

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions **RECEIVED** **CITY OF WEST HOLLYWOOD** Public Document

1. Agency Name City of West Hollywood		Date Stamp 14 AUG 20 AM 9:15	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable) City Manager's Department		OFFICE OF THE CITY CLERK	
Designated Agency Contact (Name, Title) Paul Arevalo, City Manager			
Area Code/Phone Number 323-848-6400	E-mail		<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 \$ _____ 15.00

Event Description Boogie Knights - Concert Date(s) 08 / 15 / 14 08 / 15 / 14
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: House of Blues (LiveNation)
Name of Source

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

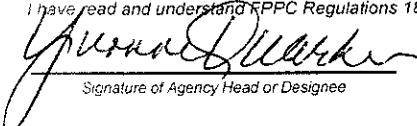
3. Recipients

• 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)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Brandenburg, Philip	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input checked="" type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
Miranda, Odette	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input checked="" type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization <small>(include address and description)</small>	Number of Ticket(s)/Pass(es)	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.

 Yvonne Quarker City Clerk 08/20/14
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)