

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

**A Public Document**

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> For Official Use Only
City of Manhattan Beach			
Division, Department, or Region (if applicable)		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)  Date of Original Filing: _____ (month, day, year)	
Management Services			
Designated Agency Contact (Name, Title)			
Liza Tamura, City Clerk			
Area Code/Phone Number	E-mail		
310-802-5056	LTAMURA@MANHATTANBEACH.GOV		

**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) 03/02/2023  
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 of agency official? Yes  No  If yes: Gabriel, George  
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
Community Development Department		
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 with the requirements.*

	Liza Tamura	City Clerk	9/13/23
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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