

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

A Public Document

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b>
City of Chula Vista		SEP 07 2012	For Official Use Only
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> <small>(Month, Day, Year)</small>	
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 \$ 175.00

Event Description Sublime with ROME concert tickets    Date(s) 7 / 27 / 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
Development Services	6	Employee recognition (applicable city policy #161-01 III.A.2.b.)
Library and Recreation Dept.	6	Employee recognition (applicable city policy #161-01 III.A.2.b.)
B. Name of Individual <small>(Last, First)</small>	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 <small>(include address and description)</small>	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Mental Health Systems, Inc., 2535 Camino Del Rio S, #230, SD 92108	4	Mental health, drug and alcohol rehabilitation services (applicable city policy #161-01 III.A.2.h.)
Chula Vista Charitable Foundation, 2508 Historic Decatur Rd., Ste. 200, SD 92106	2	promoting and increasing responsible and effective philanthropy (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
	<small>Print Name</small>	<small>Title</small>
		09-07-2012
		<small>(Month, Day, Year)</small>

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

SEP 07 2012



Agency Name

City of Chula Vista

*Sublime with ROME Concert Tickets (7-27-12)*

**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
Citizens Adversity Support Team (CAST) Volunteer, 276 4th Ave., CV 91910	2	Trauma intervention program utilizing trained volunteers (applicable city policy #161-01 III.A.2.h.)
Chula Vista Employees Association 276 4th Ave., CV 91910	4	Employee recognition (applicable city policy #161-01 III.A.2.b.)
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C. Name of Outside Organization <i>(include address and description)</i>	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy