

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

A Public Document

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

2. Function, Event, or Ceremonial Role Information

Title Monster Energy AMA Supercross Face Value of Each Admission \$ 30.00

Description Supercross Date(s) 02 / 11 / 12

Ticket(s)/Admission(s) provided by agency? Yes No If no: Monster Energy AMA
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	<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. 	
Jackie Robinson YMCA	16	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"/>

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

Liezl Mangonon Policy Advisor 02/27/12
Print Name Title (month, day, year)

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