

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

A Public Document

| | | | |
|---|--------------------------------|---|---|
| 1. Agency Name City of San Diego | | Date Stamp | California Form 802 For Official Use Only |
| Division, Department, or Region (If Applicable) | | | |
| Designated Agency Contact (Name, Title) | | | |
| Area Code/Phone Number 619-236-6633 | E-mail agranda@sandiego.gov | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year) | |

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 Charger Football Game Date(s) 11 / 16 / 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 (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"/> If checking "Ceremonial Role" or "Other" describe below: |
| | | 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 |
| Grandparents Connection 404 Euclid Ave.; S.D. Ca. 92114 | 20 | Council Policy 700-22; Category 2-5 |

4. Verification

I have reviewed this report and verified that the distribution set forth above, is in accordance with the requirements.

(d)(5) Adrian Granda Council Representative 11/21/14
Print Name Title (Month, Day, Year)