

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

1. Agency Name City of Whittier		CITY CLERK Date Stamp 2020 MAR 11 AM 10:15	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) Administration			
Designated Agency Contact (Name, Title) Brian Saeki		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
Area Code/Phone Number 562-567-9300	E-mail Bsaeki@cityofwhittier.org	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 \$ 55

Event Description: Whittier Reads Dinner Date(s) 4 / 25 / 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Whittier Public Library Foundation
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	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> 4e. - Promotion of community programs available to the city residents, including charitable and non profit organizations <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input type="checkbox"/> Other <input checked="" 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

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.

_____ Brian Saeki _____ City Manager _____ 01/24/20 _____
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____