

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
City of Chula Vista			
Division, Department, or Region (If Applicable)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: <u>7/8/13</u> (Month, Day, Year)	
City Manager's Office			
Designated Agency Contact (Name, Title)			
Yolanda Garcia, Ticket Administrator Designee			
Area Code/Phone Number	E-mail		
(619) 691-5031	ygarcia@chulavistaca.gov		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 200.00

Event Description Pitbull/Kei\$ha Concert Date(s) 6 / 16 / 13
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: LiveNation
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: Sandoval, James
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:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below.</small>
		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 (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Wounded Warriors, 34225 Farenholt Ave., Bldg., 26, San Diego, CA 92134	2	honor and empower wounded warriors; funding to aid injured service (wo)men (applicable city policy #161-01 III.A.2.a.c.h.)
Chula Vista Kiwanis, 355 3rd Avenue, Chula Vista, CA 91910	4	-serving the children of the world (applicable city policy #161-01 III.A.2.c.)

4. Verification

 Ions 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

James D. Sandoval City Manager 7/8/13
Print Name Title (Month, Day, Year)

Comment: _____

**Agency Report of:
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Continuation Sheet**

Agency Name
City of Chula Vista

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 <i>(Last, First)</i>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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C. Name of Outside Organization <i>(include address and description)</i>	Number of Ticket(s)/ Pass(es)	Describe the public purpose made pursuant to the agency's policy
Chula Vista Cares, 276 Fourth Avenue, Chula Vista, CA 91910	4	CV Employees support of local non-profit agencies (applicable city policy #161-01 III.A.2.c.)
Cystic Fibrosis Foundation, 10455 Sorrento Valley Rd., Ste. 103, SD 92121	2	Fund cystic fibrosis research. CFF is world's leader in the search for a cure for cystic fibrosis (applicable policy #161-01 III.A.2.c.)