

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

A Public Document

1. Agency Name

CITY OF WHITTIER
CITY CLERK-TREASURER
Date Stamp
7 FEB 16 PM 2: 13
California Form **802**
For Official Use Only
 Amendment (Must Provide Explanation in Part 3.)
Date of Original Filing: _____
(month, day, year)

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

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 80
Event Description: CAPC Celebrity Waiter Dinner/Dance Date(s) 10 / 03 / 15
Provide Title/ Explanation
Ticket(s)/Pass(es) provided by agency? Yes No If no: CAPC (Community Advocates for People's Choice)
Name of Source
Was ticket distribution made at the behest of agency official? Yes No If yes: _____
Official's Name (Last, First)

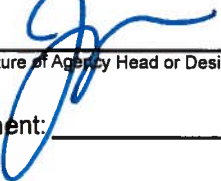
3. Recipients

• 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"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Attendee |
| Shields, Fran | 1 | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> 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 |
| CAPC capc.org | 3 | 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
2-15-17
(month, day, year)

Comment: _____

**Agency Report of:
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Continuation Sheet**

Agency Name

City of Whittier

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: |
| Santana, Virginia | 1 | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below.</i> Attendee |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below.</i> |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below.</i> |
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| CAPC capc.org | | 4. Promotion of community programs available to city residents, including charitable & nonprofit organizations. |
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