

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

A Public Document

1. Agency Name

City of West Hollywood
 Division, Department, or Region (If Applicable)
 City Manager's Department
 Designated Agency Contact (Name, Title)
 Paul Arevalo, City Manager
 Area Code/Phone Number E-mail
 323-848-6400

RECEIVED
 CITY OF WEST HOLLYWOOD
 Date Stamp: 14 SEP 16 AM 9:58
 OFFICE OF THE CITY CLERK

California Form **802**

For Official Use Only

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 \$ _____ 500.00
 Event Description HBO Emmy Party Date(s) 08 / 25 / 14 08 / 25 / 14
Provide Title/Explanation
 Ticket(s)/Pass(es) provided by agency? Yes No If no: HBO
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 (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Councilmember Abbe Land	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Ticket Policy - Section 5(A)
Mayor Pro Tempore John Heilman	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> Ticket Policy - Section 5(A)
C. Name of Outside Organization (include address and description)	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 Yvonne QUARKER CITY CLERK 9/16/14
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)

Comment: _____