

**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 \$ 350
 Event Description: 2015 PIH Foundation Gala Date(s) 4 / 25 / 15
Provide Title/Explanation
 Ticket(s)/Pass(es) provided by agency? Yes No If no: PIH Health Foundation
Name of Source
 Was ticket distribution made at the behest of agency official? Yes No If yes: _____
Official's Name (Last, First)

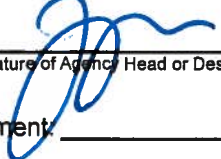
3. Recipients

• 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:
Warner, Cathy	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
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
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
PIH Health Foundation pihhealth.org	2	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
 Print Name Title Date: 2-15-17
(month, day, year)

Comment: _____