

**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) City Manager's Office Designated Agency Contact (Name, Title) Yolanda Garcia, Ticket Administrator Designee			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: <u>9/16/13</u> (Month, Day, Year)	
(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 Operation Kick-Ass Date(s) 9 / 15 / 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
City of Chula Vista Animal Care Facility, 130 Bayer Way, Chula Vista, CA 91911	2	Employee Recognition/Appreciation (applicable city policy #161-01 III.A.2.c.)
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"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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
Wounded Warriors, 34225 Farenholt Ave., Bldg. 26, San Diego, CA 92134	16	honor and empower wounded warriors; funding to aid injured service (wo)men (applicable city policy #161-01 III.A.2.c.)
Altrusa International, P.O. Box 6225, Chula Vista, CA 91909	4	provide scholarships and literacy programs (applicable city policy #161-01 III.A.2.c.)

4. Verification

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

James D. Sandoval

City Manager

9/16/13

Print Name

Title

(Month, Day, Year)

Comment: _____

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 Continuation Sheet

Agency Name

City of Chula Vista

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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 Rotary, P.O. Box 626, Chula Vista, CA 91912	2	scholarship/svc programs at high school level-through recreation & camp-related activities for the young
		(applicable city policy 161-01 III.A.2.c.)