

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
City of Long Beach			
Division, Department, or Region (if applicable)		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: <u>5/28/19</u> (month, day, year)	
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		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 85.00

Event Description: 9th Annual Gala Date(s) 5 / 30 / 19 5 / 30 / 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Success in Challenges
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
Jordan, Richard - Executive	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 <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 _____ 5/28/19
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____