

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

**A Public Document**

<b>1. Agency Name</b> County of San Diego		Date Stamp <b>COUNTY OF SAN DIEGO</b> <b>2016 FEB -9 AM 10:40</b> <b>CLERK OF THE BOARD OF SUPERVISORS</b>	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (If Applicable) Board of Supervisors			
Designated Agency Contact (Name, Title) 1600 Pacific Highway, San Diego, CA 92101			
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: _____ (Month, Day, Year)	

**2. Function or Event Information**

Does the agency have a ticket policy?    Yes  No       Face Value of Each Ticket/Pass \$ \_\_\_\_\_ \$75.00

Event Description Annual Dinner and Installation      Date(s) 01 / 29 / 16  
*Provide Title/Explanation*

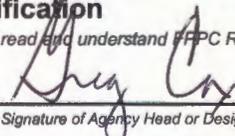
Ticket(s)/Pass(es) provided by agency?    Yes  No       If no: National City Chamber of Commerce  
*Name of Source*

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	2	Ceremonial Role <input checked="" type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below: presentation of proclamation and certificates
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
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.

 <i>Signature of Agency Head or Designee</i>	Greg Cox <i>Print Name</i>	County Supervisor <i>Title</i>	02/01/2016 <i>(Month, Day, Year)</i>
--	-------------------------------	-----------------------------------	---