

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

A Public Document

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

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) _____
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 <small><i>(Last, First)</i></small>	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><i>If checking "Ceremonial Role" or "Other" describe below:</i></small> Promoting MTS employee performance/morale
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small><i>If checking "Ceremonial Role" or "Other" describe below:</i></small>
C. Name of Outside Organization <small><i>(include address and description)</i></small>	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	For Karen Landers	General Counsel	7-2-2024
Digitally signed by Karen Landers Date: 2024.07.02 11:07:38 -07'00'	Signature of Agency Head or Designee	Print Name	Title <small><i>(month, day, year)</i></small>

Comment: _____