

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

**A Public Document**

<b>1. Agency Name</b> 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	<b>California Form 802</b> For Official Use Only
		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small>	

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No     Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 135.00

Event Description \_\_\_\_\_    Date(s) 12 / 22 / 13 \_\_\_\_\_  
Provide Title/Explanation

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: Myrtle Cole  
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
Emerald Hills Community Council 1355 Kelton Rd. San Diego, Ca. 92114	26	Council Policy 700-22; Category 2-5

**4. Verification**

\_\_\_\_\_ 8944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Adrian Granda    Ticket Coordinator    11/27/13  
Print Name    Title    (Month, Day, Year)