

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
City of Los Angeles			
Division, Department, or Region (if applicable)			
Harbor Department			
Street Address			
425 S. Palos Verdes Street, San Pedro, CA 90731			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Arley Baker, Sr. Director of Communications		Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number	E-mail		
310-732-3093	abaker@portla.org		

2. Function, Event, or Ceremonial Role Information

Title Cabrillo Beach Boosters 4th of July Celebration Face Value of Each Admission \$ 50

Description Dinner and Fireworks Show Date(s) 07 / 04 / 12

Ticket(s)/Admission(s) provided by agency? Yes No If no: Cabrillo Beach Boosters
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes No If yes: Baker, Arley Sr. Director of Communications
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization. 	
Arian, David - Harbor Dept.	10	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Port sponsorship of Community Event	Income <input type="checkbox"/>
Knatz, Geraldine - Harbor Dept.	4	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Port sponsorship of Community Event	Income <input type="checkbox"/>
Christensen, Mike - Harbor Dept.	9	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Port sponsorship of Community Event	Income <input type="checkbox"/>
Bezmalinovich, Augie - Harbor Dept.	2	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Port sponsorship of Community Event	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

3. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.

M.R. Christensen Signature of Agency Head or Designee
M.R. Christensen Print Name
Deputy Executive Dir. Title
7/20/12 (month, day, year)

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