

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

A Public Document

1. Agency Name City of Long Beach		Date Stamp	California Form 802 For Official Use Only
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	<input type="checkbox"/> 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 Date(s) 5 / 22 / 21 5 / 23 / 21
Provide Title/ Explanation

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 <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		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

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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