

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

CITY OF BELL GARDENS Public Document

<b>1. Agency Name</b> City of Bell Gardens		CITY CLERK'S OFFICE 2019 MAY 22 PM 2:13 7100 GARFIELD AVE BELL GARDENS, CA 90201 <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)  Date of Original Filing: <u>5/22/19</u> <small>(month, day, year)</small>
Division, Department, or Region (if applicable) City Council Office		
Designated Agency Contact (Name, Title) Daisy Guerrero, Executive Assistant		
Area Code/Phone Number 562-806-7702	E-mail dguerrero@bellgardens.org	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 25

Event Description: Lions Club Community Fair Date(s) 05 / 09 / 19 05 / 12 / 19  
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? Yes  No  If yes: Aceituno, Pedro (Council Member) PA  
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:
Sonia Valencia	5	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Promotion of Community Event
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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.*

 Signature of Agency Head or Designee	Daisy Guerrero Print Name	Executive Assistant Title	5/22/19 <small>(month, day, year)</small>
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Comment: \_\_\_\_\_