

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

A Public Document

1. Agency Name City of Lemon Grove		Date Stamp RECEIVED APR 17 2019 CITY MANAGER DEPARTMENT	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) City Managers Department			
Designated Agency Contact (Name, Title) Lydia Romero, City Manager			
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 \$ 100.00

Event Description: Community Breakfast Date(s) 05 / 01 / 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: United Way of San Diego
Name of Source

Was ticket distribution made at the behest of agency official? Yes No If yes: Racquel Vasquez, Mayor
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.

Signature of Agency Head or Designee	Lydia Romero Print Name	City Manager Title	04-17-2019 (month, day, year)
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Comment: _____

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

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1. Agency Name		Date Stamp RECEIVED	California Form 802
City of Lemon Grove		APR 11 2019	For Official Use Only
Division, Department, or Region (if applicable) City Managers Department		CITY MANAGER DEPARTMENT	
Designated Agency Contact (Name, Title) Lydia Romero, City Manager		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.)	
Area Code/Phone Number 619-825-3800	E-mail lromero@lemongrove.ca.gov	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 \$ 25.00

Event Description: Mayors Luncheon Date(s) 05 / 02 / 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Foothills Christian Church
Name of Source

Was ticket distribution made at the behest of agency official? Yes No If yes: _____
Official's Name (Last, First)

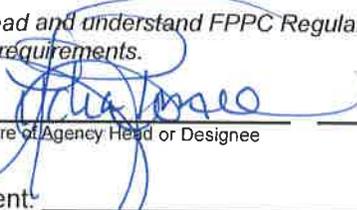
3. Recipients

• 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.


Lydia Romero
City Manager
04-11-2019

Signature of Agency Head or Designee
Print Name
Title
(month, day, year)

Comment: _____

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

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1. Agency Name City of Lemon Grove		Date Stamp RECEIVED APR 11 2019	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) City Managers Department			
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 \$ 85.00

Event Description: Annual Dinner Date(s) 05 / 02 / 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: San Diego Regional Economic Development Corp.
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.


 _____ Lydia Romero _____ City Manager _____ 04-11-2019 _____
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____

**Agency Report of:
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1. Agency Name City of Lemon Grove		Date Stamp RECEIVED APR 22 2019 CITY MANAGER DEPARTMENT	California Form 802 <small>For Official Use Only</small>
Division, Department, or Region <i>(if applicable)</i> City Managers Department			
Designated Agency Contact <i>(Name, Title)</i> Lydia Romero, City Manager			
Area Code/Phone Number 619-825-3800	E-mail lromero@lemongrove.ca.gov	<input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i> 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 \$ 50.00

Event Description: Junior League Panel Date(s) 05 / 06 / 19
Provide Title/Explanation

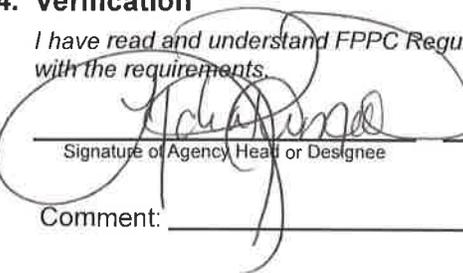
Ticket(s)/Pass(es) provided by agency? Yes No If no: Run Women Run
Name of Source

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.


Lydia Romero
City Manager
04-22-2015
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____

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

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1. Agency Name City of Lemon Grove		Date Stamp RECEIVED MAR 25 2019	California Form 802 <small>For Official Use Only</small>
Division, Department, or Region (if applicable) City Managers Department			
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: _____ <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 \$ 500.00

Event Description: 50th Anniversary Ball Celebration Date(s) 05 / 11 / 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Chicano Federation of San Diego County
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.

	Lydia Romero	City Manager	03-25-19
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment: _____

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

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1. Agency Name		Date Stamp MAY 2 2019	California Form 802
City of Lemon Grove		For Official Use Only	
Division, Department, or Region (if applicable) City Managers Department		CITY MANAGER DEPARTMENT	
Designated Agency Contact (Name, Title) Lydia Romero, City Manager		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3) Date of Original Filing: _____ <small>(month, day, year)</small>	
Area Code/Phone Number 619-825-3800	E-mail lromero@lemongrove.ca.gov		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 81.00

Event Description: 24th Annual SDCTA Goldens Date(s) 05 / 16 / 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: San Diego County Taxpayers Association
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	05-21-2018
<small>Signature of Agency Head or Designee</small>	<small>Print Name</small>	<small>Title</small>	<small>(month, day, year)</small>

Comment: _____

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

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1. Agency Name City of Lemon Grove		Date Stamp RECEIVED MAY 08 2019 CITY MANAGER DEPARTMENT	California Form 802 For Official Use Only
Division, Department, or Region (if applicable) City Managers Department			
Designated Agency Contact (Name, Title) Lydia Romero, City Manager		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3)	
Area Code/Phone Number 619-825-3800	E-mail lromero@lemongrove.ca.gov	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 \$ 55.00

Event Description: ECTLC Comedy Fundraiser Date(s) 05 / 18 / 19
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: East County Tranistional Living Center (ECTLC)
Name of Source

Was ticket distribution made at the behest of agency official? Yes No If yes: Racquel Vasquez, Mayor
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.

 Signature of Agency Head or Designee	Lydia Romero Print Name	City Manager Title	05-08-2019 (month, day, year)
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Comment: _____