**Tickets Provided by**

Agency Name: County of Los Angeles

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

Agency Contact (name and title): Miriam Gonzalez

---

2. Event For Which Tickets Were Distributed

<table>
<thead>
<tr>
<th>Date(s) of Event:</th>
<th>06/01/10</th>
<th>Description of Event:</th>
<th>Film Festival - General Screenings</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/17/10</td>
<td></td>
<td>Face Value of Ticket:</td>
<td>$12</td>
</tr>
</tbody>
</table>

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

Name of Outside Source of Ticket(s) Provided to Agency: LA Film Festival

Number of Tickets Received: 2 Ticket(s) Provided to Agency: Gratuitously

---

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

<table>
<thead>
<tr>
<th>Name of Official</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ono, Emiko</td>
<td>2</td>
<td>Policy No. 2.01.5. 3b Job duties of the county official require his/her attendance at the event.</td>
</tr>
</tbody>
</table>

---

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/Designee: Miriam Gonzalez 

Print Name: Executive Assistant 

Title: 8/3/10 (month, day, year)

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

**Agency Name**
County of Los Angeles  
— 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

**Agency Contact (name and title)**
Miriam Gonzalez

---

### 2. Event For Which Tickets Were Distributed

**Date(s) of Event:** 05/10/10  
**Description of Event:** Art Fundraiser

**Face Value of Ticket:** $50

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

**Name of Outside Source of Ticket(s) Provided to Agency:** L.A.C.E.

**Number of Tickets Received:** 2  
**Ticket(s) Provided to Agency:** Gratuitously  
**Pursuant to Contract**

---

### 3. Agency Official(s) Receiving Ticket(s)

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<tr>
<th>Name of Official</th>
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</thead>
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<td>Policy No. 2.01.5. 3b Job duties of the county official require his/her attendance at the event.</td>
</tr>
</tbody>
</table>

---

### 4. Individual or Organization Receiving Ticket(s)

**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 19344.1._

**Signature:** Miriam Gonzalez  
Executive Assistant  
8/3/10

**Comment:** (Use this space or an attachment for any additional information including amendment explanation.)
Tickets Provided by
Agency Report

A Public Document

1. Agency Name
County of Los Angeles

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 E-mail
213-202-5858 mgonzalez@arts.lacounty.gov

Agency Contact (name and title)
Miriam Gonzalez

2. Event For Which Tickets Were Distributed

Date(s) of Event: 06/24/10 Description of Event: Daddy Longlegs

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

Name of Outside Source of Ticket(s) Provided to Agency: The Broad Stage

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)

<table>
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<tr>
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<td>2</td>
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</tbody>
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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:____________________________________

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<tr>
<th>Number and Street</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

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 8/3/10

Signature of Agency Head or Officer Print Name Title (month, day, year)