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

A Public Document

1. Agency Name

University of California, San Diego

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

Conflict of Interest

Designated Agency Contact *(Name,Title)*

Jennifer Oh, Interim Director

Area Code/Phone Number	**E-mail**
858-534-6632	jmoh@ucsd.edu

Date Stamp

California Form 802

For Official Use Only

☐ **Amendment** *(Must provide explanation in Part 3.)*

Date of Original Filing: 12/04/2013 *(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 Chargers Football Game *Provide Title/Explanation*

Date(s) 12 / 08 / 2013 12 / 08 / 2013

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

If no: City Councilman Scott Sherman via Donate Life Ca *Name of Source*

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

If yes: _____ *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
MCH 8747	20	Rewarding/Recognizing volunteer service
mch 8778	5	Recognizing/rewarding volunteer service

B. Name of Individual *(Last, First)*	Number of Ticket(s)/ Pass(es)	Identify one of the following:
Galindo, Elizabeth	3	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* Volunteer service
Guerin, Casady	3	Ceremonial Role ☐ Other ☒ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* Volunteer service

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

4. Verification

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

Signature of Agency Head or Designee	*Print Name*	*Title*	*(Month, Day, Year)*
[redacted]	Jennifer Oh	Interim Director	12/4/2013

Comment: _____