

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

CITY OF WHITTIER Public Document

1. Agency Name City of Whittier		Date Stamp CITY CLERK 2024 JUN 18 AM 11: 52	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) Administration			
Designated Agency Contact (Name, Title) Brian Saeki, City Manager		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
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 \$ \$60

Event Description: Serving in Harmony Date(s) 06 / 13 / 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)

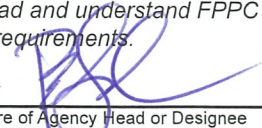
3. Recipients

• 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-promotional 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	6-18-24
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: _____