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

A Public Document

Date Stamp

California Form **802**

For Official Use Only

1. Agency Name

City of Manhattan Beach

Division, Department, or Region *(if applicable)*

Management Services

Designated Agency Contact *(Name, Title)*

Liza Tamura, City Clerk

☐ **Amendment** *(Must Provide Explanation in Part 3.)*

Area Code/Phone Number	E-mail
310-802-5056	LTAMURA@MANHATTANBEACH.GOV

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 $ _____ 137.5

Event Description: Los Angeles Kings Tickets   Date(s) 01/09/2023 _____   ____ ____ ____
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ■   If no: Manhattan Beach Chamber of Commerce
Name of Source

Was ticket distribution made at the behest Yes ■ No ☐   If yes: Gabriel, George
of agency official?
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	2	Employee appreciation and retention
Police Department		

B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*
		Ceremonial Role ☐ Other ☐ Income ☐ *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.

Signature of Agency Head or Designee	Liza Tamura Print Name	City Clerk Title	9/13/2023 *(month, day, year)*

Comment: _____

Print   **Clear**