Print Form

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

A Public Document

1. Agency Name

Office of the Sheriff, Los Angeles County Sheriff's Department

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

Sergeant Abi S. Ben Sahile

Designated Agency Contact *(Name, Title)*

213 229 3083

Area Code/Phone Number | **E-mail**

asbensah@lasd.org

Date Stamp

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 $ 20.00

Event Description: LaCounty Fair *Provide Title/Explanation*

Date(s): 09/04/2015 09/27/2015

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

If no: *Name of Source*

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

If yes: Jeff Levinson *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

B. Name of Individual *(Last, First)*	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

C. Name of Outside Organization (Include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Sheriff's Youth Foundation	65	Youth Activites League. Free youth Programs ages 7-17.

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.

(213) 229-3083

Signature of Agency Head or Designee	ABI S. BEN SAHILE *Print Name*	SERGEANT *Title*	9/15/15 *(Month, Day, Year)*

Comment:

FPPC Form 802 (4/12)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)

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