

Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions CITY OF WHITTIER A Public Document
 CITY CLERK

1. Agency Name City of Whittier		Date Stamp 2024 JUN -7 PM 12:09	California Form 802
Division, Department, or Region <i>(if applicable)</i> Administration			For Official Use Only
Designated Agency Contact <i>(Name, Title)</i> Brian Saeki, City Manager		<input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i> Date of Original Filing: _____ <small><i>(month, day, year)</i></small>	
Area Code/Phone Number (562) 567-9301	E-mail bsaeki@cityofwhittier.org		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 50.00

Event Description: CAPC, Inc. - Founders Luncheon Date(s) 06 / 05 / 24 _____ / _____ / _____
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: CAPC, Inc.
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.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <small><i>(Last, First)</i></small>	Number of Ticket(s)/ Passes	Identify one of the following:
Pacheco, Mary Ann	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small><i>If checking "Ceremonial Role" or "Other" describe below:</i></small> Attendee.
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small><i>If checking "Ceremonial Role" or "Other" describe below:</i></small>
C. Name of Outside Organization <small><i>(include address and description)</i></small>	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
CAPC, Inc. www.capcinc.org		4.e-Promotion of community programs available to city residents, including charitable and nonprofit organizations.

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.

 _____ <small>Signature of Agency Head or Designee</small>	Brian Saeki _____ <small>Print Name</small>	City Manager _____ <small>Title</small>	<u>05-07-2024</u> _____ <small><i>(month, day, year)</i></small>
--	---	---	--

Comment: _____