

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

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1. Agency Name City of Manhattan Beach		Date Stamp 2022 AUG 22 PM	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) City Manager			
Designated Agency Contact (Name, Title) Liza Tamura, City Clerk		CITY CLERK'S OFFICE MANHATTAN BEACH, CA	
Area Code/Phone Number 310-5056	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 \$ _____

Event Description: South Bay Medal of Valor Date(s) 5 / 19 / 2022
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)

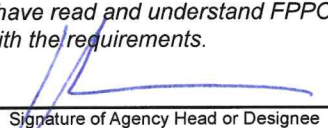
3. Recipients

• 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: Management Services; Parks & Recreation; Fire; I.T.	9	Recognizing or rewarding meritorious service by a City employee
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Franklin, Joe	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Recognizing or rewarding meritorious service by a City employee
		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 with the requirements.



 Signature of Agency Head or Designee

Bruce Moe

 Print Name

City Manager

 Title

8/22/22

 (month, day, year)

Comment: _____