

Agency Report of:
 Ceremonial Role Events and
 Ticket/Admission Distributions

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1. Agency Name		Date Stamp 12 JAN 20 PM 12: SAN DIEGO, CALIF.	California Form 802 For Official Use Only
City of San Diego Division, Department, or Region (if applicable)			
Street Address 202 C Street, 10th floor, San Diego, CA 92101		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
Designated Agency Contact (Name, Title) Llezi Mangonon, Legislative Ticket Coordinator			
Area Code/Phone Number 619-236-6644	E-mail tickets@sandiego.gov		

OKS

2. Function, Event, or Ceremonial Role Information

Title Chargers vs Buffalo Face Value of Each Admission \$ 98.00

Description Football Game Date(s) 12 / 11 / 11

Ticket(s)/Admission(s) provided by agency? Yes No If no: San Diego Chargers
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

Yes No If yes: Young, Tony, Council President
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	Income
Black Business Boot Camp	14	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Council Policy 700-22: Category 2-6 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"/>

3. Verification

I have verified that the distribution of admissions, set forth above,

Llezi Mangonon Policy Advisor 01/18/2012
Print Name Title (month, day, year)

(Do not provide any additional information including amendment explanation.)