Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp Form City of Whittier For Official Use Only Division, Department, or Region (if applicable) Posted: 09/05/2023 Administration Designated Agency Contact (Name, Title) Brian Saeki, City Manager Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (562) 567-9301 bsaeki@cityofwhittier.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 85.00 Does the agency have a ticket policy? Yes ⊠ No □ Date(s) 4 / 6 / Annual Meeting and Installation Event Description: __ Provide Title/ Explanation Whittier Area Chamber of Commerce Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🖾 Name of Source Was ticket distribution made at the behest Yes ☐ No 区 Official's Name (Last, First) of agency official? 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. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes Number Name of Individual B. of Ticket(s)/ Identify one of the following: (Last, First) **Passes** Ceremonial Role Other X Income Vinatieri. Joe If checking "Ceremonial Role" or "Other" describe below Warner, Cathy 2 Attendees. Other X Ceremonial Role Income ___ Martinez, Octavio Cesar If checking "Ceremonial Role" or "Other" describe below 3 Saeki. Brian Attendees. DeLong, Shannon Number Name of Outside Organization C. Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) **Passes** Whittier Area Chamber of Commerce 4.e-Promotion of community programs available to city whittierchamber.com residents, including charitable and nonprofit organizations. 4. Verification

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.

Brian Saeki City Manager

Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: