

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

CITY OF WHITTIER  
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<b>1. Agency Name</b>		Date Stamp 2024 SEP 13 PM 3: 51	California Form <b>802</b> For Official Use Only
City of Whittier			
Division, Department, or Region (if applicable) Administration		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)  Date of Original Filing: _____ (month, day, year)	
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 \$ 375.00

Event Description: Whittier Chamber Golf Tournament Date(s) 09 / 09 / 24  
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:
Saeki, Brian DeLong, Shannon Garcia, Rigo	3	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Attendees.
Cason, Kyle	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Attendee.
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
Whittier Area Chamber of Commerce www.whittierchamber.com		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.

\_\_\_\_\_ Signature of Agency Head or Designee     
 \_\_\_\_\_ Brian Saeki Print Name     
 \_\_\_\_\_ City Manager Title     
 \_\_\_\_\_ 9/13/24 (month, day, year)

Comment: \_\_\_\_\_