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

A Public Document

California Form 802

For Official Use Only

Date Stamp

1. Agency Name

City of Manhattan Beach

Division, Department, or Region (if applicable)

Management Services Department

Designated Agency Contact (Name, Title)

Liza Tamura, City Clerk

Area Code/Phone Number	E-mail
(310) 802-5056	ltamura@manhattanbeach.gov

☐ **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 $ _____ 708

Event Description: __Wine Auction__
Provide Title/ Explanation

Date(s) _6_ / _8_ / _24_   ___ / ___ / ___

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 Beacah	11	Promoting, supporting or showing appreciation for programs or services rendered by charitable and non-profit organizations benefitting Manhattan Beach

B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Tim Lilligren	1	Ceremonial Role ☐ Other ■ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* Promoting, supporting or showing appreciation for progra
		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	Print Name	Title	(month, day, year)
	Bruce Moe	City Manager	07/23/24

Comment: _____

[Print] [Clear]