

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

**A Public Document**

**1. Agency Name**

City of San Bernardino

Division, Department, or Region *(if applicable)*

Mayor's Office

Designated Agency Contact *(Name, Title)*

Renee Brizuela, Executive Assistant to the Mayor

Area Code/Phone Number

909-384-5133

E-mail

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California Form **802**

For Official Use Only

Amendment *(Must Provide Explanation in Part 3.)*

Date of Original Filing: \_\_\_\_\_  
*(month, day, year)*

**2. Function or Event Information**

Does the agency have a ticket policy? Yes  No  Face Value of Each Ticket/Pass \$ 18.00

Event Description: Inland Empire 66ers Baseball Game Date(s) 04 / 04 / 19 04 / 04 / 19  
*Provide Title/Explanation*

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: Inland Empire 66ers  
*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 <i>(Last, First)</i>	Number of Ticket(s)/ Passes	Identify one of the following:
	City of San Bernardino - Mayor's Office	22	Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Mayor performed ceremonial role on behalf of the city at the opening day ceremony
			Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C.	Name of Outside Organization <i>(include address and description)</i>	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.*

 \_\_\_\_\_ John Valdivia \_\_\_\_\_ Mayor \_\_\_\_\_ 05/02/2019 \_\_\_\_\_  
 Signature of Agency Head or Designee Print Name Title *(month, day, year)*

Comment: \_\_\_\_\_