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

A Public Document

	Date Stamp	California Form **802**

1. Agency Name

Division, Department, or Region (if applicable)

Designated Agency Contact (Name, Title)

Tamara D. Mason, City Clerk

For Official Use Only

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

Area Code/Phone Number	**E-mail**
562-383-4030	tmason@lahabraca.gov

Date of Original Filing: 07/10/17
(month, day, year)

2. Function or Event Information

Does the agency have a ticket policy?   Yes ☒ No ☐   Face Value of Each Ticket/Pass $ 15.00

Event Description: La Habra Mayor's Prayer Breakfast   Date(s) 05 / 04 / 17   ___ / ___ / ___
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐   If no: _____
Name of Source

Was ticket distribution made at the behest Yes ☐ No ☒   If yes: _____
of agency official?   *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:
Bernier, Michelle Planning Commission	1	Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* Promotion of Community Programs
Hughes, Jonathan Community Services Commission		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* Promotion of Community Programs

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

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.

	Tamara D. Mason	City Clerk	07/10/17
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: _____

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Continuation Sheet

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Agency Name

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:
	Felix, Kathy Community Services Commission	1	Ceremonial Role ☒ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* Promotion of Community Programs
	Kempker, Teresa Community Services Commission	1	Ceremonial Role ☒ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* Promotion of Community Programs
	Praster, Kim Community Services Commission	1	Ceremonial Role ☒ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* Promotion of Community Programs
			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