

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

**A Public Document**

**1. Agency Name**

City of Los Angeles

Division, Department, or Region *(If Applicable)*

Council District 10

Designated Agency Contact *(Name, Title)*

Shawn Love Wallace, Executive Assistant

Area Code/Phone Number

213-473-7010

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LOS ANGELES ETHICS COMMISSION

MAR 31 2015

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California Form **802**

For Official Use Only

Amendment *(Must provide explanation in Part 3.)*

Date of Original Filing: \_\_\_\_\_  
*(Month, Day, Year)*

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No

Face Value of Each Ticket/Pass \$ 240.00

Event Description LA Clippers honor Ralph Lawler  
*Provide Title/Explanation*

Date(s) 03 / 09 / 15

Ticket(s)/Pass(es) provided by agency? Yes  No

If no: Los Angeles Clippers  
*Name of Source*

Was ticket distribution made at the behest of agency official? No  Yes

If yes: \_\_\_\_\_  
*Official's Name (Last, First)*

**3. Recipients**

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Council District 10 staff	2	advance staff and driver to event
<b>B. Name of Individual <small>(Last, First)</small></b>		
Wesson, Herb		Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Presented commendatory resolution to LA Clipper announcer Ralph Lawler per organization's request.
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
<b>C. Name of Outside Organization <small>(include address and description)</small></b>		
		Describe the public purpose made pursuant to the agency's policy

**4. Verification**

*I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.*

(d)(5)

Herman J. Wesson, Jr.

*Print Name*

Council President

*Title*

3/31/15

*(Month, Day, Year)*

Comment: \_\_\_\_\_