

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

RECEIVED  
A Public Document

<b>1. Agency Name</b> City of Lemon Grove		Date Stamp SEP 14 CITY MANAGER DEPARTMENT	California Form <b>802</b> 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) Date of Original Filing: _____ (month, day, year)	
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 \$ 250.00

Event Description: Illuminada Gala Date(s) 09 / 23 / 22  
Provide Title/ Explanation

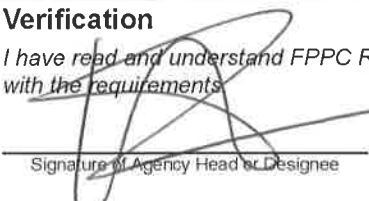
Ticket(s)/Pass(es) provided by agency? Yes  No  If no: SD County Imperial Valley Hispanic Chamber  
Name of Source

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>B. Name of Individual (Last, First)</b>		
	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>
<b>C. Name of Outside Organization (include address and description)</b>		
	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 \_\_\_\_\_ 09/05/2019 \_\_\_\_\_  
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: \_\_\_\_\_