

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

A Public Document

1. Agency Name

County of Los Angeles

Division, Department, or Region (if applicable)
Los Angeles County Arts Commission, John Anson Ford Theatres

Street Address
2580 Cahuenga Blvd East

Designated Agency Contact (Name, Title)
Eve Childs Cakar

Area Code/Phone Number
323.769.2147

E-mail
echilds@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, Event, or Ceremonial Role Information

Title: Element Band

Face Value of Each Admission \$ 50.00

Description: Live Music

Date(s): 05 / 21 / 11

Ticket(s)/Admission(s) provided by agency? Yes No If no: _____
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes No If yes: Zucker, Laura Executive Director
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description.	Income
Zucker, Laura	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Staff on duty	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

3. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

 Childs-Cakar, Eve Box Office Manager 06/02/2011
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

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Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Eve Childs-Cakar		Date of Original Filing: 06/02/11 (month, day, year)	
Area Code/Phone Number	E-mail		
323-769-2147	echilds@arts.lacounty.gov		

2. Function, Event, or Ceremonial Role Information

Title: Hyperbole:Origins

Description: Live Theatre

Face Value of Each Admission \$ 20.00

Date(s) 11/26/10 12/03/10

Ticket(s)/Admission(s) provided by agency? Yes No If no: _____
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes No If yes: Childs-Cakar, Eve Box Office Manager
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	Income
Zucker, Laura	2	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
Ono, Emiko	4	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

3. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

Signature of Agency Head or Designee: 

Print Name: Eve Childs-Cakar

Title: Box Office Manager

(month, day, year): 06/02/11

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

