

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

CITY OF WHITTIER
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1. Agency Name City of Whittier		Date Stamp 2018 FEB 13 PM 1:46	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) Administration			
Designated Agency Contact (Name, Title) Jeffrey W. Collier, City Manager		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: <u>2/9/18</u> (month, day, year)	
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 \$ 75.00

Event Description: Soroptimist Dreamliner Dinner&Show Date(s) 02 / 09 / 18
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:
Vinatieri, Joe	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Attendee
Dutra, Fernando	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: 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	2	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 _____ 2-12-18
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____