

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

CITY OF WHITTIER Public Document
CITY CLERK

1. Agency Name		Date Stamp 2024 FEB -7 PM 4: 38	California Form 802 For Official Use Only
City of Whittier			
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 \$ 110 each

Event Description: Music Bingo Party Date(s) 02 / 01 / 24
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Soroptimist International of Whittier
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> Attendee.
		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
Soroptimist International of Whittier P.O. Box 468, Whittier, CA 90608-0468		4.e- promotion of community programs available to the city residents, including charitable and non-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
2,624

Signature of Agency Head or Designee
Print Name
Title
(month, day, year)

Comment: _____