

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

COUNTY OF SAN DIEGO
BOARD OF SUPERVISORS

A Public Document

1. Agency Name		2013 JAN 22 PM 3:49 Date Stamp THOMAS J. PASTUSZKA CLERK OF THE BOARD OF SUPERVISORS	California Form 802 For Official Use Only
County of San Diego			
Division, Department, or Region (If Applicable)			
Treasurer-Tax Collector			
Designated Agency Contact (Name, Title)			
Dan McAllister, San Diego County Treasurer-Tax Collector			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (Must provide explanation in Part 3.) Date of Original Filing: _____ (Month, Day, Year)	
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 \$ _____ 50.00

Event Description NSDCAR Installation of Chris Osteen... Date(s) 01 / 07 / 12
Provide Title/Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: North San Diego County Association of Realtors
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 (Last, First)	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> Performed a ceremonial role at the presentation of recognition of outgoing Chair and Installation of new Board members
		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.


 Signature of Agency Head or Designee

Dan McAllister
 Print Name

Treasurer-Tax Collector
 Title

1/22/13
 (Month, Day, Year)

Comment: _____