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

## 1. Agency Name
City of Long Beach

**Division, Department, or Region (if applicable)**
City Manager's Office

**Designated Agency Contact (Name,Title)**
Tom Modica, Assistant City Manager

**Area Code/Phone Number** 562-570-5091

**E-mail** tom.modica@longbeach.gov

**Date Stamp**

**California Form 802**
For Official Use Only

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

**Date of Original Filing:** 10/7/19

## 2. Function or Event Information

**Does the agency have a ticket policy?** Yes ☒ No ☐

**Face Value of Each Ticket/Pass** $24.95

**Event Description:** General Admission

**Date(s):** 1/9/19

**Ticket(s)/Pass(es) provided by agency?** Yes ☒ No ☐

**If no:** Aquarium of the Pacific

**Name of Source**

**If yes:** Doud, Laura

**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.

<table>
<thead>
<tr>
<th>Name of Agency, Department or Unit</th>
<th>Number of Ticket(e)/ Passes</th>
<th>Describe the public purpose made pursuant to the agency's policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Individual (Last, First)</th>
<th>Number of Ticket(e)/ Passes</th>
<th>Identify one of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Erik Clark</td>
<td>4</td>
<td>Ceremonial Role ☐ Other ☒ Income ☐</td>
</tr>
<tr>
<td>711 E. 4th Street, #6</td>
<td></td>
<td>Resident competition or Drawing (#10 on City Ticket Policy)</td>
</tr>
<tr>
<td>Long Beach, CA 90802</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| Name of Outside Organization (include address and description) | Number of Ticket(e)/ Passes | Describe the public purpose made pursuant to the agency's policy |
|                                                              |                             |                                                                 |

## 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

**Rebecca Garner**
Print Name

**Acting Assistant City Manager**
Title

**Date:** 12/11/19

**Comment:**

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FPPC Form 802 (2/2016)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)