Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name RECEIVED California Form City of West Hollywood WEST HOLLYWOOD For Official Use Only Division, Department, or Region (if applicable) 18 SEP 24 AM 9: 42 City Manager's Department Designated Agency Contact (Name, Title) OFFICE OF THE CITY CLERK Paul Arevalo, City Manager Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 323-848-6400 (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 500.00 Does the agency have a ticket policy? Yes⊠ No □ Event Description: HBO Emmy Party Date(s) __9__/ 17 / 17 , 18 Provide Title/ Explanation If no: HBO Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🖾 Was ticket distribution made at the behest Yes ☐ No 🗵 If yes: _ Official's Name (Last, First) of agency official? 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. Number Describe the public purpose made pursuant to the agency's policy Name of Agency, Department or Unit Α. of Ticket(s)/ Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other 🔀 Income Heilman, John (Councilmember) If checking "Ceremonial Role" or "Other" describe below: 1 Ticket Policy -Section 5(A)(F)(G) Other 🗵 Ceremonial Role Income Horvath, Lindsey (Councilmember) If checking "Ceremonial Role" or "Other" describe below: 2 Ticket Policy -Section 5(A)(F)(G) Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) Passes

4. Verification

l have read a	nd understand	d FPPC Regulatio	ns 18944,1 ar	nd 18942. I	' have verified	i that the dis	tribution set forti	h above, is	in accordance
with the requi	iraments-	_							
initi and rogar	romonia.								

with the requirements:	10014, 1 dita 10042. 1 have v	onnou mat mo distribution dot form t	ibovo, io in accordance
proune Stark	Yvonne Quarker	City Clerk	9/24/18
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
V			
Comment:			