Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions A Public Document 1. Agency Name California Date Stamp Form City of Long Beach For Official Use Only Division, Department, or Region (if applicable) Harbor Department Designated Agency Contact (Name, Title) 4801 Airport Plaza Drive, Long Beach, CA 90815 Amendment (Must Provide Explanation in Part 3.) Area Code/Phone Number E-mail Date of Original Filing: 2/19/19 (562) 283-7711 info@polb.com (month, day, year) 2. Function or Event Information Face Value of Each Ticket/Pass \$ 100.00 Does the agency have a ticket policy? Yes ⊠ No □ Event Description: 5th Annual Long Beach Night CAP Date(s) \_\_2\_\_/ 22 / If no: Long Beach Community Action Partnership Ticket(s)/Pass(es) provided by agency? Yes ☐ No 🗵 Name of Source Was ticket distribution made at the behest Yes ☐ No ☒ Official's Name (Last, First) of agency official? 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. Number Name of Agency, Department or Unit Describe the public purpose made pursuant to the agency's policy A. of Ticket(s)/ Passes Mario Cordero - Executive Promotion of the Port of Long Beach 2 Mario Gonzalez - Communications & Promotion of the Port of Long Beach 1 Community Relations Number Name of Individual B. Identify one of the following: of Ticket(s)/ (Last, First) **Passes** Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below: Ceremonial Role X Other Income If checking "Ceremonial Role" or "Other" describe below. Number Name of Outside Organization Describe the public purpose made pursuant to the agency's policy of Ticket(s)/ (include address and description) 4. Verification

I have read and under	rstand FPPC Regulations	18944.1 and 1894	2. I have verified	d that the distrib	ution set forth a	bove, i	s in accordance
with the requirements	rstand FPPC Regulations						
migration required							

Fright	Kerry Gerot	Director of Communications	2/19/19
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
Comment:			

## Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions Continuation Sheet



gency Name			
y of Long Beach  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 pol		
David Albers - City Attorney's Office	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 Other Income If checking "Ceremonial Role" or "Other" describe below:	
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:	
		Ceremonial Role Other Income If checking "Ceremonial Role" or "Other" describe below:	
		Ceremonial Role Other Income Income If checking "Ceremonial Role" or "Other" describe below:	
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	