purpose 01.5. 3b Job duties of attendance at the	ncome to the Official or for the Distribution of the county official
3. Agency Official(s) Rece Name of Off (Last, First) Ono, Emiko	eiving Ticket(s) (dicial	Number of Tickets 2 cket(s) (Provi	State Whe Descr Policy No. 2.0 require his/he	ther the Distribution is little the Public Purpose 01.5. 3b Job duties of attendance at the	ncome to the Official or for the Distribution of the county official
3. Agency Official(s) Recentage of Official (s) Recentage of Official	iving Ticket(s) (dicial) ion Receiving Ti	Number of Tickets 2 cket(s) (Provi	State Whe Description No. 2.0 Policy No. 2.0 require his/he	ther the Distribution is little the Public Purpose of the Public Purpose of the Public Purpose of the extreme at the of an agency official.)	ncome to the Official or for the Distribution of the county official
3. Agency Official(s) Recently Name of Official(s) Recently Name of Official(s) Recently Name of Behesting Agency	icial ion Receiving Ti Official:	Number of Tickets 2 cket(s) (Provi	State Whe Descr Policy No. 2.0 require his/he	ther the Distribution is little the Public Purpose of the Public Purpose of the Public Purpose of the er attendance at the of an agency official.)	ncome to the Official or for the Distribution of the county official event.
3. Agency Official(s) Recentage Name of Official(s) Recentage Name of Official(s) Recentage Name of Emission Name of Behesting Agency Name of Individual or Organization Description of Organization	ion Receiving Ti Official:	Number of Tickets 2 cket(s) (Provi	State Whe Description No. 2.0 require his/hedided at the behes	ther the Distribution is libe the Public Purpose 01.5. 3b Job duties of attendance at the st of an agency official.) Numl	ncome to the Official or for the Distribution of the county official event.
3. Agency Official(s) Recentage Name of Official(Last, First) Ono, Emiko 4. Individual or Organization Name of Behesting Agency Name of Individual or Organization Description of Organization:	icial ion Receiving Ti Official: nization:	Number of Tickets 2 cket(s) (Provi	State Whe Descr Policy No. 2.0 require his/he ided at the behes	ther the Distribution is libe the Public Purpose 01.5. 3b Job duties of attendance at the st of an agency official.) Numl	ncome to the Official or for the Distribution of the county official event.
3. Agency Official(s) Recentage Name of Official(Last, First) Ono, Emiko 4. Individual or Organization Name of Behesting Agency Name of Individual or Organization	icial ion Receiving Ti Official: nization:	Number of Tickets 2 cket(s) (Provi	State Whe Descr Policy No. 2.0 require his/he ided at the behes	ther the Distribution is libe the Public Purpose 01.5. 3b Job duties of attendance at the st of an agency official.) Numl	ncome to the Official or for the Distribution of the county official event.

Miriam Gonzalez

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

Print Name

8/3/10

(month, day, year)

Executive Assistant