

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

A Public Document

1. Agency Name City of Long Beach		Date Stamp	California Form 802 <small>For Official Use Only</small>
Division, Department, or Region (if applicable) Harbor Department			
Designated Agency Contact (Name, Title) 4801 Airport Plaza Drive, Long Beach, CA 90815			
Area Code/Phone Number (562) 283-7711	E-mail info@polb.com	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: <u>5/17/18</u> <small>(month, day, year)</small>	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 300

Event Description: Mayor's Trophy Charity Golf Tourname Date(s) 4 / 26 / 18 4 / 26 / 18
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Long Beach Century Club
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
Delgado, Raphael - Tenant Services, POLB	4	Promotion of the Port of Long Beach
Chun, John - Engineering Design, POLB	4	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 checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
		Ceremonial Role <input checked="" 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.

	Kerry Gerot	Director of Communications	11/20/18
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment: _____