

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

CITY OF WHITTIER
CITY CLERK Public Document

1. Agency Name City of Whittier		Date Stamp 2021 APR 13 AM 8:20	California Form 802 Official Use Only
Division, Department, or Region (if applicable) Administration		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: <u>4/13/2021</u> (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 \$ 65

Event Description: 107th Annual Meeting & Installation Date(s) 04 / 01 / 21
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Whittier Area Chamber of Commerce
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 Martinez, Jessica Katie Galvin-Surbatovic	3	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: 4e. Promotion of community programs available to City residents, including charitable and nonprofit organizations.
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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

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
 _____ 04/12/21 (month, day, year)

Comment: _____