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	Agency Name		Date Stamp	California Form 802			
	San Diego Metropolitan Tra	ınsit System					
Ī	Division, Department, or Reg	j ion (if applicable)			For Official Use Only		
ī	Designated Agency Contact	(Name, Title)					
	Lucia Mansour			Amendment (Must Provide Explanation in Part 3.)			
7	Area Code/Phone Number	E-mail			· ·		
	619-398-9561	lucia.mansour@so	dmts.com		Date of Original Filing: -	(month, day, year)	
2.	Function or Event Infor	mation			10	95 00	
	Does the agency have a tic				Each Ticket/Pass \$ <u>12</u>	.5.00	
	Event Description: San Die	go FC	[Date(s)05	, 31 , 20		
	Ticket(s)/Pass(es) provided	Provide Title/ Expl		f no: San Dieg	o FC		
	Tionet(3)/1 a33(c3) provided	by agency: 1es		110	Name of Source	_	
	Was ticket distribution made	e at the behest Yes	□ No 図 If	f yes:	Official's Name (Last, First)		
	of agency official?				emoiare rume (Edel, r nel)		
3.	Recipients						
	• Use Section A to identify the agen	ncy's department or unit.		identify an individ	ual. • Use Section C to ident	ify an outside organization.	
	A. Name of Agency, Dep	artment or Unit	Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	suant to the agency's policy	
	B. Name of Ind (Last, Fi		Number of Ticket(s)/ Passes		Identify one of the fo	ollowing:	
	Estevan Hernandez				nonial Role Other		
			2	Promoting e	ing "Ceremonial Role" or "Other" des nnanced MTS employ	ee performance/morale	
					nonial Role Other Cing "Ceremonial Role" or "Other" des	·	
	C. Name of Outside C		Number of Ticket(s)/ Passes	Describe th	e public purpose made purs	suant to the agency's policy	
			I	1			
<u> </u>	Verification						
	Verification I have read and understand FI with the requirements.	PC Regulations 1894	4.1 and 18942.	I have verified t	that the distribution set fo	orth above, is in accordanc	
	I have read and understand FI	-	4.1 and 18942. en Landers	I have verified i	that the distribution set fo General Counsel	orth above, is in accordanc 6-13-2025	