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

A Public Document

1. Agency Name

City of Long Beach

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	E-mail
(562) 283-7711	info@polb.com

Date Stamp

California Form **802**

For Official Use Only

☐ **Amendment** *(Must Provide Explanation in Part 3.)*

Date of Original Filing: 5/06/19 *(month, day, year)*

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass $ 150.00

Event Description: Lead with Love *Provide Title/ Explanation*

Date(s) 04 / 24 / 19 04 / 24 / 19

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

If no: Women Shelter of Long Beach *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
Stacey Lewis - Human Resources	1	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 ☐ *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

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	*(month, day, year)*

Comment: _____