

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
CITY OF NATIONAL CITY			
Division, Department, or Region (if applicable)			
Street Address		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: <u>07-06-2011</u> <small>(month, day, year)</small>	
1243 NATIONAL CITY BLVD			
Designated Agency Contact (Name, Title)			
CHRIS ZAPATA - CITY MANAGER		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: <u>07-06-2011</u> <small>(month, day, year)</small>	
Area Code/Phone Number	E-mail		
619 336 4240			

2. Function, Event, or Ceremonial Role Information

Title SD PADRES BASEBALL GAME Face Value of Each Admission \$ 13.00

Description _____ Date(s) 06 / 25 / 11 _____

Ticket(s)/Admission(s) provided by agency? Yes No If no: MR. JIM BEAUCHAMP
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

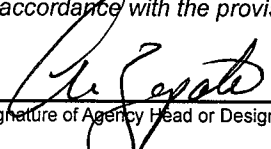
Yes No If yes: _____
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.
CITY TEEN & SENIOR PROGRAM		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
PARTICIPANTS	80	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

3. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.


 _____ CHRIS ZAPATA _____ CITY MANAGER _____ 07-06-2011
Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)

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

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
CITY OF NATIONAL CITY			
Division, Department, or Region (if applicable)			
Street Address			
1243 NATIONAL CITY BLVD			
Designated Agency Contact (Name, Title)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
CHRIS ZAPATA - CITY MANAGER		Date of Original Filing: <u>07-06-2011</u>	
Area Code/Phone Number	E-mail	(month, day, year)	
619 336 4240			

2. Function, Event, or Ceremonial Role Information

Title SD PADRES BASEBALL GAME Face Value of Each Admission \$ 13.50

Description _____ Date(s) 05 / 24 / 11

Ticket(s)/Admission(s) provided by agency? Yes No If no: 3RD AVENUE VILLAGE ASSOC.
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

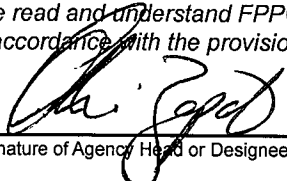
Yes No If yes: LUIS NATIVIDAD - COUNCIL MEMBER
Official's Name (Last, First) and Title

The identity of recipient(s) and the explanation:

Name (Last, First) or Organization (Name, Address, Description)	Number of Admission(s)/ Ticket(s)	Agency Official	<ul style="list-style-type: none"> Check the income box if the agency official claims admission as taxable income. If the agency official performed a ceremonial role, also provide a description. If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.
CITY TEEN & SENIOR PROGRAM		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
PARTICIPANTS	12	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Income <input type="checkbox"/>
MELISSA ROMERO	1	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	CHAPERONE Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>	Income <input type="checkbox"/>

3. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution of admissions, set forth above, is in accordance with the provisions.


 _____ CHRIS ZAPATA _____ CITY MANAGER _____ 07-06-2011
 Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)