## Tickets Provided by Agency Report

**Agency Name**
City of West Hollywood

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

**Street Address**
8300 Santa Monica Blvd., West Hollywood, CA 90069

**Area Code/Phone Number**
323-848-6400

**Agency Contact (name and title)**
Craig Rhea

**Date of Original Filing:**

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### 2. Event For Which Tickets Were Distributed

**Date(s) of Event:**
- 12 / 4 / 09
- 12 / 7 / 09

**Description of Event:** Project Angel Food's Divine Design event

**Face Value of Ticket:**

- $ below $50

**Agency Event:**
- Yes
- No (Identify source of tickets below.)

**Name of Outside Source of Ticket(s) Provided to Agency:** Project Angel Food

**Number of Tickets Received:**

- 5

**Ticket(s) Provided to Agency:**
- Gratuitously
- Pursuant to Contract

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### 3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

<table>
<thead>
<tr>
<th>Name of Official (Last, First)</th>
<th>Number of Tickets</th>
<th>State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>First come, first served at event</td>
<td>Promotion of programs and resources available to the City's residents</td>
<td></td>
</tr>
</tbody>
</table>

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### 4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

**Name of Behesting Agency Official:**

**Name of Individual or Organization:**

**Number of Tickets:**

**Description of Organization:**

**Address of Organization:**

<table>
<thead>
<tr>
<th>Number and Street</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

**Purpose for Distribution:**

- (Describe the public purpose for the distribution to the organization.)

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### 5. Verification

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

**Signature of Agency Head or Designee:**

**Print Name:**

**Title:**

**City Clerk:**

**Date:**

**Comment:** (Use this space or an attachment for any additional information including amendment explanation.)

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FPPC Form 802 (Feb/09)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)