

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, Assistant City Manager Area Code/Phone Number 562-570-5091 E-mail tom.modica@longbeach.gov		Date Stamp <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: <u>2/1/19</u> <small>(month, day, year)</small>	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 \$ 24.95

Event Description: General Admission Date(s) 1 / 19 / 18 1 / 19 / 18
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: Gonzalez, Lena
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:
Brianna Flores 621 Walnut Ave., Long Beach CA 90802	5	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Attracting or rewarding volunteer service (#5 on City Ticket Policy)
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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



Tom Modica
Print Name

Assistant City Manager
Title

2/1/19
(month, day, year)

Comment: _____