Tickets Provided by Agency Report

A Public Document

TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name

City of Long Beach

Division, Department, or Region *(if applicable)*

Harbor Department

Street Address

925 Harbor Plaza Long Beach, CA 90802

Area Code/Phone Number: (562) 590-4121

E-mail: info@polb.com

Agency Contact *(name and title)*

Heather Morris, Director of Communications

Date Stamp

California Form 802

For Official Use Only

☐ **Amendment** *(Must explain in Part 5.)*

Date of Original Filing: _____ *(month, day, year)*

2. Event For Which Tickets Were Distributed

Date(s) of Event: 11 / 14 / 09 Description of Event: St. Mary Medical Center 29th Annual Auction & Dinner

___ / ___ / ___ Face Value of Ticket: $ 250

Agency Event ☐ Yes ☒ No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: St. Mary Medical Center Foundation

Number of Tickets Received: 10 Ticket(s) Provided to Agency: ☐ Gratuitously ☒ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution
Mike Walter	2	Promotion of the Port of Long Beach
Jim Hankla	2	Promotion of the Port of Long Beach

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Richard Steinke

Name of Individual or Organization: Val Lerch Number of Tickets: 1

Description of Organization: Vice Mayor - City of Long Beach

Address of Organization: _____
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)

5. Verification

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

Signature of Agency Head or Designee	Print Name	Title	*(month, day, year)*
	Heather Morris	Director of Communications	11/20/09

Comment: *(Use this space or an attachment for any additional information including amendment explanation.)*

4 tickets returned to St. Mary Medical Center Foundation

Clear Form Print Form

3. Agency Officials Receiving Tickets

Name of Official (last, first)	Number of Tickets Received	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

4. Individual or Organization Receiving Tickets

Name of Behesting Agency Official	Name of Individual or Organization	Number of Tickets	Description of Organization	Address of Organization	Purpose for Distribution
Richard Steinke	Brian Mineghino	1	Office of Assembly Furutani		Port Promotion