

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

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|---|----------------------|---|-----------------------|
| 1. Agency Name | | 12 JAN 20 12: 5 PM '11 | California Form 802 |
| City of San Diego | | SAN DIEGO, CALIF. | For Official Use Only |
| Division, Department, or Region (if applicable) | | | |
| Street Address | | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (month, day, year) | |
| 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 | | |

OKS

2. Function, Event, or Ceremonial Role Information

Title Holiday Bowl Face Value of Each Admission \$ 20.00

Description Football Game Date(s) 12 / 28 / 11

Ticket(s)/Admission(s) provided by agency? Yes No If no: Bridge point Education
Name of Source _____

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

Yes No If yes: Alvarez, David, Council Member
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 | <ul style="list-style-type: none"> 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 |
|---|-----------------------------------|--|--|---------------------------------|
| City of Tijuana's Sports Commission | 20 | 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"/> | | 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,

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

(Please refer to the back of this form for any additional information including amendment explanation.)