

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

<b>1. Agency Name</b> City of Whittier		CITY CLERK Date Stamp  2020 MAR 12 AM 8:36	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (if applicable) Administration			<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)  Date of Original Filing: _____ <small>(month, day, year)</small>
Designated Agency Contact (Name, Title) Brian Saeki, City Manager			
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 \$ 75

Event Description: Education/ Training Awards Date(s) 02 / 28 / 20 02 / 28 / 20  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: Soroptimist 'Best for Women'  
Name of Source

Was ticket distribution made at the behest of agency official? Yes  No  If yes: \_\_\_\_\_  
Official's Name (Last, First)

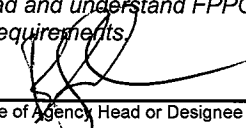
**3. Recipients**

• 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"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> 4.e Promotion of community program available to the city residents, including charitable and non-profit organizations.
		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

**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>3/11/20</u> (month, day, year)
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Comment: \_\_\_\_\_