

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

A Public Document

1. Agency Name City of Bell Gardens		Date Stamp CITY CLERK'S OF CITY OF BELL GARDENS 2016 MAR 24 P 6:14 7700 GARFIELD AVENUE BELL GARDENS, CA 90201	California Form 802 Official Use Only
Division, Department, or Region (if applicable) City Council			
Designated Agency Contact (Name, Title) Philip Wagner, City Manager		Amendment (Must Provide Explanation in Part 3.)	
Area Code/Phone Number 562-806-7702	E-mail pwagner@bellgardens.org	Date of Original Filing: 03/24/16 (month, day, year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 35.00

Event Description: Circo Hermanos Caballero Date(s) 02 / 25 / 16 03 / 06 / 16
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Circo Hermanos Caballeros
Name of Source

Was ticket distribution made at the behest of agency official? Yes No If yes: Pulido, Maria (Councilmember)
Official's Name (Last, First)

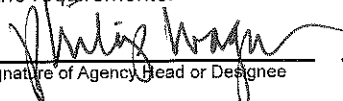
3. Recipients

• 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:
Flores, Maryelyn	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Promotion of Community Event
Bustos, Susana	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Promotion of Community Event
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.

 Philip Wagner City Manager 03/24/16
 Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____

**Agency Report of:
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Continuation Sheet**

Agency Name

City of Bell Gardens

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:
Pulido, Sandra	1	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
Ibarra, Yesenia	1	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
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