

Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

A Public Document

1. Agency Name San Diego Metropolitan Transit System <i>Division, Department, or Region (if applicable)</i>		Date Stamp 24OCT7 10:42AM	California Form 802 For Official Use Only
Designated Agency Contact (Name, Title) Dalia Gonzalez			
Area Code/Phone Number (619) 398-9561	E-mail dalia.gonzalez@sdmts.com	<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small>	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ 73.04

Event Description: 2024 Taste of North Park Date(s) _____
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: North Park Main Street
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:
Duarte, Jessica	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Promoting enhanced MTS employee performance or morale
Perez, Carla	2	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> Promoting enhanced MTS employee performance or morale
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 _____ 10-7-2024
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: In-kind agreement MTS Doc. No. G2934.0-25

Print **Clear**