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

A Public Document

California Form **802**

For Official Use Only

CITY OF WHITTIER
CITY CLERK-TREASURER
17 FEB 16 PM 2: 11

1. Agency Name

City of Whittier

Division, Department, or Region *(if applicable)*

Administration

Designated Agency Contact *(Name, Title)*

Jeffrey W. Collier, City Manager

Area Code/Phone Number	**E-mail**
(562) 567-9301	jcollier@cityofwhittier.org

☐ **Amendment** *(Must Provide Explanation in Part 3.)*

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 $ 50 _____

Event Description: WPOA Golf Tournament/Dinner
Provide Title/ Explanation

Date(s) 7 / 1 / 13 _____ ___/___/___

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

If no: Whittier Police Officers' Association
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:
Newcomer, Owen	1	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* Attendee
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

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
Whittier Police Officers' Association whittierpoa.org	1	4. Promotion of community programs available to city residents, including charitable & non-profit 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.

Signature of Agency Head or Designee	Jeffrey W. Collier Print Name	City Manager Title	2-15-17 *(month, day, year)*

Comment: _____