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 $ 49-125

Event Description: Vaccine worker reward *Provide Title/ Explanation*

Date(s) 5/22/21 5/23/21

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

If no: Long Beach Opera *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
	66 *	As special recognition or reward for meritorious service by a
		City employee. (#9 on City Ticket Policy) * See attachment.

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.

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Print Name

City Manager
Title

7/2/21
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