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

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 $ 32

Event Description: Vaccine Incentive Ticket Giveaway *Provide Title/ Explanation*

Date(s) 5/8/21 5/16/21

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: Modica, Tom *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
	5,634	Encouraging participants in City sponsored programs to
		attend local events. (#13 on City Ticket Policy)
B. Name of Individual *(Last, First)*	Number of Ticket(s)/ Passes	Identify one of the following:
		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

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] Tom Modica *Print Name* City Manager *Title* 7/2/21 *(month, day, year)*

Comment: _____

Because of the private nature of vaccine status and HIPAA protections, we will not be attaching individual names of ticket recipients.