

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

CITY OF WHITTIER
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California Form **802**
For Official Use Only

Amendment (Must Provide Explanation in Part 3.)

Date of Original Filing: _____
(month, day, year)

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

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 100

Event Description: EW Arts Education Stuart Art Show Date(s) 5 / 16 / 14
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: East Whittier Arts Education 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
East Whittier Arts Education Foundation ewaef.org	1	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 _____ 2-15-17
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____