

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

A Public Document

1. Agency Name City of San Diego Division, Department, or Region <i>(If Applicable)</i> Designated Agency Contact <i>(Name, Title)</i> Liezl Mangonon, Legislative Ticket Coordinator Area Code/Phone Number E-mail 619-236-6644 tickets@sandiego.gov		Date Stamp	California Form 802 For Official Use Only
		<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i> 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 Baseball Game Date(s) 04 / 06 / 12 _____
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: San Diego Padres _____
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Alvarez, David _____
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 <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small><i>If checking "Ceremonial Role" or "Other" describe below:</i></small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small><i>If checking "Ceremonial Role" or "Other" describe below:</i></small>
C. Name of Outside Organization <small>(Include address and description)</small>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Silver Wing Basketball Team	26	Council Policy 700-22; 2-7

4. Verification

8944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

_____ Liezl Mangonon <small><i>Print Name</i></small>	_____ Policy Advisor <small><i>Title</i></small>	_____ 05/15/12 <small><i>(Month, Day, Year)</i></small>
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