

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

**A Public Document**

<b>1. Agency Name</b> City of Whittier		Date Stamp  Posted: 09/05/2023	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (if applicable) Administration			
Designated Agency Contact (Name, Title) Brian Saeki, City Manager			
Area Code/Phone Number 562-567-9301	E-mail bsaeki@cityofwhittier.org	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)  Date of Original Filing: _____ <small>(month, day, year)</small>	

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ 110 00

Event Description: Heritage Cooking Event    Date(s) 9 / 30 / 22  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency?    Yes     No     If no: Anaconda Street Productions  
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:
Martinez, Octavio Cesar	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
Anaconda Street Productions (ASP) tony@aspfilm.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	 _____ (month, day, year)
---	------------------------------------	--------------------------------	---------------------------------

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