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

### 1. Agency Name
- **County of Los Angeles**
- **Los Angeles County Arts Commission, John Anson Ford Theatres**

### 2. Function, Event, or Ceremonial Role Information

- **Title:** Element Band
- **Face Value of Each Admission:** $50.00
- **Date(s):** 05/21/11

**Ticket(s)/Admission(s) provided by agency?**
- **Yes [ ] No [x]**

**Was the distribution to persons identified below made at the behest of an agency official?**
- **Yes [x] No [ ]**

**The identity of recipient(s) and the explanation:**

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)</th>
<th>Agency Official</th>
<th>Agency Official Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zucker, Laura</td>
<td>1</td>
<td>Yes [x]</td>
<td>Staff on duty</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No [ ]</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [ ]</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>No [ ]</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [ ]</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>No [ ]</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [ ]</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>No [ ]</td>
<td></td>
</tr>
</tbody>
</table>

**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:**

**Title:**

**Date:** 06/02/2011

**Comment:** (Use this space or an attachment for any additional information including amendment explanation.)
**Agency Report of:**
Ceremonial Role Events and Ticket/Admission Distributions

1. **Agency Name**
   County of Los Angeles
   Division, Department, or Region (if applicable)
   Los Angeles County Arts Commission, John Anson Ford Theatres

2. **Function, Event, or Ceremonial Role Information**
   **Title**
   Hyperbole:Origins
   **Face Value of Each Admission** $20.00
   **Date(s)** 11 25 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:**

<table>
<thead>
<tr>
<th>Name (Last, First) or Organization (Name, Address, Description)</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
<th>Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zucker, Laura</td>
<td>2</td>
<td>Yes ☑</td>
<td>☐</td>
</tr>
<tr>
<td>Ono, Emiko</td>
<td>4</td>
<td>Yes ☑</td>
<td>☐</td>
</tr>
</tbody>
</table>

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: Childs-Cakar
   Print Name: Box Office Manager
   Date: 06/02/11
   **Comment:** (Use this space or an attachment for any additional information including amendment explanation.)
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, Box Office Manager
   Area Code/Phone Number E-mail
   323-769-2147 echilds@arts.lacounty.gov

2. Function, Event, or Ceremonial Role Information
   Title
   Mercy Seat
   Description
   Live Theatre
   Face Value of Each Admission $ 20.00
   Date(s) 03 19 11
   Ticket(s)/Admission(s) provided by agency? Yes X No □
   If no: ____________________________

   Ticket(s)/Admission(s) provided by agency? Yes X No □
   If yes: Childs-Cakar, Eve Box Office Manager
   Official's Name (Last, First) and Title

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
   Childs-Cakar
   Print Name
   Box Office Manager
   Title
   (month, day, year) 06/02/11

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