

**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>California Form 802</b> For Official Use Only CITY OF IMPERIAL BEACH MAR 29, 2019 PM 12:11 I.B. CITY CLERK'S OFFICE MAR 29, 2019 PM 12:11
Division, Department, or Region (if applicable)			
Designated Agency Contact (Name, Title) Jacqueline M. Kelly, City Clerk		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3)	Date of Original Filing: _____ (month, day, year)
Area Code/Phone Number 619-423-8301	E-mail ibcclerk@cityofib.org		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 108.00

Event Description: San Diego Yoga Festival Date(s) 03 / 01 / 19 03 / 04 / 19  
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: \_\_\_\_\_  
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
Community Development	2	5.3 (h) attracting and retaining quality employees
Administrative Services	1	5.3 (h) attracting and retaining quality employees
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

\_\_\_\_\_  
 Signature \_\_\_\_\_ Print Name Andrew Hall Title City Manager Date 03/21/2019  
(month, day, year)

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