

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

A Public Document

1. Agency Name

County of Los Angeles		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable)			
Los Angeles County Arts Commission		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small>	
Designated Agency Contact (Name, Title)			
Miriam Gonzalez			
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 No

Event Description: BodyTraffic
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 \$ \$20

Date(s) 2 / 26 / 15

If no: The Broad Stage
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 Commission	1	Policy 5.3 b - 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"/> <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 (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.


Miriam Gonzalez
Executive Assistant
3-11-15

Signature of Agency Head or Designee
Print Name
Title
(Month, Day, Year)

Comment: _____

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1. Agency Name

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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

Date Stamp

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Amendment (Must provide explanation in Part 3.)

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 (Month, Day, Year)

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description: DocuDay
 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 \$: \$65

Date(s): 2/21/15

If no: International Documentary Association
 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 Commission	6	Policy 5.3 b - 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:
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Signature of Agency Head or Designee: 

Miriam Gonzalez | Executive Assistant | 3-11-15

Print Name | Title | (Month, Day, Year)

Comment: _____

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Miriam Gonzalez			
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 No

Event Description: Jilijian Chamber Concert
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 \$ \$20

Date(s) 2 / 22 / 15

If no: Lark Musical Society
Name of Source

If yes: _____
Official's Name (Last, First)

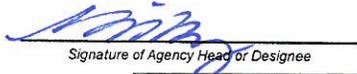
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Miriam Gonzalez
Executive Assistant
3-11-15

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Print Name
Title
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Area Code/Phone Number: (213) 202-5858 E-mail: mgonzalez@arts.lacounty.gov

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2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description: The Price
 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 \$: \$55

Date(s): 2/18/15 2/21/15

If no: Center Theatre Group
 Name of Source

If yes: _____
 Official's Name (Last, First)

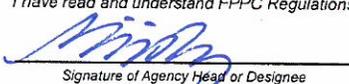
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• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

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 Commission	4	Policy 5.3 b - 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"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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 Miriam Gonzalez Executive Assistant 3-11-15
 Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: _____

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Miriam Gonzalez		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number (213) 202-5858	E-mail mgonzalez@arts.lacounty.gov	Date of Original Filing: _____ (Month, Day, Year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description: DocuDay 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 \$ \$65

Date(s) 2 / 21 / 15

If no: International Documentary Association
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 Commission	6	Policy 5.3 b - Job duties of the official
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
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		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
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Executive Assistant
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Designated Agency Contact (Name, Title)			
Miriam Gonzalez			
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 No

Event Description: Pentacle's Antics/Multiplex Dance
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 \$ \$20

Date(s) 2 / 20 / 15

If no: Bootleg Theatre
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 Commission	1	Policy 5.3 b - 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"/> <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>

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	Miriam Gonzalez	Executive Assistant	3-11-15
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

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Miriam Gonzalez			
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 No

Event Description: DanceMapLA Launch/Kyle Abraham
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 \$ 20

Date(s) 2 / 13 / 15

If no: DanceMapLA/UCLA Royce Hall
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 Commission	1	Policy 5.3 b - 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"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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Executive Assistant
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2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description: Chavez Ravine
 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 \$: \$39

Date(s): 2 / 8 / 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 Commission	2	Policy 5.3 b - 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

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Signature of Agency Head or Designee:  Miriam Gonzalez Executive Assistant 3-11-15
 Print Name Title (Month, Day, Year)

Comment: _____

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Designated Agency Contact (Name, Title)			
Miriam Gonzalez			
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 No

Event Description: Barak Ballet: Triple Bill 2015
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 \$ 35

Date(s) 2 / 7 / 15

If no: Lark Musical Society
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 Commission	1	Policy 5.3 b - 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"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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Miriam Gonzalez
Executive Assistant
3-11-15

Signature of Agency Head or Designee
Print Name
Title
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E-mail
mgonzalez@arts.lacounty.gov
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2. Function or Event Information
Does the agency have a ticket policy? Yes [X] No []
Event Description: Music Cares
Face Value of Each Ticket/Pass \$: \$125
Date(s): 2/6/15
Ticket(s)/Pass(es) provided by agency? Yes [] No [X]
If no: The Grammy Foundation
Was ticket distribution made at the behest of agency official? No [X] 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.

Table with 3 columns: Name of Agency/Individual/Organization, Number of Ticket(s)/Pass(es), and Describe the public purpose made pursuant to the agency's policy. Includes entries for Arts Commission and individual recipients.

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: [Signature]
Print Name: Miriam Gonzalez
Title: Executive Assistant
Date: 3-11-15

Comment: []

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(213) 202-5858	mgonzalez@arts.lacounty.gov	Date of Original Filing: _____ (Month, Day, Year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description: H'Sao Provide Title/Explanation

Face Value of Each Ticket/Pass \$ \$30

Date(s) 1 / 17 / 15

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

Was ticket distribution made at the behest of agency official? No Yes

If no: The Music Center
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
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B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
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Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

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Miriam Gonzalez			
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 No

Event Description: Jack Lemon Returns
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 \$ 35

Date(s) 1 / 23 / 15

If no: The Broad Stage
Name of Source

If yes: _____
Official's Name (Last, First)

3. Recipients

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Executive Assistant
3-11-15

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Miriam Gonzalez			
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 No

Event Description: Icono-Graphic
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 \$ 45

Date(s) 1 / 31 / 15

If no: Jacaranda Music
Name of Source

If yes: _____
Official's Name (Last, First)

3. Recipients

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