

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

A Public Document

1. Agency Name City of Lemon Grove <hr/> Division, Department, or Region (if applicable) City Managers Department <hr/> Designated Agency Contact (Name, Title) Lydia Romero, City Manager <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:30%; border: none;">Area Code/Phone Number</td> <td style="border: none;">E-mail</td> </tr> <tr> <td style="border: none;">619-825-3800</td> <td style="border: none;">lromero@lemongrove.ca.gov</td> </tr> </table>	Area Code/Phone Number	E-mail	619-825-3800	lromero@lemongrove.ca.gov	Date Stamp RECEIVED AUG 30 2021	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"> California Form 802 For Official Use Only </td> </tr> <tr> <td style="text-align: center;"> <input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) CITY MANAGER DEPARTMENT </td> </tr> <tr> <td style="text-align: center;"> Date of Original Filing: _____ (month, day, year) </td> </tr> </table>	California Form 802 For Official Use Only	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) CITY MANAGER DEPARTMENT	Date of Original Filing: _____ (month, day, year)
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2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 20.00

Event Description: Dine & Dialogue Date(s) 09 / 12 / 21
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: San Diego East County Chamber of Commerce
Name of Source

Was ticket distribution made at the behest of agency official? Yes No 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)/ Passes	Describe the public purpose made pursuant to the agency's policy
City of Lemon Grove Office of the Mayor	1	Performance of a ceremonial role or function representing the City at the event (Applicable City Policy 5.3, [a])
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	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)/ Passes	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.

 _____ <small>Signature of Agency Head or Designee</small>	Lydia Romero _____ <small>Print Name</small>	City Manager _____ <small>Title</small>	08/30/2021 _____ <small>(month, day, year)</small>
Comment: _____			