

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

REC'D MAR 08 2012
SAP A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
Los Angeles Police Department Division, Department, or Region (if applicable)			
Street Address 100 West First Street, Los Angeles, CA 90012			
Designated Agency Contact (Name, Title) Gerald L. Chaleff, Special Assistant for Constitutional Policing		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number 213 486-8730	E-mail gerald.chaleff@lapd.lacity.org		

2. Function, Event, or Ceremonial Role Information

Title 2012 Pac-12 Pacific Life Face Value of Each Admission \$ 20.00

Description LAPD Night - Staples Center Date(s) 03 / 08 / 12

Ticket(s)/Admission(s) provided by agency? Yes No If no: Staples 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

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> 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
Beck, Charlie - Chief of Police	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Chief Beck represented LAPD by giving the	<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	welcome speech at the event. Chief Beck did	<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	not stay for the event. No actual seat or ticket	<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	was received.	<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>

 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.)