

Final Submitted via email on 9/20/23

**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)

Designated Agency Contact (Name, Title)  
Charles McNeely, Interim City Manager

Area Code/Phone Number: (909)384-5122  
E-mail: McNeely\_Ch@sbcity.org

RECEIVED Date Stamp  
FEB 06 2024  
6K

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 \$ 25

Event Description: Baseball Game Date(s) 09 / 08 / 23  
*Provide Title/Explanation*

Ticket(s)/Pass(es) provided by agency? Yes  No  If no: Inland Empire 66ers

Was ticket distribution made at the behest of agency official? Yes  No  If yes: Figueroa, Juan  
*Name of Source*  
*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:
Figueroa, Juan	18	Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input checked="" type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> plus 2 parking passes at a value of \$10/each
		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 (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.

*Charles McNeely* Charles McNeely Interim City Manager 9/20/23  
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

Print Clear