

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

**A Public Document**

<b>1. Agency Name</b> City of Whittier		CITY OF WHITTIER CITY CLERK - TREASURER	Date Stamp <b>17 FEB 16 PM 2:11</b>	California Form <b>802</b>
Division, Department, or Region (if applicable) Administration				For Official Use Only
Designated Agency Contact (Name, Title) Jeffrey W. Collier, City Manager				
Area Code/Phone Number (562) 567-9301	E-mail jcollier@cityofwhittier.org			
		<input type="checkbox"/> 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 \$ 80

Event Description: Celebrity Waiter Dinner & Dance    Date(s) 10 / 4 / 13

Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency?    Yes     No     If no: CAPC (Community Advocates for People's Choice)  
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:
Dutra, Fernando	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Attendee
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
CAPC capc.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.*

	Jeffrey W. Collier	City Manager
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>
Comment: _____		<u>2-15-17</u> <small>(month, day, year)</small>