Print Form

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

A Public Document

1. Agency Name

Los Angeles County

Division, Department, or Region *(If Applicable)*

Arts and Culture

Designated Agency Contact *(Name, Title)*

Miriam Gonzalez

Area Code/Phone Number: 213-202-5858

E-mail: mgonzalez@arts.lacounty.gov

Date Stamp

California Form 802

For Official Use Only

☐ **Amendment** *(Must provide explanation in Part 3.)*

Date of Original Filing: *(Month, Day, Year)*

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass $ 40

Event Description: What it IZ, Spoken Wordical
Provide Title/Explanation

Date(s): 12 / 5 / 24

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

If no: UCLA Prison Education Program & Ctr for Justice
Name of Source

Was 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
Arts and Culture	1	Ticket Policy 5.3 (b) - 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 ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*
		Ceremonial Role ☐ Other ☐ Income ☐ *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

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	Miriam Gonzalez *Print Name*	Sr. Mgr, Commission Services *Title*	2/18/25 *(Month, Day, Year)*

Comment: