Tickets Provided by Agency Report

A Public Document

TICKETS PROVIDED BY AGENCY REPORT

California Form 802

For Official Use Only

Date Stamp: APR 23 2012

1. Agency Name

City of Chula Vista

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

City Manager's Office

Street Address

276 Fourth Avenue

Area Code/Phone Number: (619) 691-5031

E-mail: dtoledo@chulavistaca.gov

Agency Contact *(name and title)*

Donna Toledo, Ticket Administrator Designee

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

Date of Original Filing: 4/23/12 *(month, day, year)*

2. Event For Which Tickets Were Distributed

Date(s) of Event: 4 / 13 / 12 Description of Event: Zac Brown Band

___ / ___ / ___ Face Value of Ticket: $ $200.00

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

Name of Outside Source of Ticket(s) Provided to Agency: LiveNation

Number of Tickets Received: 24 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

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

Name of Behesting Agency Official: James D. Sandoval, City Manager

Name of Individual or Organization: Wounded Warriors Balboa Hospital Number of Tickets: 24

Description of Organization: Honor & empower wounded warriors; entertain wounded soldiers

Address of Organization: 34225 Farenhold Ave., Bldg. 26, San Diego, CA 92134
Number and Street City State Zip Code

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

Council Policy #161-01 III.A.2.c. - support of local non-profit organizations and their programs

5. Verification

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

[redacted] James D. Sandoval (Print Name) City Manager (Title) 04/23/12 *(month, day, year)*

[redacted]ment for any additional information including amendment explanation.)