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

A Public Document

CITY OF WHITTIER
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2024 SEP 13 PM 3: 51

California Form 802

For Official Use Only

1. Agency Name

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
(562) 567-9301	bsaeki@cityofwhittier.org

☐ **Amendment** (Must Provide Explanation in Part 3.)

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 $ 65.00

Event Description: Whittier Chamber Golf Tournament

Provide Title/ Explanation

Date(s) 09 / 09 / 24   ___ / ___ / ___

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 ☒
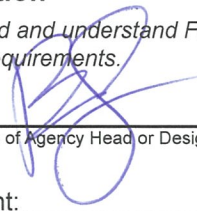
If yes: _____
Official's Name (Last, First)

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:
Vinatieri, Joe Warner, Cathy Pacheco, Mary Ann	3	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* Attendees.
		Ceremonial Role ☐ Other ☐ Income ☐ *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
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: _____