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

A Public Document

1. Agency Name

City of Long Beach - Development Services

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

City Manager's Office

Designated Agency Contact *(Name, Title)*

Tom Modica, City Manager

Area Code/Phone Number	E-mail
562-570-5091	Tom.Modica@longbeach.gov

Date Stamp

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California Form 802

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

Date of Original Filing: 4/27/2023 *(month, day, year)*

2. Function or Event Information

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

Face Value of Each Ticket/Pass $ $36.95

Event Description: General Admission *Provide Title/ Explanation*

Date(s) 04 / 27 / 2023 — 07 / 31 / 2023

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: _____ *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:
Medina, Silvia 7840 Birchcrest Rd. Downey CA 90240	4	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* #9 on ticket policy
		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

4. Verification

[redacted] *gulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance*

Tom Modica (Print Name) — City Manager (Title) — 5/2/23 (month, day, year)

Comment: _____

Print Clear