

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 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		Date Stamp California Form 802 For Official Use Only
<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (month, day, year)		

2. Function, Event, or Ceremonial Role Information

Title: Face Value of Each Admission \$

Description: Date(s) / /

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:
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. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.	Income
Laura Zucker	2	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Policy 2.015b - Job duties of the official	<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.

Executive Assistant
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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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? Yes No If no: Dance at the Music Center
Name of Source

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

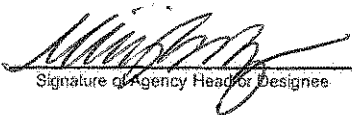
Yes No If yes: _____
Official's Name (Last, First) and Title

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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. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.	Income
Ayanna Hudson	2	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Policy 2.015b - Job duties of the official	<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"/>

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 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.)

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<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: 4/14/11 <small>(month, day, year)</small>		

2. Function, Event, or Ceremonial Role Information

Title: Burn This
 Face-Value of Each Admission \$: 55.00
 Description: Theater
 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

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Zucker, Laura	2	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Policy 2.01.5 3b Job duties of the county offic	<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"/>

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 Signature of Agency Head or Designee

 Print Name

 Title

 (month, day, year)

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