

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 For Official Use Only
Division, Department, or Region (if applicable)			
Designated Agency Contact (Name, Title) Lucia Mansour			
Area Code/Phone Number 619-398-9561	E-mail lucia.mansour@sdmts.com	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: 07-25-2025 (month, day, year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes ☒ No ☐ Face Value of Each Ticket/Pass \$ 130.00

Event Description: San Diego FC Date(s) 07 / 19 / 25 07 / 19 / 25
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes ☐ No ☒ If no: San Diego FC
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:
Franko Cervantes	2	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Promoting enhanced MTS employee performance/morale
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
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.

	Karen Landers	General Counsel	07-25-2025
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: In-kind agreement MTS Doc No. G3034.0-25