

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

A Public Document

| | | | |
|---|--------------------------|--|----------------------------|
| 1. Agency Name | | Date Stamp | California Form 802 |
| City of Chula Vista | | | For Official Use Only |
| 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.) | |
| (619) 691-5031 | ygarcia@chulavistaca.gov | Date of Original Filing: 10/18/13 | |
| | | (Month, Day, Year) | |

2. Function or Event Information

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

Event Description Keith Urban Date(s) 9 / 28 / 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"/> <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> |
| 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 | 4 | honor and empower wounded warriors; funding to aid injured service (2)men (applicable city policy #161-01 III.A.2.c.) |
| Chula Vista Police Foundation, 315 Fourth Avenue, Chula Vista, CA 91910 | 2 | awards grants to the CVPD for equipment, training and programs not budgeted for (applicable city policy #161-01 III.A.2.c.) |

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

James D. Sandoval City Manager 10/18/13
Print Name *Title* *(Month, Day, Year)*

**Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions
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 <small>(Last, First)</small> | 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> |
| | | 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> |
| 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 |
| Toby Wells Foundation, 17083 Old Coach Road, Poway, CA 92064 | 2 | building a brighter future for youth, persons with disabilities and animals (applicable city policy #161-01 III.A.2.c.) |
| Las Primeras, P.O. Box 112, Bonita, CA 91908 | 4 | women volunteers dedicated to a legacy of compassionate giving to those in need (applicable city policy #161-01 III.A.2.c.) |
| Nine Girls Ask?, P.O.Box 212901, Chula Vista, CA 91921 | 4 | educate, raise awareness and funds for research for the cure for ovarian cancer (applicable city policy #161-01 III.A.2.j.) |
| Altrusa International, P.O. Box 6225, Chula Vista, CA 91909 | 4 | youth development, healthy living & social responsibility (applicable city policy #161-01 III.A.2.c.) |

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

A Public Document

| | | | |
|---|--------------------------|--|----------------------------|
| 1. Agency Name | | Date Stamp | California Form 802 |
| City of Chula Vista | | | For Official Use Only |
| Division, Department, or Region (If Applicable) | | | |
| City Manager's Office | | | |
| Designated Agency Contact (Name, Title) | | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: <u>10/18/13</u> (Month, Day, Year) | |
| 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 Keith Urban Date(s) 9 / 28 / 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 |
| 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 |
| FBI National Academy, LE Executive Development | 2 | & higher standards of professional conduct in all levels of Law Enforcement throughout the world |

4. Verification
 I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

| | | | |
|--------------------------------------|-------------------|--------------|--------------------|
| | James D. Sandoval | City Manager | 10/18/13 |
| Signature of Agency Head or Designee | Print Name | Title | (Month, Day, Year) |