Ceremonial Role Events and Tid	cket/Pa	ass Distri	butions	T OF WHITTIERA		
I. Agency Name City of Whittier Division, Department, or Region (if applicable) 7017			JUL 17 PM 1: 36	California 802 For Official Use Only		
					Administration	
Designated Agency Contact (Name, Title)						
Jeffrey W. Collier, City Manager						
Area Code/Phone Number E-mail			Amendment (Must Provide Explanation in Part 3.)			
(562) 567-9301 jcollier@cit	562) 567-9301 jcollier@cityofwhittier.org			Date of Original Filing:		
2. Function or Event Information	W 1781 W 187 W 188					
Does the agency have a ticket policy? Yes ☒ No ☐ Face Value			ace Value of l	of Each Ticket/Pass \$ ^{150.00}		
Event Description: Maddi's Closet - Dinn	er & Fun	draiser D	ate(s)11	, 12 , 16		
Ticket(s)/Pass(es) provided by agency?	,		no: From Ma	ddi's Closet Name of Source		
Was ticket distribution made at the behe- of agency official?	st Yes □] No⊠ ^{If}	yes:	Official's Name (Last, First)		
3. Recipients		In Continu Dani	1			
• Use Section A to identify the agency's department	or unit.	Number	dentity an individ	ual. • Ose Section C to iden	tiry an outside organization.	
A. Name of Agency, Department or Unit		of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy	
 						
B. Name of Individual		Number of Ticket(s)/	Identify one of the following:			
(Last, First)		Passes				
Dutra, Fernando		1	1	nonial Role Other Deking "Ceremonial Role" or "Other" de		
Vinatieri, Joe		1		nonial Role Other king "Ceremonial Role" or "Other" de		
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			
From Maddi's Closet frommaddiscloset.org		2	4. Promotion of community programs available to city residents, including charitable and nonprofit organizations			
7						
4. Verification I have read and understand FPPC Regulation	ns 18944	1 and 18942	I have verified	that the distribution set f	orth above is in accordanc	
with the requirements.	10077.	. 4.14 10072.	a.s roimod	are area and a determined to	abovo, 10 111 aboordano	
		W. Collier		City Manager	7-14-17	
Signature of Agency Head or Designee	Pri	int Name		Title	(month, day, year)	
Cømment:						

Agency Report of: