

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

A Public Document

1. Agency Name City of Imperial Beach		Date Stamp 2014 JUL 21 AM 8:04	California Form 802 For Official Use Only
Division, Department, or Region (If Applicable)		CITY MANAGER & CITY CLERK OFFICES	
Designated Agency Contact (Name, Title) Jacqueline M. Hald, City Clerk			
Area Code/Phone Number (619) 423-8301	E-mail ibcclerk@imperialbeachca.gov	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small>	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ \$10.00

Event Description Marco Antonio Solis Concert Date(s) 5 / 24 / 14
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	30	5.38(h) attracting and retaining quality employees.
Administrative Services/Finance	6	5.38(h) attracting and retaining quality employees.
B. Name of Individual <small>(Last, First)</small>	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 <small>(Include address and description)</small>	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 	Andy Hall <small>Print Name</small>	City Manager <small>Title</small>	7/21/14 <small>(Month, Day, Year)</small>
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