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

A Public Document

1. Agency Name

City of Los Angeles

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

Los Angeles Department of Convention & Tourism Development

Designated Agency Contact *(Name, Title)*

Cristine Villorante, Executive Administrative Assistance

Area Code/Phone Number	E-mail
(213) 765-4241	cris.villorante@lacity.org

Date Stamp

Ethics received on 12/06/18

California Form 802

For Official Use Only

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

Date of Original Filing: 12/6/18 *(Month, Day, Year)*

2. Function or Event Information

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

Face Value of Each Ticket/Pass $ $545-$745

Event Description NLC / municipal gov't. conference *Provide Title/Explanation*

Date(s) 11 / 07 / 18 - 11 / 10 / 18

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

If no: AEG Facilities, Los Angeles Convention Center *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
Los Angeles Department of Convention & Tourism Development	3	LAAC Sec. 24.53 1 (A)(B); Sec. 24.55

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

[redacted] 8944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements

Signature of Agency Head or Designee

Cristine Villorante *Print Name*

Exec. Admin. Asst. *Title*

12/6/18 *(Month, Day, Year)*

Comment: _____