1. Agency Name
   City of West Hollywood
   Division, Department, or Region (if applicable)
   City Manager's Department
   Designated Agency Contact (Name, Title)
   Paul Arevalo, City Manager
   Area Code/Phone Number E-mail
   323-848-6400

2. Function or Event Information
   Does the agency have a ticket policy? Yes ☒ No ☐
   Face Value of Each Ticket/Pass $ 500.00
   Event Description: HBO Emmy Party
   Date(s) 09/18/16
   Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒
   If no: ___________________________
   Name of Source ___________________________
   Was ticket distribution made at the behest of agency official? Yes ☒ No ☐
   If yes: ___________________________
   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.

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(s)/Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   | Name of Individual               | Number of Ticket(s)/Passes | Identify one of the following:                          |
   | (Last, First)                    |                           | Ceremonial Role ☐ Other ☒ Income ☐                    |
   | Heilman, John - Councilmember    | 1                         | Ticket Policy - Section 5(A)                            |
   | Horvath, Lindsey - Councilmember | 1                         | Ticket Policy - Section 5(A)                            |

   | Name of Outside Organization     | Number of Ticket(s)/Passes | Describe the public purpose made pursuant to the agency's policy |
   | (Include address and description)|                           |                                                          |
   |                                  |                           |                                                          |

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 ___________________________
   Yvonne Quarker Print Name ___________________________
   City Clerk Title ___________________________
   10/25/16 (month, day, year)
   Comment: ___________________________