	gency Report of: eremonial Role Even	ts and Ticket/P	ass Distri	butions	ITY CLERK A	Public Document
1.	Agency Name				Date Stamp	California 802
	City of Whittier				OF 0 14 0, 53	Form OUZ
	Division, Department, or Region (if applicable)				T -2 AM 9: 53	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.)	
	jcollier@cityofwhittier.org				Date of Original Filing: _	(month, day, year)
2.	Function or Event Infor	mation				
	Does the agency have a tick	ket policy? Yes	⊠ No□ F	No ☐ Face Value of Each Ticket/Pass \$ 75.00		
	Event Description: A Taste	C	Date(s) 4 / 27 / 18			
	Ticket(s)/Pass(es) provided		no: Rio Hondo College Name of Source			
	Was ticket distribution made of agency official?	e at the behest Yes [□ No⊠ If	f yes: Official's Name (Last, First)		
3.	Recipients • Use Section A to identify the agency's department or unit. • Name of Agency, Department or Unit		Use Section B to i Number of Ticket(s)/ Passes	identify an individual. • Use Section C to identify an outside organization. Describe the public purpose made pursuant to the agency's policy		
			Number			
	B. Name of Individual (Last, First)		Number of Ticket(s)/ Passes	Identify one of the following:		
	Vinatieri, Joe Bouchot, Henry C. Name of Outside Organization (include address and description) Rio Hondo College riohondofoundation.org		1	Ceremonial Role Other IX Income If checking "Ceremonial Role" or "Other" describe below. Attendee		
			1	Ceremonial Role Other Image Income Attendee		
			Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy		
			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 equipments Jeffrey W. Collier City Manager 9-28-18					
	Signature of Agency Head or Desig		rint Name		Title	(month, day, year)