

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

**A Public Document**

**1. Agency Name**

City of Whittier  
 Division, Department, or Region (if applicable) Administration  
 Designated Agency Contact (Name, Title) Jeffrey W. Collier, City Manager  
 Area Code/Phone Number (562) 567-9301 E-mail jcollier@cityofwhittier.org

CITY OF WHITTIER  
 CITY CLERK - TREASURER  
 Date Stamp  
 17 FEB 16 PM 2:18

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 \$ 150  
 Event Description: Heart of a Child Benefit Date(s) 4 / 13 / 15  
Provide Title/Explanation  
 Ticket(s)/Pass(es) provided by agency? Yes  No  If no: The Whole Child  
Name of Source  
 Was ticket distribution made at the behest of agency official? Yes  No  If yes: \_\_\_\_\_  
Official's Name (Last, First)

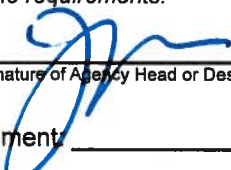
**3. Recipients**

• 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)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Dutra, Fernando	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Attendee
		Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
The Whole Child thewholechild.com	1	4. Promotion of community programs available to city residents, including charitable & nonprofit organizations.

**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.

Signature of Agency Head or Designee  Jeffrey W. Collier City Manager 2-15-17  
Print Name Title (month, day, year)

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