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

A Public Document

1. Agency Name	Date Stamp

1. Agency Name
City of Whittier

Division, Department, or Region *(if applicable)*
Administration

Posted: 09/05/2023

Designated Agency Contact *(Name, Title)*
Brian Saeki, City Manager

☐ **Amendment** *(Must Provide Explanation in Part 3.)*

Area Code/Phone Number	**E-mail**
(562) 567-9301	bsaeki@cityofwhittier.org

Date of Original Filing: _____
(month, day, year)

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐   Face Value of Each Ticket/Pass $ 50.00 _____

Event Description: ___WPL Annual Spring Tea___   Date(s) __3__ / __2__ / __23__   ____ / ____ / ____
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒   If no: ___Whittier Public Library Foundation___
Name of Source

Was ticket distribution made at the behest Yes ☐ No ☒   If yes: _____
of agency official?   *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 ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below* Attendee.
		Ceremonial Role ☐ Other ☐ Income ☐ *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
Whittier Public Library Foundation whittierplf.org		4.e-Promotion of community programs available to city residents, including charitable and nonprofit 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	8/29/22 *(month, day, year)*

Comment: _____