

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

CITY OF WHITTIER
CITY CLERK

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
City of Whittier		2023 NOV 29 PM 2:39	
Division, Department, or Region (if applicable)			
Administration			
Designated Agency Contact (Name, Title)			
Brian Saeki, City Manager			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
562-567-9301	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 \$ 100.00

Event Description: PIH Health Golf Tournament Dinner Date(s) 10 / 23 / 23
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: _____
Name of Source

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

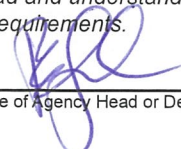
3. Recipients

• 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"/> 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
	PIH Health Foundation PIHHealth.org		4.e-Promotion of community programs available to the city residents, including charitable and no-profit 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.


 _____ Brian Saeki _____ City Manager _____ 11/29/23
 Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____