

**Tickets Provided by
Agency Report**

A Public Document

TICKETS PROVIDED BY
AGENCY REPORT

1. Agency Name Metropolitan Transit System Division, Department, or Region (if applicable)		Date Stamp	California Form 802 For Official Use Only
Street Address 1255 Imperial Avenue, Suite 1000			
Area Code/Phone Number 619-595-4916	E-mail devin.braun@sdmts.com		
Agency Contact (name and title) Devin Braun, Senior Transportation Planner		<input type="checkbox"/> Amendment (Must explain in Part 5.) Date of Original Filing: _____ (month, day, year)	

2. Event For Which Tickets Were Distributed

Date(s) of Event: 6 / 30 / 11 Description of Event: Legoland
 _____ / _____ / _____ Face Value of Ticket: \$ \$69 each

Agency Event Yes No (Identify source of tickets below.)

Name of Outside Source of Ticket(s) Provided to Agency: Legoland

Number of Tickets Received: 1 Ticket(s) Provided to Agency: Gratuitously Pursuant to Contract

3. Agency Official(s) Receiving Ticket(s) (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution
Braun, Devin	1	Income

4. Individual or Organization Receiving Ticket(s) (Provided at the behest of an agency official.)

Name of Behesting Agency Official: _____

Name of Individual or Organization: _____ Number of Tickets: _____

Description of Organization: _____

Address of Organization: _____
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)

5. Verification

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

Tyree Dorward Interim General Counsel 1/3/11
Signature of Agency Head or Designee Print Name Title (month/day/year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)
