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 South San Francisco

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

Designated Agency Contact *(Name, Title)*

Donna Ochoa, Executive Assistant to the City Manager

Area Code/Phone Number	E-mail
(650) 877-8500	donna.ochoa@ssf.net

☐ **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 $ 50.00

Event Description HEART Executive Benefit Luncheon *Provide Title/Explanation*

Date(s) 05 / 07 / 12 ___ / ___ / ___

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

If no: HEART(Housing Endowment and Regional Trust) *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
City Manager	4	Ticket Policy Section Number: 6.C-9
Economic and Community Development	2	

B. Name of Individual *(Last, First)*	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Garbarino, Richard	1	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* Ticket Policy Section Number: 6.C-9
Gonzalez, Pedro	1	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* Ticket Policy Section Number: 6.C-9

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

[redacted]

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

Signature of Agency Head or Designee	Print Name	Title	(Month, Day, Year)
	BARRY M. NAGEL	CITY MANAGER	5-21-12

Comment: _____