

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

CITY OF WHITTIER
CITY CLERK

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1. Agency Name City of Whittier		Date Stamp 2017 JUL 17 PM 1:36	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) Administration		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	Date of Original Filing: <u>07/17/17</u> (month, day, year)
Designated Agency Contact (Name, Title) Jeffrey W. Collier, City Manager			
Area Code/Phone Number (562) 567-9301	E-mail jcollier@cityofwhittier.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 90.00

Event Description: Soroptimist International Dinner 70th Date(s) 02 / 04 / 17
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Soroptimist International of Whittier
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
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
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
Soroptimist International of Whittier siwhittier.org	3	4. Promotion of community programs available to city residents. including charitable and 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 _____ 7-14-17
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____

**Agency Report of:
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Continuation Sheet**

Agency Name

City of Whittier

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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"/> <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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