

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 <small>For Official Use Only</small>
City of Long Beach			
Division, Department, or Region (if applicable)			
City Manager's Office			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
Tom Modica, Assistant City Manager			
Area Code/Phone Number	E-mail	Date of Original Filing: <u>2/1/19</u> <small>(month, day, year)</small>	
562-570-5091	tom.modica@longbeach.gov		

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 / 19 / 18 1 / 19 / 18
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Aquarium of the Pacific
Name of Source

Was ticket distribution made at the behest of agency official? Yes No If yes: Gonzalez, Lena
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:
Brianna Flores 621 Walnut Ave., Long Beach CA 90802	5	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Attracting or rewarding volunteer service (#5 on City Ticket Policy)
		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

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



Tom Modica
Print Name

Assistant City Manager
Title

2/1/19
(month, day, year)

Comment: _____