| Agency Report of:  Ceremonial Role Events and Ticket/Pass Distributions TY AFR A Public Document |  |                         |  |  |  |               |                       |  |
|--|--|-------------------------|--|--|--|---------------|-----------------------|--|
|  | Agency Name  |                         |  |  | Date Stamp   | Cali          | ifornia 802           |  |
|  | City of Whittier   |                         |  |  |  | F             | orm 802               |  |
| _  | Division, Department, or Reg   | ion (if applicable)     |  | 7019 DEC   | 16 AM 9:53   | Fo            | For Official Use Only |  |
|  | Administration   |                         |  |  |  |               |                       |  |
| Ī  | Designated Agency Contact (Name, Title)  |                         |  |  |  |               |                       |  |
| Е  | Brian Saeki, City Manager  |                         |  |  |  |               |                       |  |
| Ā  | rea Code/Phone Number  |                         | ier.org  |  | Date of Original Filing:   |               |                       |  |
| (  | (562) 567-9301   | ittier.org              |  |  |  |               |                       |  |
| 2. I   | Function or Event Information  |                         |  |  |  |               |                       |  |
| [  | Does the agency have a tic   | s⊠ No□ F                | ace Value of   | Each Ticket/Pass   | \$ <u>104.17</u>   | -             |                       |  |
| E  | Event Description: Silver St   |                         | uet  |  | , 22 , 19  |               |                       |  |
| ٦  | Ficket(s)/Pass(es) provided  |                         | If no: Whittier Area Chamber of Commerce  Name of Source |  |  |               |                       |  |
| ١  | Was ticket distribution made at the behest Yes ☐ No ☒ If yes:  |                         |  |  | Official's Name (Last, First)  |               |                       |  |
|  | 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. |                         |  |  |  |               |                       |  |
|  | A. Name of Agency, Dep   | artment or Unit         | Number<br>of Ticket(s)/<br>Passes                        | Describe th  | e public purpose mad   | e pursuant to | the agency's policy   |  |
|  | B. Name of Ind   | Number<br>of Ticket(s)/ |  | Identify one of  | f the following  | :             |                       |  |
|  | (Eddi, 17)   | Passes                  |  |  | -  |               |                       |  |
|  | Bouchot, Henry and spouse<br>Warner, Cathy and spouse<br>Alvarado, Josue and spouse  |                         | 6  | Ceremonial Role Other A.e-Profficion of confini unity proff afficient available to the city residents, including charitable and non-profit organizations |  |               |                       |  |
|  | Collier, Jeff and spouse<br>DeLong, Shannon and spouse   |                         | 4  | 4.e-Promotio   | eremonial Role Other I Income Cofficient of Community of Cofficient of Community of Cofficient of Co |               |                       |  |
|  | C. Name of Outside Organization (include address and description)  |                         | Number<br>of Ticket(s)/<br>Passes                        | Describe the public purpose made pursuant to the agency's policy   |  |               |                       |  |
|  |  |                         |  |  |  |               |                       |  |
| 4.   | Verification   |                         |  |  |  |               |                       |  |
|  | I have read and understand Fi  | PPC Regulations 189     | 944.1 and 18942.   | I have verified  | that the distribution  | set forth abo | ve, is in accordance  |  |
|  | vith the requirements.   |                         | rian Saeki   |  | City Manager   |               | 12/11/20              |  |
|  | Signature of Agency Head or Designee P   |                         | Print Name   |  | Title  |               | (month, day, year)    |  |
|  | Comment: Sponsor page of   | overed 24 event ti      | ckets for the pri  | ce of \$2,500.   |  |               |                       |  |

Agency Report of: