

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

**A Public Document**

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b>
City of Long Beach			For Official Use Only
<b>Division, Department, or Region</b> (if applicable)			
Harbor Department			
<b>Designated Agency Contact</b> (Name, Title)		<input type="checkbox"/> <b>Amendment</b> (Must Provide Explanation in Part 3.)	
4801 Airport Plaza Drive, Long Beach, CA 90815			
<b>Area Code/Phone Number</b>	<b>E-mail</b>	Date of Original Filing: <u>5/10/19</u> <small>(month, day, year)</small>	
(562) 283-7711	info@polb.com		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 65.00

Event Description: Swing for Tots Date(s) 5 / 18 / 19 5 / 18 / 19  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: Long Beach Day Nursery  
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
Kerry Gerot - Communications & Community Relations	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 <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
5/10/19

Signature of Agency Head or Designee      Print Name      Title      (month, day, year)

Comment: \_\_\_\_\_