

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

**A Public Document**

<b>1. Agency Name</b> City of Imperial Beach		Date Stamp <b>2012 DEC 26 AM 10: 0</b>	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (If Applicable)		<b>CITY MANAGER &amp; CITY CLERK OFFICES</b>	
Designated Agency Contact (Name, Title) Jacqueline M. Hald, City Clerk			
Area Code/Phone Number 619-423-8301	E-mail ibcclerk@cityofib.org	<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 \$ \_\_\_\_\_ **8.75**

Event Description SD Sockers vs. Tacoma Stars      Date(s) 12 / 15 / 12      \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Provide Title/Explanation*

Ticket(s)/Pass(es) provided by agency?    Yes     No       If no: Cox Communications  
*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
Community Development Department	5	5.3 (h) attracting and retaining quality employees
Personnel Department	2	5.3 (h) attracting and retaining quality employees
B. Name of Individual <i>(Last, First)</i>	Number of Ticket(s)/ Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
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      Gary Brown      City Manager      12/20/12

*Signature of Agency Head or Designee*      *Print Name*      *Title*      *(Month, Day, Year)*