

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
City of Chula Vista		SEP-07 2012	
Division, Department, or Region (If Applicable)			
City Manager's Office			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: <u>9/7/12</u> (Month, Day, Year)	
Donna Toledo, Ticket Administrator Designee			
Area Code/Phone Number	E-mail		
619-691-5031	dtoledo@chulavistaca.gov		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 225.00

Event Description Big Time Rush Concert Date(s) 7 / 20 / 12
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: LiveNation
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Sandoval, James
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)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
HR/ITS	4	Employee(s) of the month - recognition (applicable city policy #161-01 III.A.2.b.)
B. Name of Individual (Last, First)	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below.</small>
		Ceremonial Role <input 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)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Chula Vista Community Collaborative 511 G St., CV 91910	4	Collaborative of community services that protect the health and safety of residents (applicable city policy #161-01 III.A.2.c)
South Bay Family YMCA 1201 Paseo Magda, CV 91910	4	Youth development, healthy living & social responsibility (applicable city policy #161-01 III.A.2.c)

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.

 James D. Sandoval City Manager 09-07-2012
Print Name Title (Month, Day, Year)