

**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)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
Harbor Department			
Street Address			
425 S. Palos Verdes Street, San Pedro, CA 90731			
Designated Agency Contact (Name, Title)			
Arley Baker, Sr. Director of Communications			
Area Code/Phone Number	E-mail		
310-732-3093	abaker@portla.org		

2. Function, Event, or Ceremonial Role Information

Title LA Dodger baseball tickets Face Value of Each Admission \$ 600

Description Baseball Game Date(s) 08 / 14 / 11

Ticket(s)/Admission(s) provided by agency? Yes No If no: LA Dodgers advertising sponsorship contract
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. 	
Marin, Nicolas; LA Harbor Department	2	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Port promotion and employment	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		Income <input type="checkbox"/>

I certify that I am an agency official and I am certifying this report in accordance with FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is accurate.

Geraldine Knatz, Ph.D.

Executive Director

Print Name

Title

8/25/11
(month, day, year)

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