

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

**A Public Document**

<b>1. Agency Name</b>		Date Stamp	California Form <b>802</b> For Official Use Only
City of Long Beach			
<b>Division, Department, or Region</b> (if applicable)		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.) <b>Date of Original Filing:</b> <u>1/22/18</u> <small>(month, day, year)</small>	
Harbor Department			
<b>Designated Agency Contact</b> (Name, Title)			
4801 Airport Plaza Drive, Long Beach, CA 90815			
<b>Area Code/Phone Number</b>	<b>E-mail</b>		
(562) 283-7711	info@polb.com		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 45.00

Event Description: 2017 Team Spirit Long Beach 5k Date(s) 09 / 23 / 17  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: Memorial Care Todd Cancer Institute  
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
	Cordero, Mario - Executive Director	2	Promotion of the Port of Long Beach
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.

[Signature]    Kerry Gerot    Director of Communications    1/22/2018  
Signature of Agency Head or Designee    Print Name    Title    (month, day, year)

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