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 San Diego

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

Designated Agency Contact *(Name, Title)*

Adrian Granda, Ticket Coordinator for Council President

Area Code/Phone Number	E-mail
(619) 236-6633	AGranda@sandiego.gov

☐ **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 vs Oakland
Provide Title/Explanation

Date(s) 11 / 16 / 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
Southwest HS ASB	20	Council Policy 700-22; Category 2 (7)

4. Verification

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

Si [redacted] | Adrian Granda | Council Representative | 11/21/14

Print Name | *Title* | *(Month, Day, Year)*

Comment: _____