

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

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1. Agency Name City of San Diego <i>Division, Department, or Region (if applicable)</i>		Date Stamp 12 FEB - 7 PM 1: SAN DIEGO, CALIF.	California Form 802 For Official Use Only
Street Address 202 C Street, 11th Floor, San Diego, CA 92101			
Designated Agency Contact (Name, Title) Rachel Shira, Exec. Assistant		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Area Code/Phone Number 619-236-6330	E-mail	Date of Original Filing: _____ (month, day, year)	

2. Function, Event, or Ceremonial Role Information

Title San Diego Business Journal Face Value of Each Admission \$ 45.00

Description Economic Trends Breakfast Date(s) 1 / 4 / 12

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

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

Yes No If yes: _____
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
Mayor Jerry Sanders	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Ceremonial/Open to Public 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,

Rachel Shira Executive Assistant 1/26/12
Print Name Title (month, day, year)

For any additional information including amendment explanation.)