

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

A Public Document

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| 1. Agency Name City of Imperial Beach Division, Department, or Region (If Applicable) | | Date Stamp 2017 JUN 20 PM 5:10 CITY MANAGER & CITY CLERK OFFICES | California Form 802 <small>For Official Use Only</small> |
| Designated Agency Contact (Name, Title) Jacqueline M. Kelly, City Clerk | | <input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small> | |
| Area Code/Phone Number 619-423-8301 | E-mail ibcclerk@imperialbeachca.gov | | |

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ 8.00

Event Description Boston & Joan Jett Date(s) 06 / 18 / 17
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Mattress Firm Amphitheater
Name of Source

Was ticket distribution made at the behest of agency official? No Yes 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)/Pass(es) | Describe the public purpose made pursuant to the agency's policy |
|---|------------------------------|--|
| City Manager's Department | 30 | 5.3 (h) attracting and retaining quality employees |
| Public Works Department | 36 | 5.3 (h) attracting and retaining quality employees |
| B. Name of Individual <small>(Last, First)</small> | Number of Ticket(s)/Pass(es) | 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 <small>(include address and description)</small> | Number of Ticket(s)/Pass(es) | Describe the public purpose made pursuant to the agency's policy |
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4. Verification

I have read and **Signature on File** s 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

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| Signature of Agency Head or Designee | Andy Hall <small>Print Name</small> | City Manager <small>Title</small> | 6/20/17 <small>(Month, Day, Year)</small> |
|--------------------------------------|--|--------------------------------------|--|

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

Agency Name

City of Imperial Beach

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)/ Pass(es) | Describe the public purpose made pursuant to the agency's policy |
|---|--------------------------------------|--|
| Marine Safety Department | 16 | 5.3 (h) attracting and retaining quality employees |
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| B. Name of Individual <small>(Last, First)</small> | Number of Ticket(s)/ Pass(es) | Identify one of the following: |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> |
| | | Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> |
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| C. Name of Outside Organization <small>(include address and description)</small> | Number of Ticket(s)/ Pass(es) | Describe the public purpose made pursuant to the agency's policy |
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