

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

A Public Document

<b>1. Agency Name</b>		Date Stamp	<b>California Form 802</b> For Official Use Only
City of Chula Vista			
Division, Department, or Region (If Applicable)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
City Manager's Office			
Designated Agency Contact (Name, Title)			
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 \$ \_\_\_\_\_ 250.00

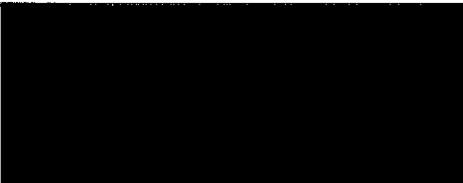
Event Description Kings of Leon Date(s) 3 / 22 / 14  
Provide Title/Explanation

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
City of Chula Vista Wellness Program, 276 Fourth Ave, Chula Vista, CA 91910	4	CV Employees recognition of efforts for support of healthier lifestyles (applicable city policy #161-01 III.A.2.c.)
City of Chula Vista, 276 fourth Avenue, Chula Vista, CA 91910	4	help promote the City of Chula Vista's efforts for the United Way Fundraising campaign (applicable city policy #161-01, III.A.2.c)
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
Most Precious Blood Catholic Church, 1245 4th Avenue, Chula Vista CA 91910	4	Church fundraising efforts promoting moral and spiritual values (applicable city policy #161-01 III.A.2.c.)

**4.**  18942. I have verified that the distribution set forth above, is in accordance with the requirements.

James D. Sandoval City Manager 4/15/14  
Print Name Title (Month, Day, Year)