

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

A Public Document

<b>1. Agency Name</b> 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	Date Stamp	<b>California Form 802</b> For Official Use Only
<input type="checkbox"/> 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 \$ \_\_\_\_\_ \$100.00

Event Description American Cancer Society Benefit      Date(s) 05 / 11 / 12  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency?    Yes  No       If no: Onyx Pharmaceutical  
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	1	Ticket Policy Section Number: 6.C-9
Economic and Community Development	1	Ticket Policy Section Number: 6.C-9
B. Name of Individual <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
Garbarino, Richard	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below.</small> Ticket Policy Section Number: 6.C-9
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below.</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



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

Barry M. Nagel   
 City Manager   
 6/18/12  
Signature of Agency Head or Designee      Print Name      Title      (Month, Day, Year)