

Agency Report of:

Ceremonial Role Events and Ticket/Pass Distributions

CITY OF WHITTIER
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1. Agency Name		Date Stamp	California Form 802 For Official Use Only
City of Whittier		2024 OCT 10 PM 2:42	
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 \$ 500.00

Event Description: W.P.O.A. Golf Tournament Date(s) 10 / 08 / 24
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Whittier Police Officers Association
Name of Source

Was ticket distribution made at the behest of agency official? Yes No If yes: _____
Official's Name (Last, First)

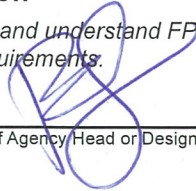
3. Recipients

• 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:
DeLong, Shannon Garcia, Rigo Cason, Kyle	3	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.
Casillas, Ifath	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> 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 Police Officers Association www.whittierpoa.org		4.e.-Promotion of community programs available to city residents, including charitable and nonprofit organizations.

4. Verification

I have read and understand FPCC 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:  Print Name: Brian Saeki Title: City Manager Date: 10-10-24 (month, day, year)

Comment: _____