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

A Public Document

1. Agency Name

City of Long Beach

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

RECEIVED
CITY CLERK
LONG BEACH, CA
Tue Apr 23 2024 09:07:

California Form 802
For Official Use Only

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

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 $ 36.95

Event Description: General Admission *Provide Title/ Explanation*

Date(s) 12 / 31 / 23 — 12 / 31 / 24

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:
You, Margaret	4	Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* Section V.C.10
Cobos, Kyle	4	Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* Section V.C.10

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*

April Walker
Print Name

Assistant City Manager
Title

4/18/24
(month, day, year)

Comment: _____

Print Clear

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B. Name of Individual *(Last, First)*	Number of Ticket(s)/ Passes	Identify one of the following:
Awarke, Imad	6	Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* Section V.C.9
		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

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

[redacted] April Walker *Print Name* — Assistant City Manager *Title* — 4/18/24 *(month, day, year)*

Comment: _____

Print Clear