

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

**A Public Document**

<b>1. Agency Name</b> San Diego Metropolitan Transit System		Date Stamp "24DEC31 10:16AM"	California Form <b>802</b> For Official Use Only
Division, Department, or Region (if applicable)			
Designated Agency Contact (Name, Title) Dalia Gonzalez		<input type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number (619) 398-9561	E-mail dalia.gonzalez@sdmts.com		

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 190.00

Event Description: DIRECTV Holiday Bowl Date(s) 12/27/2024 12/27/2024  
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: Sports San Diego  
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:
Cregg, James	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 o
		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      12/31/24  
Signature of Agency Head or Designee      Print Name      Title      (month, day, year)

Comment: In-kind agreement MTS Doc. No. G2938.0-25