

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

A Public Document

<b>1. Agency Name</b> City of Chula Vista		Date Stamp	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (If Applicable) City Manager's Office			
Designated Agency Contact (Name, Title) Yolanda Garcia, Ticket Administrator Designee		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: <u>7/29/14</u> (Month, Day, Year)	
Area Code/Phone Number (619) 691-5031	E-mail ygarcia@chulavistaca.gov		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 175.00

Event Description Slightly Stoopid Date(s) 7 / 26 / 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: 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
Mayor and City Council Offices	2	Employee Recognition – Employee Recognition/Appreciation (applicable city policy #161-01 III.A.2.b.)
Development Services Department, Housing Division	2	Employee Recognition – Employee Recognition/Appreciation (applicable city policy #161-01 III.A.2.b.)
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Tessa Nguyen, Finance Department Employee of the Month	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: Employee of the Month - Employee Recognition/Appreciation (applicable city policy #161-01 III.A.2.b.)
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> 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 Bay Community Services, 430 F Street, Chula Vista, CA 91910	4	Programs supporting children, youth and families in the South Bay area (applicable city policy #161-01 III.A.2.c.)
Athletes for Education, P.O. Box 390384 San Diego CA 92149	4	Fundraising to help south bay youth (www.afefoundation.org) (applicable city policy #161-01 III.A.2.c.)

**4. Verification**

 944.1 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)