

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

COUNTY OF SAN DIEGO  
2013 MAR 11 AM 11:23

**A Public Document**

<b>1. Agency Name</b>		Date Stamp 23	California Form <b>802</b> 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)		<input type="checkbox"/> Amendment (Must provide explanation in Part 3.)	
Cheryl Cruz, Office Manager / Scheduler		Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number	E-mail		
619-531-5511	Cheryl.cruz@sdcounty.ca.gov		

**2. Function, Event, or Ceremonial Role Information**

Title San Ysidro Chamber of Commerce Face Value of Each Admission \$ 95.00

Description Annual Installation Dinner Date(s) 02 / 08 / 13 02 / 08 / 13

Ticket(s)/Admission(s) provided by agency? Yes  No  If no: San Ysidro Chamber of Commerce  
Name of Source

Was the distribution to persons identified below made at the behest of an agency official?

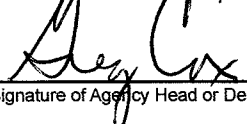
Yes  No  If yes: \_\_\_\_\_  
Official's Name (Last, First) and Title

**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"> <li>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.</li> <li>If not income, describe the public purpose, including ceremonial roles, performed by an agency official, individual, or organization.</li> </ul>	Income
Supervisor Greg Cox	two	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	speaking / Master of Ceremonies	<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.

 Signature of Agency Head or Designee  
Greg Cox Print Name  
County Supervisor Title  
03-05-13 (month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)