

**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
Division, Department, or Region (if applicable) Harbor Department		For Official Use Only	
Designated Agency Contact (Name, Title) 4801 Airport Plaza Drive, Long Beach, CA 90815		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: <u>2/16/18</u> <small>(month, day, year)</small>	
Area Code/Phone Number (562) 283-7711	E-mail info@polb.com		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 100

Event Description: BOSS Awards Date(s) 1 / 26 / 18 1 / 26 / 18
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: ESP Education & Leadership 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
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Guzman, Lori Ann - Commissioner, POLB	3	Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Promotion of the Port of Long Beach
		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
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____