	gency Report of: eremonial Role Even	ts and Ticket/P	Pass Distri	ibutions	PECCIA	Public Document
1.	Agency Name				Date Stamp	California 802
	City of Manhattan Beach				1 2024 SEP 17 AM	ı viiii — —
	Division, Department, or Reg	ion (if applicable)			T ZUZA SEP 17 AM	for Official Use Only
	Management Services				CITY CLERK'S O MANHATTAN BEA	FFICE
	Designated Agency Contact	(Name, Title)			MAHHATTAN BEA	CH, CA
	Liza Tamura, City Clerk				Amandment (Must 6	Provide Explanation in Part 3.)
	Area Code/Phone Number	E-mail				09/17/24
	(310) 802-5056	Itamura@manhatta	anbeach.gov		Date of Original Filing:	(month, day, year)
2.	Function or Event Infor	mation				See attachment
	Does the agency have a tick			ace Value of	Each Ticket/Pass \$	OCC attachment
	Event Description: 2024 Ma	anhattan Beach Oper	<u> </u>	oate(s) <u>08/16</u>	<u> 5/2024</u>	08/18/2024
		Provide Title/ Expla	паиоп			
	Ticket(s)/Pass(es) provided	by agency? Yes [□ No 🔳 If	no: <u>AVP Vo</u>	Name of Source	A STATE OF THE STA
	Was ticket distribution made of agency official?	e at the behest Yes [□ No ■ If	yes: ——	Official's Name (Last, First)	
3.	Recipients • Use Section A to identify the agen	cy's department or unit. •		dentify an individu	ual. Use Section C to identif	fy an outside organization.
	A. Name of Agency, Depa	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
	City of Manhattan Beach I Departments	Multiple	5	Promotion agreement,	of special events unde including but not limit	er any City contract or ted to sport and athletic
	B. Name of Indi		Number of Ticket(s)/ Passes		Identify one of the f	ollowing:
	SEE ATTACHED DOCUM	IENT	73	· If checi	nonial Role Other Ming "Ceremonial Role" or "Other" de	Income [
				1	nonial Role Other of the or "Other" des	
	C. Name of Outside Or (include address and		Number of Ticket(s)/ Passes	Describe th	e public purpose made pur	suant to the agency's policy
	Verification I have read and understand FPI with the requirements.	PC Regulations 18944.	.1 and 18942. I	have verified t	hat the distribution set fo	orth above, is in accordance
	Calen MM	Talyn Mirzakh		Actin	g City Manager	09/17/24 (month, day, year)
	Signature of Agency Head or Designor See attached do	cument for names a	int Name nd titles of rec	ceipients	HIGE	prioritir, vay, year)

2024 MANHATTAN BEACH OPEN VIP TICKETS

Name	Title	Friday 8/16 \$220	Friday 8/16 Courtside* \$1,650.00	Saturday 8/17 \$247.50	Saturday 8/17 Courtside* \$1,980.00	Sunday 8/18 \$275	Sunday 8/18 Courtside*
Joe Franklin	Mayor	4	4	4	4	4	4
Amy Thomas Howorth	Mayor Pro Tem	4	0	4	0	0	0
David Lesser	Councilmember	0	2	0	0	0	2
Steve Napolitano	Councilmember	4	0	4	0	4	4
Richard Montgomery	Councilmember	4	4	4	0	4	0
Tim Lilligren	City Treasurer	_	0	2	0	2	0
Staff	Multiple Departments		1000000	2	The state of the s	2	
Daily Totals		17	10	23	4	16	10

*For courtside seats, the seats were used intermittently by the parties.