

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

**A Public Document**

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> For Official Use Only
County of Los Angeles Dept. of Public Works Division, Department, or Region (if applicable)			
Public Relations Group			
Street Address			
900 S. Fremont Ave. 9th Floor, Alhambra, CA 91803			
Designated Agency Contact (Name, Title)			
Kimberly Y. Lyman Management Specialist I		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number	E-mail	Date of Original Filing: _____ (month, day, year)	
(626)458-5975	klyman@dpuw.lacounty.gov		

**2. Function, Event, or Ceremonial Role Information**

Title L.A. Clippers vs. Houston Rockets Face Value of Each Admission \$ 150.00  
basketball game

Description Game Ball Presentation Date(s) 3, 2, 11

Ticket(s)/Admission(s) provided by agency? Yes  No  If no: KFWB Radio Station  
Name of Source

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

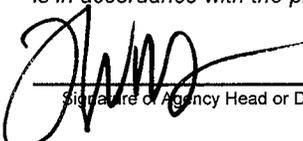
Yes  No  If yes: \_\_\_\_\_  
Official's Name (Last, First) and Title

**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"> <li>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.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>
County of Los Angeles Stormwater Program		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
Pestrella, Mark	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Ceremonial Role: Participant in the game ball presentation. Income <input type="checkbox"/>
Spencer, Bob	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	The job duties of this employee required his attendance at this event. Income <input type="checkbox"/>
Lee, Kerjon	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	The job duties of this employee required his attendance at this event. 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.


 Signature of Agency Head or Designee
 Jacob Williams
 Print Name
 Asst. Director
 Title
 4-19-11
 (month, day, year)

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

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900 S. Fremont Ave. 9th Floor, Alhambra, CA 91803 <small>Designated Agency Contact (Name, Title)</small>			
Kimberly V. Lyman, Management Specialist I <small>Area Code/Phone Number</small>	<small>E-mail</small> Klyman@dow.lacounty.gov	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
(626) 458-5975		Date of Original Filing: _____ <small>(month, day, year)</small>	

**2. Function, Event, or Ceremonial Role Information**

Title L.A. Clippers vs Denver Nuggets Face Value of Each Admission \$ 150.00  
basketball game.

Description same as above Date(s) 3, 5, 11 \_\_\_\_\_

Ticket(s)/Admission(s) provided by agency? Yes  No  If no: K7WB Radio Station  
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"> <li>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.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>
County of Los Angeles Stormwater Program		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
Lew, Michele M.	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	For use in connection with a County employee competition/drawing. Income <input type="checkbox"/>
Lopez, Gabriel	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	"Income <input type="checkbox"/>
Moore, Jason	2	Yes <input type="checkbox"/> No <input checked="" 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.


 \_\_\_\_\_ Jacob Williams \_\_\_\_\_ Asst. Director \_\_\_\_\_ 4.10.11  
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.)