

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

CITY OF WHITTIER
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1. Agency Name		Date Stamp	California Form 802 For Official Use Only
City of Whittier		2017 NOV 28 AM 8:16	
Division, Department, or Region (if applicable)			
Administration			
Designated Agency Contact (Name, Title)			
Jeffrey W. Collier, City Manager			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
(562) 567-9301	jcollier@cityofwhittier.org	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 \$ 75

Event Description: PIH Golf Tournament Dinner Date(s) 9 / 25 / 17
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)

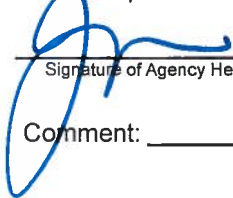
3. Recipients

• 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:
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
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
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	0	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 _____ 11-7-17
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____