Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions CITY OF BELL GARDEN A Public Document

CITY CLERK'S OFFICE

1. Agency Name
City of Bell Gardens

Division, Department, or Region *(if applicable)*
City Council Office

2019 JUN -4 PM 3: 15

7100 GARFIELD AVE
BELL GARDENS, CA 90201

For Official Use Only

Designated Agency Contact *(Name, Title)*
Daisy Guerrero, Executive Assistant

☐ Amendment *(Must Provide Explanation in Part 3.)*

Area Code/Phone Number	E-mail	
562-806-7702	dguerrero@bellgardens.org	Date of Original Filing: 5/22/19 *(month, day, year)*

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 Yes ☐ No ☒   If yes: Barcena, Marco (Council Member)
of agency official?   *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:
	Ruben Vargas	5	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* Promotion of Community Event
			Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

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 *(month, day, year)*

Comment: _____