

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

A Public Document

1. Agency Name		Date Stamp	California Form 802
City of Long Beach			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>10/28/19</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 \$ 150.00

Event Description: UCC 42nd Anniversary Gala Date(s) 10 / 03 / 19 10 / 03 / 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: United Cambodian Community
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
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Lowenthal, Bonnie - Commission	2	Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Promotion of the Port of Long Beach
		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.

Signature of Agency Head or Designee

Print Name

Title

(month, day, year)

Comment: _____