

**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		Date Stamp	California Form 802 For Official Use Only
Area Code/Phone Number 619-236-6644	E-mail tickets@sandiego.gov	<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 / 21 / 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: Young, Tony
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
Balboa Tennis Club	10	Council Policy 700-22; 2-7

4. Verification

I have _____ _____ 1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

_____ Liezl Mangonon _____ Policy Advisor _____ 05/15/12
Print Name *Title* *(Month, Day, Year)*