

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
City of La Habra 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.) Date of Original Filing: <u>3/29/12</u> (month, day, year)	
Designated Agency Contact (Name, Title) Jennifer Cervantez, Assistant City Manager			
Area Code/Phone Number 562/905-9701	E-mail JenniferC@lahabracity.com		

2. Function, Event, or Ceremonial Role Information

Title Amer. Legion Police & Fire Lunch Face Value of Each Admission \$ 9

Description Recognition of local public safety Date(s) 2 / 20 / 12

Ticket(s)/Admission(s) provided by agency? Yes No If no: American Legion Post La Habra
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"/>	Official recognition of La Habra safety personnel	Income <input type="checkbox"/>
		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

3. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above,



Jennifer Cervantez

Assistant City Manager

3/29/12

Print Name

Title

(month, day, year)

(Attachment for any additional information including amendment explanation.)