

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

A Public Document

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

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 86.50

Event Description: HOT Dia De Los Muertos Date(s) 11 / 4 / 22
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Hispanic Outreach Taskforce
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 Martinez, Octavio	3	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 (include address and description)	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
Hispanic Outreach Taskforce hotoutreach.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.

	Brian Saeki	City Manager	<u>8/29/23</u> <small>(month, day, year)</small>
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	

Comment: _____