

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

A Public Document

<b>1. Agency Name</b> City of Whittier		Date Stamp	<b>California Form 802</b>
Division, Department, or Region <i>(if applicable)</i> Administration		Posted: 09/05/2023	For Official Use Only
Designated Agency Contact <i>(Name, Title)</i> Brian Saeki, City Manager			<input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i>
Area Code/Phone Number 562-567-9301	E-mail bsaeki@cityofwhittier.org	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 \$ 150.00

Event Description: CAPC Celebrity Waiter Dinner    Date(s) 10 / 7 / 22  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?    Yes     No     If no: CAPC, Inc.  
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 <small>(Last, First)</small>	Number of Ticket(s)/ Passes	Identify one of the following:
Dutra, Fernando Martinez, Octavio	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below</small> Attendees.
		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 <small>(include address and description)</small>	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
CAPC, Inc. capc.org		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)
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Comment: \_\_\_\_\_