

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, Box Office Manager
Area Code/Phone Number **E-mail**
 323-769-2147 echilds@arts.lacounty.gov

Date Stamp
 California Form **802**
 For Official Use Only

Amendment (Must provide explanation in Part 3.)
 Date of Original Filing: 6/20/2011
 (month, day, year)

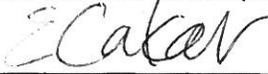
2. **Function, Event, or Ceremonial Role Information**
 Title: Jazzmopolitan Filipinas: Ladies of Song
 Description: Live Music
 Face Value of Each Admission \$ 40.00
 Date(s) 06 / 19 / 11
 Ticket(s)/Admission(s) provided by agency? Yes No If no: _____
 Name of Source

Was the distribution to persons identified below made at the behest of an agency official?
 Yes No If yes: 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
Macaïsa, Ric	2	Yes <input checked="" 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"/>
		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
 Date: 06/20/11 (month, day, year)

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

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2. Function, Event, or Ceremonial Role Information
Title
A Summer Night in Korea: Film, Music, Food & More
Description
Film Multitmedia
Face Value of Each Admission \$
15.00
Date(s)
06 / 10 / 11
Ticket(s)/Admission(s) provided by agency? Yes [X] No [] If no:
Name of Source

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

Yes [X] 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 with 4 columns: Name (Last, First) or Organization (Name, Address, Description), Number of Admission(s)/ Ticket(s), Agency Official (Yes/No), and Income (Yes/No). Includes entry for Causey, Paul with 2 tickets.

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: Eve Childs-Cakar
Print Name: Eve Childs-Cakar
Title: Box Office Manager
Date: 06/19/11
(month, day, year)

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