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	Agency Name		Date Stamp	California Form 802		
	San Diego Metropolitan Tra	nsit System				
İ	Division, Department, or Reg	ion (if applicable)		For Official Use Only		
	Designated Agency Contact (	(Name,Title)				
	Joann Delgado		Amendment (Must Provide Explanation in Part 3.)			
	Area Code/Phone Number	E-mail			1 <del>-</del>	
	619/5574548	joann.delgado@sd	mts.com		Date of Original Filing: 4/3	3/2025 (month, day, year)
	Function or Event Infor	mation	405	00		
	Does the agency have a ticl	ket policy? Yes [	Each Ticket/Pass \$ <u>125.</u>	00		
	Event Description: San Die	go FC	<u></u>	1 1		
		Provide Title/ Explai	nation			
	Ticket(s)/Pass(es) provided	by agency? Yes [	□ No 🛛 If	no: San Dieg	JO FC  Name of Source	
	Was ticket distribution made	e at the behest voc	ן אַהַ וּער If	yes:		
	of agency official?	de the beneat fest	」NO⊠ "	,	Official's Name (Last, First)	
	Vise Section A to identify the ager     Name of Agency, Department	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy			
	B. Name of Indi	ividual	Number of Ticket(s)/		Identify one of the follo	owing:
	(Last, Fir	rst)	Passes		identity one of the folia	
			Ceremonial Role Other Promoting enhanced MTS employee perfo		Income	
	Kroll, Ariel		2			ne below:
	Kroll, Ariel		2	Promoting e		e below: performance/morale Income
	C. Name of Outside O		Number of Ticket(s)/ Passes	Ceren	nhanced MTS employee	pe below: performance/morale Income
	Name of Outside O		Number of Ticket(s)/	Ceren	nhanced MTS employee  nonial Role  Other   king "Ceremonial Role" or "Other" describ	pe below: performance/morale Income
	C. Name of Outside O (include address and	d description)	Number of Ticket(s)/ Passes	Promoting e  Ceren If check  Describe th	nhanced MTS employee  nonial Role	pe below: Income
	C. Name of Outside O	d description)	Number of Ticket(s)/ Passes	Promoting e  Ceren If check  Describe th	nhanced MTS employee  nonial Role	pe below: Income