

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

A Public Document

1. Agency Name City of Long Beach <hr/> Division, Department, or Region <i>(if applicable)</i> Harbor Department <hr/> Designated Agency Contact <i>(Name, Title)</i> 4801 Airport Plaza Drive, Long Beach, CA 90815 <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Area Code/Phone Number</td> <td style="width:50%; border: none;">E-mail</td> </tr> <tr> <td style="border: none;">(562) 283-7711</td> <td style="border: none;">info@polb.com</td> </tr> </table>		Area Code/Phone Number	E-mail	(562) 283-7711	info@polb.com	Date Stamp <div style="border: 1px solid black; padding: 5px; text-align: center;"> California Form 802 For Official Use Only </div> <hr/> <input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i> Date of Original Filing: <u>1/22/18</u> <i>(month, day, year)</i>
Area Code/Phone Number	E-mail					
(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 \$ 200.00

Event Description: Mobility 21 Transportation Summit Date(s) 09 / 29 / 17 _____/_____/_____
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Mobility 21
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
Yoh, Allison - Director of Transportation Planning	5	Promotion of the Port of Long Beach
Villanueva, Bianca - Government Relations Officer	1	Promotion of the Port of Long Beach
B. Name of Individual <i>(Last, First)</i>	Number of Ticket(s)/ Passes	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization <i>(include address and description)</i>	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	Kerry Gerot _____ Print Name	Director of Communications _____ Title	1/22/18 _____ (month, day, year)
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Comment: _____