

**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 San Diego			
Division, Department, or Region (if Applicable)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
Designated Agency Contact (Name, Title)			
Adrian Granda, Ticket Coordinator for Council President			
Area Code/Phone Number	E-mail		
619-236-6633	AGranda@sandiego.gov		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ 107.69

Event Description Xolos vs Club America soccer game Date(s) 7 / 6 / 13
Provide Title/Explanation

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

Was ticket distribution made at the behest of agency official? No Yes If yes: Alvarez, David
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:
Alvarez, David	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> Council Policy 700-22; Category 1(8)
	1	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
City of Tijuana/Mayor of Tijuana/Tijuana Economic Development Council	25	Council Policy 700-22; Category 1(6,8)

4. Verification

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

_____ Adrian Granda _____ Ticket Coordinator _____ 7/8/13
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)