

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

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1. Agency Name		Date Stamp	12 M California Form 802 SAN DIEGO, CALIF. (For Official Use Only) <i>PM</i>
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)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Ginna Rodriguez, Scheduler		Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number	E-mail		
619-236-6688	gprodriguez@sandiego.gov		

2. Function, Event, or Ceremonial Role Information

Title Installation Dinner Face Value of Each Admission \$ 95

Description San Ysidro 90th Annual Brd of Directors Installation Dinner and Gala Date(s) 02 / 24 / 12

Ticket(s)/Admission(s) provided by agency? Yes  No  If no: San Ysidro Chamber of Commerce  
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
Councilmember David Alvarez	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Ceremonial-administer oath 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. \_\_\_\_\_  
I have verified that the distribution of admissions, set forth above,

David Alvarez Councilmember 3-7-2012  
Print Name Title (month, day, year)

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