

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

COUNTY OF SAN DIEGO

A Public Document

1. Agency Name		Date Stamp	California Form 802 For Official Use Only
County of San Diego		2014 NOV 17 PM 3 55	
Division, Department, or Region (If Applicable)			
Board of Supervisors		CLERK OF THE BOARD OF SUPERVISORS	
Designated Agency Contact (Name, Title)			
1600 Pacific Highway, San Diego, CA 92101			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
619-531-5511	Cheryl.cruz@sdcounty.ca.gov	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 \$ _____ 135.00

Event Description Annual Dinner & Awards Ceremony Date(s) 10 / 30 / 14 10 / 30 / 14
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Otay Mesa Chamber of Commerce
Name of Source

Was ticket distribution made at the behest of agency official? No Yes 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)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
Cox, Greg Supervisor	1	Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small> presentation of award
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <small>If checking "Ceremonial Role" or "Other" describe below:</small>
C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	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.

 Greg Cox County Supervisor 11/14/2014
Signature of Agency Head or Designee Print Name Title (Month, Day, Year)