Print Form

Tickets Provided by Agency Report

A Public Document

TICKETS PROVIDED BY AGENCY REPORT

California Form 802

For Official Use Only

Date Stamp

1. Agency Name

County of Los Angeles

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

Agency Contact *(name and title)*

Miriam Gonzalez

☐ **Amendment** *(Must explain in Part 5.)*

Date of Original Filing: _____ *(month, day, year)*

2. Event For Which Tickets Were Distributed

Date(s) of Event: 3 / 20 / 10 Description of Event: Nixon in China

__ / __ / __ Face Value of Ticket: $ $50

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

Name of Outside Source of Ticket(s) Provided to Agency: Long Beach Opera

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.

Signature of Agency Head or Designee	Miriam Gonzalez Print Name	Executive Assistant Title	5/18/10 *(month, day, year)*

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

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E-mail: mgonzalez@arts.lacounty.gov

Agency Contact *(name and title)*

Miriam Gonzalez

☐ **Amendment** *(Must explain in Part 5.)*

Date of Original Filing: _____ *(month, day, year)*

2. Event For Which Tickets Were Distributed

Date(s) of Event: 3 / 6 / 10 Description of Event: Momentum

___ / ___ / ___ Face Value of Ticket: $ $20

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

Name of Outside Source of Ticket(s) Provided to Agency: Los Angeles Ballet Academy

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.

Signature of Agency Head or Designee	Print Name	Title	*(month, day, year)*
	Miriam Gonzalez	Executive Assistant	5/18/10

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

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Agency Contact *(name and title)*

Miriam Gonzalez

☐ **Amendment** *(Must explain in Part 5.)*

Date of Original Filing: _____ *(month, day, year)*

2. Event For Which Tickets Were Distributed

Date(s) of Event: 4 / 17 / 10 Description of Event: My Sister in this House

__ / __ / __ Face Value of Ticket: $ $25

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

Name of Outside Source of Ticket(s) Provided to Agency: Deaf West Theatre

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
Laura Zucker	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.

Signature of Agency Head or Designee	Miriam Gonzalez Print Name	Executive Assistant Title	5/18/10 *(month, day, year)*

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

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Agency Contact *(name and title)*

Miriam Gonzalez

☐ **Amendment** *(Must explain in Part 5.)*

Date of Original Filing: _____ *(month, day, year)*

2. Event For Which Tickets Were Distributed

Date(s) of Event: 4 / 28 / 10 Description of Event: The 39 Steps

__ / __ / __ Face Value of Ticket: $ $55

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

Name of Outside Source of Ticket(s) Provided to Agency: Center Theatre Group

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
Laura Zucker	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.

Signature of Agency Head or Designee	Print Name	Title	*(month, day, year)*
	Miriam Gonzalez	Executive Assistant	5/18/10

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

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Agency Contact *(name and title)*

Miriam Gonzalez

☐ **Amendment** *(Must explain in Part 5.)*

Date of Original Filing: _____ *(month, day, year)*

2. Event For Which Tickets Were Distributed

Date(s) of Event: 5 / 12 / 10 Description of Event: How to Succeed in Business

___ / ___ / ___ Face Value of Ticket: $ $70

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

Name of Outside Source of Ticket(s) Provided to Agency: Reprise! Theatre Company

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
Laura Zucker	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.

Signature of Agency Head or Designee	Miriam Gonzalez	Executive Assistant	5/18/10
	Print Name	Title	*(month, day, year)*

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

_____