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

**A Public Document**

**California Form 802**

For Official Use Only

Date Stamp

## 1. Agency Name

City of Chula Vista

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

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 |

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

**Date of Original Filing:** 7/29/14 *(Month, Day, Year)*

## 2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐

Face Value of Each Ticket/Pass $ 300.00

Event Description: Kiss w/Def Leppard concert *Provide Title/Explanation*

Date(s) 7 / 6 / 14 ___ / ___ / ___

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: Halbert, Gary *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 |
|---|---|---|
| South County EDC, 1111 Bay Blvd, Ste. E, Chula Vista, CA 91911 | 4 | Efforts to promote local businesses and economic development activities in Chula Vista (applicable City policy #161-01 III.A.2.c.) |
| North Park Little League, P.O. Box 880064, San Diego, CA 92168 | 2 | Help defray operating costs for insurance, maintenance & equipment fees for team (applicable city policy #161-01 III.A.2.c.) |

## 4. Verification

[redacted] *44.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.*

| Gary Halbert | City Manager | 7/29/14 |
|---|---|---|
| *Print Name* | *Title* | *(Month, Day, Year)* |

Comment: ___