

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

A Public Document

CITY OF WHITTIER
CITY CLERK - TREASURER
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California Form **802**

For Official Use Only

1. Agency Name

City of Whittier

Division, Department, or Region (if applicable)

Administration

Designated Agency Contact (Name, Title)

Jeffrey W. Collier

Area Code/Phone Number

(562) 567-9301

E-mail

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 \$ 100

Event Description: Silver Shield Awards Banquet Date(s) 02 / 28 / 14
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Whittier Area Chamber of Commerce
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: |
| Warner, Cathy | 2 | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below.</i> Attendee |
| Newcomer, Owen | 2 | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below.</i> 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 |
| Whittier Area Chamber of Commerce whittierchamber.org | 25 | 4. Promotion of community programs available to city residents, including charitable & 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.

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

Comment: _____

**Agency Report of:
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Continuation Sheet**

Agency Name

City of Whittier

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 |
|---|-----------------------------|---|
| | | |
| | | |
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| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | Identify one of the following: |
| Piper, Jeff | 2 | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Attendee |
| Bar, Aviv | 2 | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Attendee |
| Davis, Mike | 1 | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Attendee |
| Miller, Kent | 2 | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> 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 |
| Whittier Area Chamber of Commerce whittierchamber.org | | 4. Promotion of community programs available to city residents, including charitable & nonprofit organizations. |
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| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | Identify one of the following: |
| Henderson, Bob | 2 | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Attendee |
| Dutra, Fernando | 1 | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Attendee |
| Collier, Jeff | 2 | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Attendee |
| Mendez, Nancy | 2 | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> 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 |
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| | | |
| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | Identify one of the following: |
| Maghsoudi, Paymaneh | 1 | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Attendee |
| Shields, Fran | 2 | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Attendee |
| Putrino, Elizabeth | 1 | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Attendee |
| Hill, Rod | 1 | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> 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 |
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| B. Name of Individual (Last, First) | Number of Ticket(s)/ Passes | Identify one of the following: |
| Lo, Monica | 1 | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below.</i> Attendee |
| Martinez, Yolanda | 1 | Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below.</i> 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 |
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| 1. Agency Name | | Date Stamp | California Form 802 |
| City of Whittier | | | For Official Use Only |
| Division, Department, or Region (if applicable) | | | |
| Administration | | | |
| Designated Agency Contact (Name, Title) | | | |
| Jeffrey W. Collier | | | |
| Area Code/Phone Number | E-mail | <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) | |
| (562) 567-9301 | jcollier@cityofwhittier.org | Date of Original Filing: _____ <small>(month, day, year)</small> | |

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 150

Event Description: Good Scout Award Dinner Date(s) 11 / 20 / 14 _____ / _____ / _____
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Boy Scouts of America - LA Council
Name of Source

Was ticket distribution made at the behest of agency official? Yes No If yes: _____
Official's Name (Last, First)

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

Comment: _____