1. **Agency Name**  
   County of San Diego  
   **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  
   **Date of Original Filing:**  
   **Amendment** (Must provide explanation in Part 3.)  
   **Face Value of Each Ticket/Pass** $75.00  
   **Ticket(s)/Pass(es) provided by agency?** Yes □ No X  
   **Was ticket distribution made at the behest of agency official?** No □ Yes □  

2. **Function or Event Information**  
   **Event Description** Annual Dinner and Installation  
   **Date(s)** 01/29/16  
   **Ticket(s)/Pass(es) provided by agency?** Yes □ No X  
   **Was ticket distribution made at the behest of agency official?** No □ Yes □  

3. **Recipients**  
   - **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**  
     - Number of Ticket(s)/Pass(es)  
     - Identify one of the following:  
       - Ceremonial Role □ Other □ Income □  
     - If checking “Ceremonial Role” or “Other” describe below:  
       - presentation of proclamation and certificates  
   - **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 understood FPPC Regulations 16944.1 and 16942.1. I have verified that the distribution set forth above, is in accordance with the requirements.  
   **Signature of Agency Head or Designee** Greg Cox  
   **Print Name** County Supervisor  
   **Title** 02/01/2016  
   **Comment:** ___________________________________________  

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FPPC Form 802 (4/12)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-7772)