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eremonial Role Eve Agency Name		Date Stamp	ia 802			
San Diego Metropolitan T	Transit System					
Division, Department, or R	egion (if applicable)	<sup>1</sup> 24DEC31 10:		cial Use Only		
Designated Agency Contact	ct (Name,Title)					
Dalia Gonzalez				Amendment (M	lust Provide Explanati	on in Part 3.)
Area Code/Phone Number	E-mail			I		
(619) 398-9561	dalia.gonzalez@sd	lmts.com		Date of Original Fil	ing:(month, day	year)
Function or Event Inf	ormation			_		190.00
Does the agency have a				Each Ticket/Pass	\$	
Event Description: DIRE	CTV Holiday Bowl  Provide Title/ Expla	D	ate(s) <u>12/27</u>	<u>/2024</u>	<u>12/27/20</u>	24
Ticket(s)/Pass(es) provide	Provide Title/ Expla		no: Sports	San Diego Name of Source		
Was ticket distribution ma of agency official?	ade at the behest Yes	□ No 🔳 If	yes: ———	Official's Name (Last, F	First)	
Recipients		ulia Cartina Dita ir	المستقد مم تمطنينات	unl Also Sastion Cito is	dontify an outside or	ganization
	dency's denartment of linit 💌	ose section b to it	dentity an individu	ial. Ose section c to it	dentity an outside of	garrization.
Use Section A to identify the a	AND SECTION	Number	The state of the s		CANADA IN LAND	E BURNEY
Use Section A to identify the a      Name of Agency, D	AND SECTION		The state of the s	e public purpose made	CANADA IN LAND	E BURNEY
	AND SECTION	Number of Ticket(s)/	The state of the s		CAN DELL' SILV	E BURNEY
	AND SECTION	Number of Ticket(s)/	The state of the s		CAN DELL' SILV	E BURNEY
A. Name of Agency, D	AND SECTION	Number of Ticket(s)/	The state of the s		e pursuant to the a	E BURNER
A. Name of Agency, D  Name of (Last,	lepartment or Unit	Number of Ticket(s)/ Passes  Number of Ticket(s)/ Passes	Describe th	Identify one of	e pursuant to the again the following:	gency's policy
A. Name of Agency, D	lepartment or Unit	Number of Ticket(s)/ Passes  Number of Ticket(s)/	Describe th	Identify one of	the following:	gency's policy
A. Name of Agency, D  Name of (Last,	lepartment or Unit	Number of Ticket(s)/ Passes  Number of Ticket(s)/ Passes	Ceren If check	Identify one of contact Role Otter Caremonial Role Otter Caremonial Role" or "Otter Caremonial Role" o	the following:  ter describe below: employee per	income
A. Name of Agency, D  Name of (Last,	lepartment or Unit	Number of Ticket(s)/ Passes  Number of Ticket(s)/ Passes	Ceren If check Promoting Ceren	Identify one of a contact Role	the following:  the following:  ther describe below:  employee per	Income
B. Name of Agency, D. Name of (Last, Cregg, James	epartment or Unit  Individual  First)	Number of Ticket(s)/ Passes  Number of Ticket(s)/ Passes  2  Number of Ticket(s)/ Passes	Cerem If check  Promoting  Cerem If check	Identify one of nonial Role Otte Caremonial Role MTS	the following:  the following:  ther describe below:  employee per  mer describe below:	Income Income
B. Name of Agency, D. Name of (Last, Cregg, James	epartment or Unit  Individual  First)	Number of Ticket(s)/ Passes  Number of Ticket(s)/ Passes  2	Cerem If check  Promoting  Cerem If check	Identify one of monial Role  Other wing "Ceremonial Role  Other enhanced MTS  Other wing "Ceremonial Role" or "Other wing "Ceremonial Role" or "Ceremonial Role	the following:  the following:  ther describe below:  employee per  mer describe below:	Income Income
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A. Name of Agency, D.  B. Name of (Last, Cregg, James)  C. Name of Outsid (include address)	epartment or Unit  Individual  First)	Number of Ticket(s)/ Passes  Number of Ticket(s)/ Passes  2  Number of Ticket(s)/ Passes	Cerem If check  Promoting  Cerem If check	Identify one of monial Role  Other wing "Ceremonial Role  Other enhanced MTS  Other wing "Ceremonial Role" or "Other wing "Ceremonial Role" or "Ceremonial Role	the following:  the following:  ther describe below:  employee per  mer describe below:	Income Income
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