

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

A Public Document

1. Agency Name City of Whittier		CITY OF WHITTIER CITY CLERK - TREASURER	Date Stamp 17 FEB 16 PM 2:12	California Form 802
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: _____ <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 \$ 350

Event Description: PIH Health Foundation Gala Date(s) 4 / 26 / 14 _____ / _____ / _____
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: PIH Health Foundation
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	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 checked="" 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
PIH Health Foundation pihhealth.org	4	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.

	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>