Tickets Provided by Agency Report

A Public Document

TICKETS PROVIDED BY AGENCY REPORT

1. Agency Name

City of Imperial Beach

Division, Department, or Region *(if applicable)*

Street Address

825 Imperial Beach Blvd., Imperial Beach, CA 91932

Area Code/Phone Number

(619) 423-8301

E-mail

ibcclerk@cityofib.org

Agency Contact *(name and title)*

Jacqueline M. Hald, City Clerk

Date Stamp

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CITY MANAGER/PERSONNEL

CITY CLERK OFFICE

California Form **802**

For Official Use Only

☐ **Amendment** *(Must Explain in Part 5.)*

Date of Original Filing: _____ *(month, day, year)*

2. Event For Which Tickets Were Distributed

Date(s) of Event: 2 / 19 / 10 Description of Event: The Comedy Palace Show

___ / ___ / ___ Face Value of Ticket: $ 50.00

Agency Event ☐ Yes ☒ No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: The Comedy Palace

Number of Tickets Received: 6 Ticket(s) Provided to Agency: ☒ Gratuitously ☐ Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution
Mildrette White	2	5.3 (j) City employee drawing.

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: City of Imperial Beach

Name of Individual or Organization: Erika N. Ceja Number of Tickets: 2

Description of Organization: Local Government

Address of Organization: 825 Imperial Beach Blvd., Imperial Beach, CA 91932
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)

Attracting and retaining highly qualified employees in City Service.

5. Verification

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

Signature of Agency Head or Designee	Print Name	Title	(month, day, year)
	Gary Brown	City Manager	2/22/10

Comment: *(Use this space or an attachment for any additional information including amendment explanation.)*