

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

A Public Document

1. Agency Name		Date Stamp RECEIVED	California Form 802
City of Lemon Grove		For Official Use Only	
Division, Department, or Region (if applicable) City Managers Department		JUL 11 2018	
Designated Agency Contact (Name, Title) Lydia Romero, City Manager		CITY MANAGER DEPARTMENT	
Area Code/Phone Number 619-825-3800	E-mail lromero@lemongrove.ca.gov	<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 \$ 18.00

Event Description: 26th Annual Law Enforcement Rec. Date(s) 07 / 11 / 18
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Scottish Rite Valley of San Diego
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	2	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.

_____ Lydia Romero _____ City Manager _____ 7-11-2018
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____