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: 619-236-6330

E-mail:

☐ **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 $ 300.00

Event Description: Alonzo Awards *(Provide Title/Explanation)*

Date(s): 10 / 4 / 12 ___/___/___

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

If no: Downtown San Diego Partnership *(Name of Source)*

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

If yes: _____ *(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:
Mayor Jerry Sanders	1	Ceremonial Role ☒ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* Present Awards to honorees
		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

4. Verification

[redacted] 944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Rachel Shira	Exec. Assistant	10/5/12
Print Name	*Title*	*(Month, Day, Year)*