

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

1. Agency Name City of Bell Gardens		Date Stamp 2018 JUN	California Form 802
Division, Department, or Region (If Applicable) City Council Office		For Official Use Only 7100 GARFIELD AVE BELL GARDENS, CA 90201	
Designated Agency Contact (Name, Title) Philip Wagner, City Manager		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number 562-806-7754	E-mail pwagner@bellgardens.org	Date of Original Filing: <u>6 28 18</u> (Month, Day, Year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 25.00

Event Description Lions Club Annual Carnical Date(s) 05 / 17 / 18 05 / 20 / 18
Provide Title/Explanation

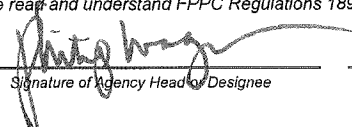
Ticket(s)/Pass(es) provided by agency? Yes No If no: Lions Club
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Flores, Priscilla Flores (Council Member)
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:
Ventura, Patricia	4	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Promotion of Community Event
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
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.

	Philip Wagner	City Manager	6/28/18
<i>Signature of Agency Head or Designee</i>	<i>Print Name</i>	<i>Title</i>	<i>(Month, Day, Year)</i>