

**Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions**

1. Agency Name		Date Stamp	California Form 802
City of Whittier		2024 OCT 31 AM 8:42	For Official Use Only
Division, Department, or Region (if applicable)			
Administration			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
Brian Saeki, City Manager			
Area Code/Phone Number	E-mail		
(562) 567-9301	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: 2024 Business Economic Outlook Date(s) 10 / 23 / 24
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Whittier Area Chamber of Commerce
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:
Pacheco, Mary Ann	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Attendee
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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
Whittier Area Chamber of Commerce www.whittierchamber.com		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>10-29-24</u> (month, day, year)
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Comment: _____