Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

California Form 802

For Official Use Only

Date Stamp

1. Agency Name

City of San Diego

Division, Department, or Region *(If Applicable)*

Designated Agency Contact *(Name, Title)*

Rachel Shira, Exec. Assistant

Area Code/Phone Number	E-mail
619-236-6330	

☐ **Amendment** *(Must provide explanation in Part 3.)*

Date of Original Filing: _____ *(Month, Day, Year)*

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass $ 55.00

Event Description San Diego Padres Game
Provide Title/Explanation

Date(s) 4 / 24 / 12 ___/___/___

Ticket(s)/Pass(es) provided by agency? Yes ☒ No ☐

If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? No ☐ Yes ☒

If yes: Mayor Jerry Sanders
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy

B. Name of Individual *(Last, First)*	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*
		Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

C. Name of Outside Organization (include address and description)	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Armed Services YMCA (501c3)	26	Council Policy 700-22, Category 2.6

4. Verification

[redacted] *18942. I have verified that the distribution set forth above, is in accordance with the requirements.*

Rachel Shira	Exec. Assistant	5/14/12
Print Name	*Title*	*(Month, Day, Year)*

Comment: _____