

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

A Public Document

1. Agency Name City of Imperial Beach Division, Department, or Region (If Applicable) Designated Agency Contact (Name, Title) Jacqueline M. Hald, City Clerk Area Code/Phone Number E-mail (619) 423-8301 ibcclerk@imperialbeachca.gov	Date Stamp 2013 SEP 26 PM 2:	California Form 802 For Official Use Only
		CITY MANAGER & CITY CLERK OFFICES
		<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 \$ _____ 5.00

Event Description Avenge Sevenfold, Volbeat + More Date(s) 09 / 14 / 13
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Sleep Train Amphitheater
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: _____
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
Public Works Department	54	5.3(h) attracting and retaining quality employees.
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"/> <small>If checking "Ceremonial Role" or "Other" describe below.</small>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below.</small>
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

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

Signature on File _____ <small>Signature of Agency Head or Designee</small>	Andy Hall _____ <small>Print Name</small>	City Manager _____ <small>Title</small>	9/26/13 _____ <small>(Month, Day, Year)</small>
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