

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

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<b>1. Agency Name</b> City of Manhattan Beach		Date Stamp 2022 AUG 22 AM	California Form <b>802</b>
Division, Department, or Region (if applicable) Management Services Department		For Official Use Only	
Designated Agency Contact (Name, Title) Liza Tamura, City Clerk		CITY CLERK'S OFFICE MANHATTAN BEACH, CA	
Area Code/Phone Number 310-802-5056	E-mail ltamura@manhattanbeach.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 \$ \_\_\_\_\_ 325

Event Description: Wine Auction Date(s) 6 / 3 / 22  
*Provide Title/Explanation*

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: \_\_\_\_\_  
*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
City of Manhattan Beach	8	Promoting, supporting or showing appreciation for programs or services rendered by charitable and <input checked="" type="checkbox"/>
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Joe Franklin, Councilmember	3	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Promoting, supporting or showing appreciation for progra <input checked="" type="checkbox"/>
		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**

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

 Bruce Moe City Manager 8/22/22  
 Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: \_\_\_\_\_