

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

CITY OF WHITTIER
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1. Agency Name City of Whittier		Date Stamp 2024 JUN 18 AM 11: 52	California Form 802 For Official Use Only
Division, Department, or Region <i>(if applicable)</i> Administration			
Designated Agency Contact <i>(Name, Title)</i> Brian Saeki, City Manager		<input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i>	
Area Code/Phone Number (562) 567-9301	E-mail bsaeki@cityofwhittier.org	Date of Original Filing: _____ <i>(month, day, year)</i>	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 134.00

Event Description: A Taste of Rio Date(s) 06 / 07 / 24
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Rio Hondo College
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 <i>(Last, First)</i>	Number of Ticket(s)/ Passes	Identify one of the following:
	Vinatieri, Joe Warner, Cathy	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Attendees.
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C.	Name of Outside Organization <i>(include address and description)</i>	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
	Rio Hondo College riohondofoundation.org		4.e-Promotion of community programs available to city residents, including charitable and nonprofit 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.

_____ Signature of Agency Head or Designee
 _____ Brian Saeki Print Name
 _____ City Manager Title
 _____ 6-18-24 (month, day, year)

Comment: _____