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

Street Address
   1055 Wilshire Blvd., Suite 800, Los Angeles, CA 90017

Designated Agency Contact (Name, Title)
   Miriam Gonzalez

Area Code/Phone Number
   (213) 202-5858

E-mail
   mgonzalez@arts.lacounty.gov

2. Function, Event, or Ceremonial Role Information
   Title
   Theater

   Face Value of Each Admission $ 45

   Date(s) 08/07/11

Ticket(s)/Admission(s) provided by agency? Yes [ ] No [X]
   If no: Center Theatre Group

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

   If yes: __________________________

   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>
</tr>
</thead>
<tbody>
<tr>
<td>Laura Zucker</td>
<td>2</td>
<td>Yes [X]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Policy 2.015b - Job duties of the official</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Income [ ]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [X]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [X]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [X]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No</td>
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<td></td>
<td>Yes [X]</td>
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<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Yes [X]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>No</td>
</tr>
</tbody>
</table>

3. Verification
   I have read and understand FPPC Regulations 18044.1 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
   Miriam Gonzalez

   Print Name
   Executive Assistant

   Title
   8/12/11 (month, day, year)

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

#### 2. Function, Event, or Ceremonial Role Information
- **Title**: Ballet Nacional de Cuba
- **Description**: Dance
- **Face Value of Each Admission**: $100
- **Date(s)**: 08/07/11
- **Ticket(s)/Admission(s) provided by agency?**
  - No [x]
  - If no: Dance at the Music Center

#### 3. Verification
- **Signature of Agency Head/Designee**: Miriam Gonzalez
- **Print Name**: Executive Assistant
- **Title**: 8/12/11

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Number of Admission(s)/Ticket(s)</th>
<th>Agency Official</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ayanna Hudson</td>
<td>2</td>
<td>Yes [x]</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Policy 2.015b - Job duties of the official</td>
</tr>
</tbody>
</table>

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FPPC Form 802 (2/11)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)
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

   Street Address
   1055 Wilshire Blvd., Suite 800, Los Angeles, CA 90017

   Designated Agency Contact (Name, Title)
   Miriam Gonzalez, Executive Assistant

   Area Code/Phone Number E-mail
   (213) 202-5858 mgonzalez@arts.lacounty.gov

2. Function, Event, or Ceremonial Role Information

   Title
   Burn This

   Description
   Theater

   Face Value of Each Admission $55.00

   Date(s)
   4/3/11

   Ticket(s)/Admission(s) provided by agency? Yes ☐ No ☒
   If no: Center Theatre Group

   Name of Source

   Was the distribution to persons identified below made at the behest of an agency official? Yes ☐ No ☒
   If yes: 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
   |------------------------------------------------------------------|---------------------------------|-----------------
   | Zucker, Laura                                                   | 2                               | Yes ☒ Policy 2.01.5 3b Job duties of the county officer ☐
   |                                                                 |                                 | No ☐ Income ☐
   |                                                                 |                                 | Yes ☐ Income ☐
   |                                                                 |                                 | No ☐ Income ☐
   |                                                                 |                                 | Yes ☐ Income ☐
   |                                                                 |                                 | No ☐ Income ☐
   |                                                                 |                                 | Yes ☐ Income ☐

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 Agent, Head or Designee
   Miriam Gonzalez

   Print Name and Title
   Executive Assistant

   (month, day, year)

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