

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

WHITTIER
CITY CLERK TREASURER

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

Date Stamp

17 FEB 16 PM 2:14

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 \$ 80

Event Description: Comedy Night Fund Raiser Date(s) 2 / 19 / 16
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: East Whittier Lions Club
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:
Vinatieri, Joe	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>
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
East Whittier Lions Club eastwhittierlions@gmail.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.

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

Comment: _____