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

☐ **Amendment** *(Must Provide Explanation in Part 3.)*

Area Code/Phone Number	**E-mail**
619-398-9561	lucia.mansour@sdmts.com

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 $ 64.50

Event Description: San Diego PRIDE General Admission
Provide Title/ Explanation

Date(s) 07 / 19 / 25   07 / 20 / 25

Ticket(s)/Pass(es) provided by agency?   Yes ☐ No ☒   If no: San Diego PRIDE
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:**
	Karen Alvarez	2	Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:* Promoting enhanced MTS employee performance/morale
			Ceremonial Role ☐ Other ☐ Income ☐ *If checking "Ceremonial Role" or "Other" describe below:*

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.

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

Comment: In-kind agreement MTS Doc No. G3038.0-25