

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

**A Public Document**

<b>1. Agency Name</b> City of Long Beach		Date Stamp	California Form <b>802</b> 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			
Area Code/Phone Number (562) 283-7711	E-mail info@polb.com	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: <u>4/25/19</u> <small>(month, day, year)</small>	

**2. Function or Event Information**

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

Event Description: Join Port Engineering Update Date(s) 4 / 25 / 19 4 / 25 / 19  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: Harbor Association of Industry & Commerce [HAIC]  
Name of Source

Was ticket distribution made at the behest of agency official? Yes  No  If yes: \_\_\_\_\_  
Official's Name (Last, First)

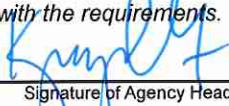
**3. Recipients**

• 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
Holtz, Kim - Surveys	1	Promotion of the Port of Long Beach
Baldwin, Tom - Program Management	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"/> If checking "Ceremonial Role" or "Other" describe below: Promotion of the Port of Long Beach
		Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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

\_\_\_\_\_  
 5/28/19  
 (month, day, year)

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