

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

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1. Agency Name City of Whittier		Date Stamp 2024 OCT 31 AM 8:42	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) Administration			
Designated Agency Contact (Name, Title) Brian Saeki, City Manager		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
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 \$ 125.00

Event Description: WCCS Domestic Violence Symposium Date(s) 10 / 24 / 24
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Women's & Children's Crisis Shelter
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"/> If checking "Ceremonial Role" or "Other" describe below: Attendee
		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
Women's & Children's Crisis Shelter www.wccshope.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
 _____ 10-29-24 (month, day, year)

Comment: _____