

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

**A Public Document**

<b>1. Agency Name</b>		<b>Date Stamp</b>	<b>California Form 802</b> For Official Use Only
City of Lemon Grove			
Division, Department, or Region (if applicable)			
Designated Agency Contact (Name, Title)			
Lydia Romero			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3)	
619-825-3800	lromero@lemongrove.ca.gov	Date of Original Filing: <u>06-19-2017</u> <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 \$ 55.00

Event Description: NCNW 51st Annual Luncheon    Date(s) 09 / 23 / 17  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency?    Yes     No     If no: National Council for Negro Women (NCNW)  
Name of Source

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

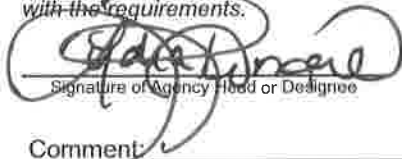
**3. Recipients**

• 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
B. Name of Individual (Last, First)	Number of Ticket(s)/ Passes	Identify one of the following:
Vasquez, Racquel, Mayor	1	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Performance of a ceremonial role or function representing the City at the event (Applicable City Policy 5.3, [a])
		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

\_\_\_\_\_  
(month, day, year)

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