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

A Public Document

California Form 802
For Official Use Only

Date Stamp

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

Date of Original Filing: _____ *(Month, Day, Year)*

1. Agency Name

City of San Diego

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

Designated Agency Contact *(Name, Title)*

Adrian Granda, Ticket Coordinator for Council President

Area Code/Phone Number: 619) 236-6633

E-mail: AGranda@sandiego.gov

2. Function or Event Information

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

Face Value of Each Ticket/Pass $ 140.00

Event Description: San Diego vs Kansas City *(Provide Title/Explanation)*

Date(s): 10 / 19 / 14 ___/___/___

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

If no: QUALCOMM Stadium *(Name of Source)*

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

If yes: Alvarez, David *(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
Robert Egger Co Bay Rec Council	35	Council Policy 700-22; Category 2 (5)

4. Verification

I have r (d)(5) *ons 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.*

Adrian Granda *(Print Name)* — Council Representative *(Title)* — 10/10/14 *(Month, Day, Year)*

Comment: _____