

**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/> Area Code/Phone Number E-mail (562) 283-7711 info@polb.com		Date Stamp	California Form 802 For Official Use Only
		<input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i> Date of Original Filing: <u>5/07/19</u> (month, day, year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 200.00

Event Description: 2019 Alumni Awards Date(s) 5 / 09 / 19 5 / 09 / 19
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: California State University
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
Rick Cameron - Executive	1	Promotion of the Port of Long Beach
Kerry Gerot - Communications & Communications	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 checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small><i>If checking "Ceremonial Role" or "Other" describe below:</i></small>
		Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small><i>If checking "Ceremonial Role" or "Other" describe below:</i></small>
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	_____ (month, day, year)
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Comment: _____