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

A Public Document

California Form 802

For Official Use Only

Date Stamp

1. Agency Name

City of La Habra

Division, Department, or Region *(if applicable)*

Street Address

201 E. La Habra Blvd., La Habra, CA 90631

Designated Agency Contact *(Name, Title)*

Jennifer Cervantez, Assistant City Manager

Area Code/Phone Number: 562/905-9701

E-mail: JenniferC@lahabracity.com

☐ **Amendment** *(Must provide explanation in Part 3.)*

Date of Original Filing: 3/29/12 *(month, day, year)*

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.
Shaw, Tim	1	Yes ☑ No ☐	Official recognition of La Habra safety personne Income ☐
		Yes ☑ No ☐	Income ☐
		Yes ☑ No ☐	Income ☐
		Yes ☑ No ☐	Income ☐
		Yes ☐ No ☐	Income ☐

3. Verification

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

[redacted]

Jennifer Cervantez — Print Name

Assistant City Manager — Title

3/29/12 *(month, day, year)*

chment for any additional information including amendment explanation.)