	gency Report of: eremonial Role Even	ts and Ticket/Pa	ass Distr	ibutions	CITY OF W	III A	ublic D	ocument
1.	Agency Name		Date Sta	mp	Californ	ia 802		
	City of Whittier						Form	002
	Division, Department, or Regi	on (if applicable)		7	D24 OCT 22	PM 4:	8 For Offi	cial Use Only
	Administration			4	DET COL ES	***		
	Designated Agency Contact (Name,Title)					1	
	Brian Saeki, City Manager							
	Area Code/Phone Number	E-mail				it (Must Pro	vide Explanation	on in Part 3.)
	(562) 567-9301	er.org		Date of Original Filing:(month, day, year)				
2.	Function or Event Information							
	Does the agency have a tick	ket policy? Yes	No ☐ F	ace Value of	Each Ticket/Pass \$85.00			
	Event Description: Library F	oundation - Booktobe	erfest [Date(s)10_				
	Ticket(s)/Pass(es) provided		f no: Whittie	ation, Inc.				
	Was ticket distribution made of agency official?	□ No⊠ ^I	f yes:	Official's Name (L	_ast, 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 of the identify and individual.								
	A. Name of Agency, Depa	innent of one	of Ticket(s)/ Passes	Describe (i	ne public purpose	made puis	uant to the a	jency's poncy
	B. Name of Individual (Last, First) Warner, Cathy C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes		Identify o	ne of the fo	llowing:	
			1		emonial Role Other Income Income Cking "Ceremonial Role" or "Other" describe below:			
					monial Role	Other Other or "Other" desc	cribe below:	Income
			Number of Ticket(s)/ Passes	of Ticket(s)/ Describe the public purpose made pursuant to the				gency's policy
	Whittier Public Library Fou whittierplf.org	ındation Inc.			on of commun			
4.	Verification I have read and understand FF with the requirements. Signature of Agency Head or Design	Bria	.1 and 18942 an Saeki	. I have verified	that the distribu City Mana			10-22-24
	Comment:		mix Name			(d)		month, day, year)

	ency Report of: remonial Role Event	ts and Ticket/Pa	CITY OF WHITTIER CITY CLERKA Public Document						
1. A	gency Name			Date Stamp	Califo	ornia OOO			
С	City of Whittier					For	m OUZ		
	ivision, Department, or Regi	on (if applicable)		7	2024 OCT 22 PM	4: 28 For	For Official Use Only		
	dministration								
	esignated Agency Contact (-		-					
	rian Saeki, City Manager								
	rea Code/Phone Number	E-mail			Amendment (Mu	st Provide Explar	nation in Part 3.)		
	± 1			Date of Original Filings					
	562) 567-9301	,			Date of Original Filing:(month, day, year)				
	Function or Event Information Does the agency have a ticket policy? Yes ⊠ No □ Face Value of Each Ticket/Pass \$ 95.00								
	oes the agency have a tick	Each Ticket/Pass \$							
Е	vent Description: Library F	<u> 10 </u>							
		r Dublic Library Fou	undation Inc						
Т	ïcket(s)/Pass(es) provided	no:	ier Public Library Foundation, Inc. Name of Source						
V	Vas ticket distribution made								
	of agency official?	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. Number								
	A. Name of Agency, Depa	of Ticket(s)/ Passes	Describe tl	be 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:				
	Vinatieri, Joe Martinez, Octavio Cesar		2		monial Role Othe		Income _		
•				Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:					
	C. Name of Outside Organization (include address and description)		Number of Ticket(s)/ Passes	Describe t	e public purpose made pursuant to the agency's policy				
	Whittier Public Library Fou whittierplf.org			on of community programs available to city acluding charitable and nonprofit organizations.					
	/erification	200 D	4 - 1405 15						
	I have read and understand FPPC Regulations 18944. with the requirements. Bria			ı have verified	d that the distribution set forth abo City Manager		/e, is in accordance (の・}よ・}4		
· · · · ·	Signature of Agency Head or Design	nee Pr	int Name		Title	,	(month, day, year)		