

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

A Public Document

1. Agency Name		COUNTY OF SAN DIEGO 2015 MAY 20 CLERK OF THE BOARD OF SUPERVISORS	California Form 802 For Official Use Only
County of San Diego			<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(Month, Day, Year)</small>
Division, Department, or Region (If Applicable)			
Treasurer-Tax Collector			
Designated Agency Contact (Name, Title)			
Dan McAllister, Treasurer-Tax Collector			
Area Code/Phone Number	E-mail		
619-531-5231	dan.mcallister@sdcounty.ca.gov		

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ _____ 150

Event Description 14th Annual Scholarship Celebration Date(s) 05 / 17 / 15
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: Reality Changers
Name of Source

Was ticket distribution made at the behest of agency official? No Yes If yes: McAllister, Dan
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 <small>(Last, First)</small>	Number of Ticket(s)/Pass(es)	Identify one of the following:
McAllister, Dan	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> Welcomed students and guests and gave a brief speech
		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 <small>(include address and description)</small>	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.

<small>Signature of Agency Head or Designee</small>	Dan McAllister <small>Print Name</small>	Treasurer-Tax Collector <small>Title</small>	5/18/15 <small>(Month, Day, Year)</small>
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