

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

<b>1. Agency Name</b> City of Whittier Division, Department, or Region (if applicable) Administration Designated Agency Contact (Name, Title) Brian Saeki, City Manager Area Code/Phone Number (562) 567-9301   E-mail bsaeki@cityofwhittier.org		Date Stamp 2024 AUG 29 PM 3: 53	<b>California Form 802</b> For Official Use Only
		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 75.00

Event Description: HOT Summer Night Date(s) 08 / 01 / 24  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: Hispanic Outreach Taskforce  
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 (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Warner, Cathy Pacheco, Mary Ann	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Attendees.
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Hot Outreach Taskforce hotoutreach.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.

 Signature of Agency Head or Designee	Brian Saeki Print Name	City Manager Title	<u>8-29-24</u> (month, day, year)
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Comment: \_\_\_\_\_