

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

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1. Agency Name

City of San Diego
Division, Department, or Region (if applicable)

Street Address
202 C Street, 10th floor, San Diego, CA 92101

Designated Agency Contact (Name, Title)
Liezl Mangonon, Legislative Ticket Coordinator

Area Code/Phone Number | E-mail
619-236-6644 | tickets@sandiego.gov

Date Stamp: 12 JAN 20 PM 12:59
SAN DIEGO, CALIF.

California Form 802
For Official Use Only

Amendment (Must provide explanation in Part 3.)

Date of Original Filing: _____
(month, day, year)

CS

2. Function, Event, or Ceremonial Role Information

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

Description Football Game Date(s) 12 / 18 / 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	Check the Income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.	Income
Broadway Heights Community Council	22	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Council Policy 700-22; Category 2-7	<input type="checkbox"/>
Instituto Medico del Seguro Social	4	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Council Policy 700-22; Category 1-7	<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>

3. Verification

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

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

(For any additional information including amendment explanation.)