

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

A Public Document

1. Agency Name City of San Diego Division, Department, or Region <i>(if applicable)</i>		Date Stamp	California Form 802 For Official Use Only
Street Address 202 C Street, 11th 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> Rachel Shira, Exec. Assistant			
Area Code/Phone Number 619-236-6330	E-mail		

2. Function, Event, or Ceremonial Role Information

Title Cesar E. Chavez Annual Breakfast Face Value of Each Admission \$ 40.00

Description Breakfast Date(s) 3 / 19 / 12

Ticket(s)/Admission(s) provided by agency? Yes No If no: San Diego Cesar E. Chavez Commemoration Committee
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	<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.
Mayor Jerry Sanders	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Open to the 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. _____
Sections 18944.1 and 18942. I have verified that the distribution of admissions, set forth above,

Rachel Shira Executive Assistant 3/19/12
Signature of Agency Head or Designee Print Name Title (month, day, year)

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