

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

A Public Document

1. Agency Name		Date Stamp	California Form 802
City of La Habra			For Official Use Only
Division, Department, or Region (if applicable)			
Street Address			
201 E. La Habra Blvd., La Habra, CA 90631		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Designated Agency Contact (Name, Title)		Date of Original Filing: <u>1/11/12</u>	
Jennifer Cervantez, Assistant City Manager		(month, day, year)	
Area Code/Phone Number	E-mail		
562/905-9701	JenniferC@lahabracity.com		

2. Function, Event, or Ceremonial Role Information

Title La Habra Red Ribbon Breakfast Face Value of Each Admission \$ 15.00

Description Drug Awareness Community Bf Date(s) 10 / 27 / 11

Ticket(s)/Admission(s) provided by agency? Yes No If no: _____
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes No If yes: _____
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	* Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. * If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.	Income
Shaw, Tim	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Promotion of City event and program	Income <input type="checkbox"/>
Espinoza, Rose	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Promotion of City event and program	Income <input type="checkbox"/>
Blazey, Michael		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Promotion of City event and program	Income <input type="checkbox"/>
Gomez, James		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Promotion of City event and program	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

3. Verification

I have verified that the distribution of admissions, set forth above,

Jennifer Cervantez Assistant City Manager 1/12/12
Print Name Title (month, day, year)

(For any additional information including amendment explanation.)