

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

A Public Document

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

**2. Function or Event Information**Does the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass \$ 43.50

Event Description Mental Health Awareness Week  
Provide Title/ExplanationDate(s) 5 / 12 / 26Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒If no: Center Theater Group  
Name of SourceWas ticket distribution made at the behest of agency official? No ☐ 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.

| A. Name of Agency, Department or Unit | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy |
|---------------------------------------|------------------------------|------------------------------------------------------------------|
| LA County Arts and Culture            | 1                            | Ticket Policy 5.3b - job duties of the official (arts related)   |
|                                       |                              |                                                                  |

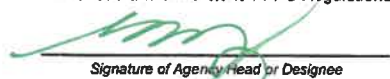
| B. Name of Individual (Last, First) | Number of Ticket(s)/Pass(es) | Identify one of the following:                                                                                                                                                     |
|-------------------------------------|------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                     |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><small>If checking "Ceremonial Role" or "Other" describe below:</small> |
|                                     |                              | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/><br><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           | Sr. Mgr, Arts Comm Serv | 7/9/26                            |
| <small>Signature of Agency Head or Designee</small>                                 | <small>Print Name</small> | <small>Title</small>    | <small>(Month, Day, Year)</small> |

Comment: