

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

A Public Document

1. Agency Name		COUNTY OF SAN DIEGO BOARD OF SUPERVISORS Date Stamp 2011 JUL 19 PM 12 07 THOMAS J. PAJUSZKA CLERK OF THE BOARD OF SUPERVISORS	California Form 802 For Official Use Only
County of San Diego			
Division, Department, or Region (if applicable) Board of Supervisors			
Street Address 1600 Pacific Highway, San Diego, CA 92101			
Designated Agency Contact (Name, Title) Cheryl Cruz, Office Manager / Scheduler			
Area Code/Phone Number 619-531-5511	E-mail Cheryl.Cruz@sdcounty.ca.gov	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ <small>(month, day, year)</small>	

2. Function, Event, or Ceremonial Role Information

Title Phil Am BID Face Value of Each Admission \$ 175

Description Awards Banquet Date(s) 07 / 07 / 11 07 / 07 / 11

Ticket(s)/Admission(s) provided by agency? Yes No If no: Phil Am BID
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. 	
Supervisor Greg Cox	one	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	speaking / presenting proclamation & awards	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"/>
		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.

_____ Greg Cox _____ County Supervisor _____ 07-07-11
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.)