

**Tickets Provided by Agency Report**

**A Public Document**

TICKETS PROVIDED BY AGENCY REPORT

|  |                                    |  |   |
|--|------------------------------------|--|---|
| <b>1. Agency Name</b>  |                                    | Date Stamp<br><br>APR 23 2012  | <b>California Form 802</b><br>For Official Use Only |
| City of Chula Vista  |                                    |  |   |
| Division, Department, or Region (if applicable)<br>City Manager's Office       |                                    |  |   |
| Street Address<br>276 Fourth Avenue  |                                    |  |   |
| Area Code/Phone Number<br>(619) 691-5031                                       | E-mail<br>dtoledo@chulavistaca.gov | <input type="checkbox"/> Amendment (Must explain in Part 5.)<br>Date of Original Filing: <u>4/23/12</u><br><small>(month, day, year)</small> |   |
| Agency Contact (name and title)<br>Donna Toledo, Ticket Administrator Designee |                                    |  |   |

**2. Event For Which Tickets Were Distributed**

Date(s) of Event: 3 / 24 / 12 Description of Event: Lady Antebellum Concert  
 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: Chula Vista Cares Number of Tickets: 4

Description of Organization: CV employees support of local non-profit agencies

Address of Organization: 276 4th Avenue, Chula Vista, CA 91910  
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.

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

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