

**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
Division, Department, or Region (if applicable)		For Official Use Only	
Designated Agency Contact (Name, Title) Dalia Gonzalez		04DEC31 11:47AM	
Area Code/Phone Number (619) 398-9561	E-mail dalia.gonzalez@sdmts.com	<input checked="" type="checkbox"/> Amendment (Must Provide Explanation in Part 3.) Date of Original Filing: <u>07/02/24</u> <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 \$ 25.00

Event Description: 2024 San Diego County Fair Date(s) 06/12/2024 07/07/2024
Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Univision
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:
Delgado, Jose	3	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
Lobb, Margaret	3	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
12/31/24
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: _____

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(619) 398-9561	dalia.gonzalez@sdmts.com		

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Karen Landers	For Karen Landers	General Counsel	7-2-2024
<small>Digitally signed by Karen Landers Date: 2024.07.02 11:07:38 -07'00'</small>			
Signature of Agency Head or Designee	Print Name	Title	<i>(month, day, year)</i>

Comment: _____