

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

A Public Document

1. Agency Name San Diego Metropolitan Transit System		Date Stamp	California Form 802 <small>For Official Use Only</small>
Division, Department, or Region (if applicable)		Time Stamp 2023.09.19 09:02:19 -07'00'	
Designated Agency Contact (Name, Title) Dalia Gonzalez		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small>	
Area Code/Phone Number (619) 398-9561	E-mail dalia.gonzalez@sdmts.com		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ 25

Event Description: Dance choreography on MTS property Date(s) 09/16/2023
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Trolley Dances
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:
Santos, Laura	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Promoting enhanced MTS employee performance/morale ⁺
Castro, Amber	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Promoting enhanced MTS employee performance/morale ⁺
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.

Digitally signed by Karen Landers Date: 2023.09.19 10:16:38 -07'00'	Karen Landers <small>Print Name</small>	General Counsel <small>Title</small>	9-19-2023 <small>(month, day, year)</small>
Signature of Agency Head or Designee _____			

Comment: In-kind marketing agreement L6839.0-24