

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 562-570-5091 E-mail tom.modica@longbeach.gov		Date Stamp RECEIVED CITY CLERK LONG BEACH, CA Fri Mar 08 2024 16:24:4 <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	California Form 802 For Official Use Only
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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 Date(s) 3 / 7 / 24 12 / 31 / 24
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: _____
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:
Jacque Sweeting	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Section V.C.9 (#9 special recognition)
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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

regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance

April Walker
Print Name

Assistant City Manager
Title

3/7/24
(month, day, year)

Comment: _____

Print

Clear