**Ceremonial Role Events and Ticket/Pass Distributions** A Public Document 1. Agency Name Date Stamp California **Form** City of Whittier For Official Use Only Division, Department, or Region (if applicable) Posted: 09/05/2023 Administration Designated Agency Contact (Name, Title) Brian Saeki, City Manager Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: . (562) 567-9301 bsaeki@cityofwhittier.org (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 108.55 Does the agency have a ticket policy? Yes ⊠ No □ 2023 Positive Image Awards 23 Date(s) \_ Event Description: \_ Provide Title/ Explanation Hispanic Outreach Taskforce Ticket(s)/Pass(es) provided by agency? Yes 🔲 No 🖾 If no: \_\_ Name of Source Was ticket distribution made at the behest Yes ☐ No 🛛 If yes: \_ Official's Name (Last, First) of agency official? 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. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) Passes Ceremonial Role Other 🔀 Income If checking "Ceremonial Role" or "Other" describe below Warner, Cathy 2 Attendees. Martinez, Octavio Cesar Other Income Ceremonial Role If checking "Ceremonial Role" or "Other" describe below Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy C. of Ticket(s)/ (include address and description) Passes 4.e-Promotion of community programs available to city Hispanic Outreach Taskforce residents, including charitable and nonprofit organizations. hotoutreach.org 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 v Head or Designee **Print Name** Title Signature

Agency Report of:

Comment: