Tickets	Provided	by
Agency	Report	

A Public Document

TICKETS PROVIDED BY AGENCY REPORT

I. Agency Name		-	Date Stamp	California 802		
Metropolitan Transit System				Form OUZ		
Division, Department, or Region (if applicable)				For Official Use Only		
			ļ			
Street Address						
1255 Imperial Avenue						
Area Code/Phone Number E-mail						
619 231 1466			Amendment (Must e)	крівіл іл Рап э.)		
Agency Contact (name and title)			Date of Original Filing: ,			
Judy Leitner				(montin, day, y ea r)		
2. Event For Which Tickets Were Distrib	outed		<u> </u>			
Date(s) of Event: 11 / 29 / 09 D		Football gai	me			
			A			
	ace Value of Tick	et: \$	1 20			
Agency Event ☐ Yes ☒ No (Ident	ify source of ticke	ts below)				
	-		FTING			
Name of Outside Source of Ticket(s) Provid	ed to Agency: 🕰		LINO			
Number of Tickets Received: 2	Ticket(s) Pro	vided to Agenc	y: Gratuitously	☑ Pursuant to Contract		
			,			
3. Agency Official(s) Receiving Ticket(s) (use a continuation	on sheet for addi	tional names)			
Name of Official	Number	State Whet	hether the Distribution is Income to the Official or			
(Last, First)	of Tickets	Descri	be the Public Purpose fo	or the Distribution		
Judy Leitner	2	manages pai	rtnership w/AMTRAK	& 3rd Party SD Charger		
Individual or Organization Bassiving	Tiekette) (Desi	<u> </u>	A - 6			
I. Individual or Organization Receiving	IICKet(S) (Provid	ded at the benes	t of an agency official.)			
Name of Behesting Agency Official:						
Name of Individual or Organization:			Numb	er of Tickets:		
Description of Organization:						
Address of Organization: Number and Street		City		State Zip Code		
Durnoon for Distribution: (Describe the mobile		-4				
Purpose for Distribution: (Describe the public	•					
MTS & Amtrak have a mark, prtnrship agm	nnt, with SD Char	gers; Amtrak g	ives MTS 2 tix to allov	v fullfillment verif.		
5. Verification						
I have determined that the distribution of tickets	set forth above is in	n accordance wit	th the provisions of FPPC	Regulation 18944.1.		
PAG PAG	11 C (TAN)	02514	CED	\$1/19/07		
Signature of Agency Mead or Designee	Print Name		Title	(month, day, year)		
Comment: (Use this space or an attachment for an	y additional information	on including amend	dment explanation.)			