

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
County of Los Angeles Division, Department, or Region (If Applicable)			
Los Angeles County Arts Commission Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small>	
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: Porgy & Bess
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) 4 / 23 / 14

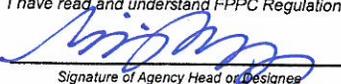
If no: Center Theatre Group
Name of Source

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 - Admin	2	Policy 2.01 5 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 6/28/14
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: _____

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Miriam Gonzalez			
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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: Midsummer Nights Dream
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) 4 / 13 / 14

If no: 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.

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Miriam Gonzalez Miriam Gonzalez Executive Assistant 6/28/14
Signature of Agency Head or Designee *Print Name* *Title* *(Month, Day, Year)*

Comment: _____

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1. Agency Name County of Los Angeles Division, Department, or Region <i>(If Applicable)</i> Los Angeles County Arts Commission Designated Agency Contact <i>(Name, Title)</i> Miriam Gonzalez, Executive Assistant Area Code/Phone Number E-mail (213) 202-5858 mgonzalez@arts.lacounty.gov	Date Stamp	California Form 802 For Official Use Only
<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i>		Date of Original Filing: <input style="width: 100px;" type="text"/> <small>(Month, Day, Year)</small>

2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description Face Value of Each Ticket/Pass \$
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official? No Yes If no:
Official's Name (Last, First)

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	Miriam Gonzalez	Executive Assistant	4/4/14
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(Month, Day, Year)</small>

Comment:

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2. Function or Event Information

Does the agency have a ticket policy? Yes No

Event Description: Prudencia Heart Provide Title/Explanation

Face Value of Each Ticket/Pass \$

Date(s)

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

If no: The Broad Stage Name of Source

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

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

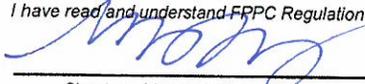
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Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: