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

A Public Document

1. Agency Name

City of San Diego

Division, Department, or Region *(If Applicable)*

Designated Agency Contact *(Name, Title)*

Adrian Granda, Legislative Ticket Coordinator

Area Code/Phone Number	E-mail
619-236-6633	agranda@sandiego.gov

Date Stamp

California Form 802

For Official Use Only

☐ **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 $ 135.00

Event Description San Diego Chargers Game *Provide Title/Explanation*

Date(s) 9 / 29 / 13 ___/___/___

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒

If no: San Diego Chargers *Name of Source*

Was ticket distribution made at the behest of agency official? No ☐ Yes ☒

If yes: Hon. Scott Sherman *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 ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*
		Ceremonial Role ☐ Other ☐ Income ☐ *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
Stein Education Center 6145 Decena Dr. San Diego, CA 92120	12	Council Policy 700-22; Category 2, Subcategory 1

4. Verification

I h[redacted]lations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

[redacted] *Signature of Agency Head or Designee*

Adrian Granda *Print Name*

Ticket Coordinator *Title*

09/09/13 *(Month, Day, Year)*

Comment: _____