

**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>
City of San Diego			For Official Use Only
Division, Department, or Region <i>(If Applicable)</i>			
Designated Agency Contact <i>(Name, Title)</i>			
Adrian Granda, Legislative Ticket Coordinator		<input type="checkbox"/> Amendment <i>(Must provide explanation in Part 3.)</i>	
Area Code/Phone Number	E-mail	Date of Original Filing: _____ <i>(Month, Day, Year)</i>	
619-236-6633	agranda@sandiego.gov		

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes     No       Face Value of Each Ticket/Pass \$ \_\_\_\_\_ 153.00

Event Description San Diego Chargers Football      Date(s) 10 / 5 / 14 \_\_\_\_\_  
*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 <i>(Last, First)</i>	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below.</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below.</i>
C. Name of Outside Organization <i>(include address and description)</i>	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Grand Parents Connection 405 Euclid Avenue S. D., Ca. 92114	20	Council Policy 700-22; Category 2-5

**4. Verification**

I have <sup>(d)(5)</sup> \_\_\_\_\_ *(Signature)*    \_\_\_\_\_ *(Print Name)*    \_\_\_\_\_ *(Title)*    \_\_\_\_\_ *(Month, Day, Year)*  
ations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.