ickets Provided by Agency Report	A Pub	lic Document	TICKETS PROVIDED BY AGENCY REPORT	
. Agency Name	500 Maria (1900 Maria (190	CITY OF WHITTE	17 73	
City of Whittier		OIT CLERK TREAT	California 802	
Division, Department, or Region (if applicab	le)	2009 APR -3 PM 2	37 For Official Use Only	
City Council, Department Head	ds			
Street Address				
13230 Penn Street				
Area Code/Phone Number E-mail		Amendment (Musi	Amendment (Must explain in Part 5.)	
562-945-8200		Date of Original Filling	Date of Original Filing: 04/02/09	
Agency Contact (name and title)		Date of Original Filling	(month. day, year)	
Stephen W. Helvey, City Manager Event For Which Tickets Were Dis	Aut fauram		WINDOWS WAR THE	
		Installation Lunchoon		
Date(s) of Event: 04 / 01 / 09			**************************************	
	Face Value of Ticke	et: \$ _35.00		
Agency Event ⊠Yes ☐ No (Ide	entify source of ticke	ets below.)		
Name of Outside Source of Ticket(s) Pro	wided to Agency:	Mhittier Area Chamber of (Commerce	
Number of Tickets Received:	. Ticket(s) Pro	vided to Agency: Gratuitously	Pursuant to Contract	
. Agency Official(s) Receiving Ticke	t(s) (use a continuation	on sheet for additional names)		
Name of Official	Number	State Whether the Distribution is Income to the Official or		
(Last. First)	of Tickets	Describe the Public Purpose		
Henderson, Bob	1	Promotion of community City residents	resources available	
The second secon			T P PINTET THEFT TO FEE THANKING THANKING THE HEALTH TO THE TOTAL TO THANK TO THE THANKING THE THANKING THANKING	
Warner, Cathy	1	Same as above.		
Helvey, Steve	1	Same as above.		
. Individual or Organization Receivi				
. marvidual of Organization Necelvi	ing Ticket(s) (Flow	ded at the benest of all agency official.	•	
Name of Behesting Agency Official:	1877 F 780- T 7207 F 780 F F 18800 1880 1880 1880 1880 1880 18		N TO THE THE THE TANK TO SHOW THE THE PROGRAMMENT OF THE	
Name of Individual or Organization		Nue	ber of Tickets:	
Name of Individual or Organization:		Null	iber of fickets.	
Description of Organization:	<u> </u>			
Address of Organization: Number and Street	>	City	State Zip Code	
Purpose for Distribution: (Describe the pu			·	
rdipose for Distribution. (Describe the po	inic barbose for the di	stribution to the organization.)		
MA 2 May 2 M			W-100-100-100-100-100-100-100-100-100-10	
. Verification				
I have determined that the distribution of tick	ets set forth above is ir	n accordance with the provisions of FP	PC Regulation 18944 1	
		·		
Signature of Agency Head or Designee	hen W. Helvey Print Name	City Manager	04/02/09 (month. day, year)	
Olificatelle hi whelled Lieur of Healdtree	Linit Mattle	1470	(monin. day, year)	
Comment: (Use this spage or an attachment for	r any additional informatic	on including amendment evolunation \		

FPPC Form 802 Attachment

3. Agency Official(s) receiving Ticket(s)

Name of Official (Last, First)	Number of Tickets	State whether the Distribution is Income to the Official of Describe the Public Purpose for the Distribution
Mendez, Nancy	1	Same as previous page 1.
Shields, Fran	1	Same as previous page 1.
Maghsoudi, Paymaneh	1	Same as previous page 1.
Collier, Jeff	1	Same as previous page 1.
Singer, David	1	Same as previous page 1.
