	Agency Name				Date Stamp	California 802	
	City of Whittier					TOTAL OF T	
	Division, Department, or Region (if applicable)			EC 16 AM 9: 53	For Official Use Only		
	Administration						
	Designated Agency Contact (Name, Title)						
	Brian Saeki, City Manager			Amendment (Must F	ovide Explanation in Part 3.)		
	Area Code/Phone Number 562-567-9301	E-mail Bsaeki@cityofwhitt	ier.org		Date of Original Filing:	12/10/10	
2.	Function or Event Infor	mation					
	Does the agency have a tic	ket policy? Yes I	□ No□ F	No ☐ Face Value of Each Ticket/Pass \$ 75.00			
	Event Description: HOT- Di		Date(s) 11 / 9 / 18				
	Event Description:	Provide Title/ Expla					
	Ticket(s)/Pass(es) provided		Outreach Task Force				
					Name of Source		
	Was ticket distribution made of agency official?	e at the behest 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, Dep	Number of Ticket(s)/ Passes			rsuant to the agency's policy		
			P. 10 ski-Obselvorenta tontes (15 octob)				
			Number				
	B. Name of Ind		Number of Ticket(s)/ Passes		Identify one of the		
			of Ticket(s)/	4.e-Promotio	Identify one of the nonial Role	☐ Income [
	(Last, Fi		of Ticket(s)/ Passes	4.e-Promotion residents, inc	nonial Role Other C	Income [inspirit line in the city on-profit organizations	
	(Last, Fi	organization	of Ticket(s)/ Passes	4.e-Promblic residents, inc Cerer If chec	nonial Role Other Charles of Committee Other of Committee Other of Committee	ାncome [ମୁଟ୍ରିକ୍ଟିକ୍ଟିକ୍ଟିକ୍ଟିକ୍ଟିକ୍ଟିକ୍ଟିକ୍ଟିକ୍ଟିକ୍ଟ	
	Vinatieri, Joe Warner, Cathy	organization	of Ticket(s)/ Passes 2 Number of Ticket(s)/	4.e-Promblic residents, inc Cerer If chec	nonial Role Other Charles of Committee Other of Committee Other of Committee	Income [
4.	Vinatieri, Joe Warner, Cathy C. Name of Outside C (include address an	Organization d description)	of Ticket(s)/ Passes 2 Number of Ticket(s)/ Passes	4.e-Promotion residents, inc	nonial Role Other Oth	Income Inscribe valuations Income Inc	
4.	Vinatieri, Joe Warner, Cathy C. Name of Outside C (include address an	Organization d description)	of Ticket(s)/ Passes 2 Number of Ticket(s)/ Passes	4.e-Promotion residents, inc	nonial Role Other Oth	Income Income Institution Income Institution Income	

Comment: _____

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



Agency Name ty of Whittier						
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:				
Dutra, Fernando Bouchot, Henry	2	Ceremonial Role Other A Income				
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:				
		Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:				
		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				